

2024

Formulario

(Lista de medicamentos cubiertos)

Este vademécum se actualizó el 1 de julio de 2024. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con Servicios para Miembros de ArchCare Senior Life (PACE) llamando al 1-866-412-5435 o, para usuarios de TTY, 711, 24 horas al día, 7 días a la semana, o visite www.ArchCareSeniorLife.org.



archcare
Senior Life

ArchCare Senior Life (PACE)

2024 Formulario

(Lista de medicamentos cubiertos)

FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE ABOUT DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Formulary ID: 00024103, Version Number: 13

Nota a los miembros existentes: Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros,” “nos,” o “nuestro,” quiere decir Catholic Managed Long Term Care, Inc. Cuando se refiere a “plan” o “nuestro plan,” quiere decir ArchCare Senior Life (PACE).

ArchCare Senior Life es un Programa de Cuidado Todo Incluido para Personas Mayores (PACE). PACE es un programa de salud basado en la comunidad creado para personas de 55 años o más que requieren cuidados en el hogar, pero prefiere recibirlo en su propio entorno familiar.

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de julio de 2024. Para el formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, y/o la red de farmacias pueden cambiar el 1 de enero de 2024, y de vez en cuando durante el año.

¿Qué es el Formulario del ArchCare Senior Life (PACE)?

Un formulario es una lista de medicamentos cubiertos seleccionados por ArchCare Senior Life (PACE) consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, ArchCare Senior Life (PACE) cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de ArchCare Senior Life (PACE) y se sigan otras reglas del plan.

¿Puede cambiar el Formulario (lista de medicamentos)?

Generalmente, si está tomando un medicamento de nuestro formulario de 2024 que estaba cubierto al principio del año, no eliminaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024 excepto cuando un medicamento genérico nuevo y menos caro esté disponible o cuando se divulgue nueva información adversa acerca de la seguridad o eficacia de un medicamento. Otros tipos de cambios al formulario, tales como quitar un medicamento del mismo,

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

no afectarán a los miembros que estén tomando el medicamento actualmente. Seguirá estando disponible al mismo costo compartido para los miembros que lo tomen durante el resto del año de cobertura. Creemos que es importante que tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en que pueda ahorrar más dinero o podamos garantizar su seguridad.

Si quitamos medicamentos de nuestro formulario o añadimos, después de obtener autorización, límites de cantidades y/o restricciones de terapia en pasos que afecten a un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que entre en vigor, o en el momento en que el miembro solicite que se le repita la receta del medicamento, cuando el miembro recibirá un suministro de 30 días del medicamento. Si la Administración de Alimentos y Medicamentos considera que uno de los medicamentos de nuestro formulario no es seguro o el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento. El formulario adjunto está al día el 1 de julio de 2024. Para obtener información actualizada acerca de los medicamentos cubiertos por ArchCare Senior Life (PACE), póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera. Por favor visite nuestro sitio web en www.ArchCareSeniorLife.org o llame a Servicios para Miembros al 1-866-412-5435, 24 horas al día, 7 días a la semana. Los usuarios de TTY / TDD deben llamar al 711. Le notificaremos por correo en el caso de cambios en el formulario de no mantenimiento de mediados de año.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 10. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca se enumeran bajo la categoría, “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza abajo. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 239. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Mire en el Índice para encontrar su medicamento. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

ArchCare Senior Life (PACE) cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

Autorización Previa: ArchCare Senior Life (PACE) requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de ArchCare Senior Life (PACE) antes de surtir sus recetas. Si no obtiene aprobación, es posible que ArchCare Senior Life (PACE) no cubra el medicamento.

Límites de Cantidad: Para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad de medicamento que cubrirá ArchCare Senior Life (PACE). Por ejemplo, ArchCare Senior Life (PACE) proporciona 30 por receta para Kerendia. Esto puede ser además de un suministro estándar de un mes o tres meses.

Terapia en Pasos: En algunos casos, ArchCare Senior Life (PACE) requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que ArchCare Senior Life (PACE) no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, ArchCare Senior Life (PACE) cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 10. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del vademécum, aparece en las cubiertas delantera y trasera.

Puede pedirle a ArchCare Senior Life (PACE) que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, “¿Qué tengo que hacer para solicitar una excepción al formulario de ArchCare Senior Life (PACE)?” en la página 5 para ver información acerca de la manera de solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento.

Si averigua que ArchCare Senior Life (PACE) no cubre su medicamento, tiene dos opciones:

Puede pedirle a Servicios de Miembros una lista de medicamentos parecidos que estén cubiertos por ArchCare Senior Life (PACE). Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por ArchCare Senior Life (PACE).

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Le puede pedir a ArchCare Senior Life (PACE) que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

¿Qué tengo que hacer para solicitar una excepción al formulario de ArchCare Senior Life (PACE)?

Le puede pedir a ArchCare Senior Life (PACE) que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá.

Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede pedirnos que otorguemos una exención para el límite y que cubramos una cantidad mayor.

Generalmente, ArchCare Senior Life (PACE) solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario, o de las restricciones de utilización. **Cuando solicite una excepción al formulario, o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente, tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días (a menos que tenga una receta que indique un número de días menor) cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, aún si ha sido miembro del plan menos de 90 días.

Si es residente de una clínica de cuidado de largo plazo, permitiremos que repita su receta hasta que le hayamos provisto un suministro de transición de 31 días, consistente con el incremento de suministro (a menos que tenga una receta que indique un número menor de días). Si necesita un medicamento que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, pero ya han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que tenga una receta que indique un número menor de días) mientras tramita una excepción al formulario.

Si experimenta un cambio en el nivel de atención, cubriremos el suministro de transición de sus medicamentos. Un nivel de cambio en el cuidado se produce cuando se le da de alta de un hospital o se traslada a un centro de cuidados a largo plazo. En estos casos, proveeremos un suministro de emergencia de medicamentos no incluidos en el formulario (incluyendo los medicamentos de la Parte D que están en nuestro formulario pero requieren autorización previa o terapia escalonada bajo nuestras reglas de administración de uso). Este suministro de emergencia será para un suministro de 31 días, o menos si su receta está escrita por menos días. El suministro de emergencia es para asegurarse de que usted recibe medicamentos mientras se solicita una excepción.

Para mayor información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de ArchCare Senior Life (PACE), examine su materiales del plan.

Si tiene preguntas acerca de ArchCare Senior Life (PACE), póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del vademécum, aparece en las cubiertas delantera y trasera.

Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de ArchCare Senior Life (PACE)

El formulario abajo proporciona información de cobertura acerca de los medicamentos cubiertos por ArchCare Senior Life (PACE). Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 239.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, COUMADIN) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *warfarin*).

La información de la columna de Requisitos/Límites le dice si ArchCare Senior Life (PACE) tiene algún requisito especial para la cobertura de su medicamento.

GUÍA DE ABREVIATURAS

PA – Se requiere autorización previa. Esto significa que usted o su médico deben obtener la aprobación de nosotros antes de que usted llene sus recetas para ciertos medicamentos. Si no obtiene la aprobación, es posible que no cubramos los medicamentos.

QL – Se aplican límites de cantidad. Para ciertos medicamentos limitamos la cantidad que cubrirá el plan.

B/D – El plan determinará si este medicamento estará cubierto bajo Medicare Parte B o Parte D basado en la razón por la cual este medicamento ha sido recetado por su médico.

LA – Acceso limitado. El medicamento sólo está disponible en un número limitado de farmacias especializadas.

NM – No está disponible en nuestras farmacias de pedidos por correo. No todas las drogas están disponibles en la orden por correo, por favor consulte con el servicio al cliente si tiene alguna pregunta.

ST – Terapia escalonada. Esto significa que podemos requerirle que primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa condición.

ArchCare Senior Life es un Programa de Cuidado Todo Incluido para Personas Mayores (PACE).

Puede solicitar esta información de forma gratuita en otros formatos, como Braille, letra grande, CD de datos, CD de audio o lector cualificado. Puede solicitar esta información de forma gratuita en otros formatos, como Braille, letra grande, en CD, CD de audio o un lector cualificado.

El formulario, la red de farmacias y la red de proveedores pueden cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ArchCare

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact **Sarah Strum @ (646) 633-4401, TTY 711**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Sarah Strum, (646) 633-4401, TTY 711**, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Sarah Strum (646) 633-4401, TTY 711** is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available on-line at <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-380-2589 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-380-2589 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-380-2589 (TTY: 711)。

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-380-2589 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-380-2589 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-380-2589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-380-2589 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-380-2589 (711:YTT) رقم هاتف الصم والبكم

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-380-2589 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-380-2589 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-380-2589 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-380-2589 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-380-2589 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-380-2589 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。（1-855-380-2589 (TTY: 711)まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگنید تماس 1-855-380-2589 (TTY: 711) با. باشد می ف.

ArchCare Senior Life (PACE) Formulario

Efectivo 1 de julio de 2024

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|----------------------|-------------------------|
| <u>ANALGESICS</u> | | |
| <u>GOUT</u> | | |
| <i>allopurinol</i> TABS 100mg, 300mg | 1 | |
| <i>colchicine</i> TABS .6mg | 1 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 | |
| MITIGARE CAPS .6mg | 2 | QL (60 caps / 30 days) |
| <i>probenecid</i> TABS 500mg | 1 | |
| <u>MISCELLANEOUS</u> | | |
| <i>a/f pain relief</i> TABS 500mg | 3 | |
| <i>acephen</i> SUPP 120mg | 3 | |
| <i>acetaminophen</i> CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg | 3 | |
| <i>acetaminophen junior stre</i> TBDP 160mg | 3 | |
| <i>added strength pain relie</i> | 3 | |
| <i>adprin b</i> | 3 | |
| <i>adult aspirin regimen</i> TBEC 81mg | 3 | |
| <i>af-aspirin childrens</i> CHEW 81mg | 3 | |
| ALKA-SELTZER TAB 325MG | 3 | |
| ALKA-SELTZER TAB 500MG | 3 | |
| <i>anacin</i> TBEC 81mg | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ANACIN TAB 400-30MG | 3 | |
| ANACIN TAB MAX STR | 3 | |
| APACET CHW 80MG CHEW 80mg | 3 | |
| <i>arthritis pain reliever</i> GEL 1% | 3 | |
| ASCRIPITIN TAB | 3 | |
| <i>aspercreme arthritis pain</i> GEL 1% | 3 | |
| <i>aspir-low</i> TBEC 81mg | 3 | |
| <i>aspirin</i> SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg | 3 | |
| ASPIRIN SUPP 300mg, 600mg; TBEC 650mg | 3 | |
| <i>aspirin 81</i> TBEC 81mg | 3 | |
| <i>aspirin adult low dose</i> TBEC 81mg | 3 | |
| <i>aspirin adult low strengt</i> TBEC 81mg | 3 | |
| <i>aspirin buffered tab 500 mg</i> | 3 | |
| <i>aspirin ec low dose</i> TBEC 81mg | 3 | |
| <i>aspirin enteric coated ad</i> TBEC 81mg | 3 | |
| <i>aspirin low dose</i> TBEC 81mg | 3 | |
| <i>aspirin powder</i> | 3 | |
| <i>aspirin regimen</i> TBEC 81mg | 3 | |
| <i>aspirin-caffeine tab 400-32 mg</i> | 3 | |
| BACK PAINOFF TAB | 3 | |
| <i>bayer aspirin ec low dose</i> TBEC 81mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>bayer chewable low dose</i> CHEW 81mg | 3 | |
| <i>bayer low dose</i> TBEC 81mg | 3 | |
| BAYER PLUS TAB 500MG | 3 | |
| BAYER WOMENS TAB 81-300MG | 3 | |
| BC FAST PAIN POW RELIEF | 3 | |
| BC FAST PAIN POW RLF ARTH | 3 | |
| <i>bufferin extra strength</i> | 3 | |
| BUFFERIN TAB 325MG | 3 | |
| BUFFERIN TAB 500MG | 3 | |
| <i>childrens acetaminophen</i> SUSP 160mg/5ml | 3 | |
| CHLD NON-ASA TAB 80MG | 3 | |
| CRAMP TAB | 3 | |
| <i>cvs aspirin adult low str</i> TBEC 81mg | 3 | |
| <i>cvs aspirin ec</i> TBEC 81mg | 3 | |
| <i>cvs aspirin low dose</i> TBEC 81mg | 3 | |
| <i>cvs aspirin low strength</i> TBEC 81mg | 3 | |
| <i>cvs diclofenac sodiium</i> GEL 1% | 3 | |
| <i>cvs diclofenac sodium</i> GEL 1% | 3 | |
| <i>diclofenac sodium (topical)</i> GEL 1% | 3 | |
| DOANS EXTRA STRENGH TABS 500mg | 3 | |
| <i>ecotrin low strength</i> TBEC 81mg | 3 | |
| ECOTRIN LOW TAB 81MG EC | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| ECOTRIN MAXIMUM STRENGTH TBEC 500mg | 3 | |
| ECOTRIN REGULAR STRENGTH TBEC 325mg | 3 | |
| <i>eq arthritis pain</i> GEL 1% | 3 | |
| <i>eq arthritis pain relieve</i> GEL 1% | 3 | |
| <i>eq aspirin adult low dose</i> TBEC 81mg | 3 | |
| <i>eq aspirin low dose</i> TBEC 81mg | 3 | |
| EXCEDRIN TAB | 3 | |
| <i>extra strength bayer arth</i> TBEC 500mg | 3 | |
| FEVERALL JUNIOR STRENGTH SUPP 325mg | 3 | |
| FEVERALL SUP 80MG SUPP 80mg | 3 | |
| <i>ft arthritis pain</i> GEL 1% | 3 | |
| <i>gnp arthritis pain</i> GEL 1% | 3 | |
| <i>gnp aspirin</i> TBEC 81mg | 3 | |
| <i>gnp aspirin low dose</i> TBEC 81mg | 3 | |
| <i>gnp diclofenac sodium</i> GEL 1% | 3 | |
| <i>goodsense arthritis pain</i> GEL 1% | 3 | |
| <i>goodsense aspirin</i> TBEC 81mg | 3 | |
| <i>goodsense aspirin low dos</i> TBEC 81mg | 3 | |
| GOODYS POW EX ST | 3 | |
| <i>h-e-b aspirin</i> TBEC 81mg | 3 | |
| HISTAFLEX TAB 325-25MG | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>hm aspirin ec low dose</i> TBEC 81mg | 3 | |
| HM PAIN REL DRO 80/0.8ML | 3 | |
| JR NON-ASA TAB 160MG QM | 3 | |
| <i>kls arthritis pain relief</i> GEL 1% | 3 | |
| <i>kls aspirin low dose</i> TBEC 81mg | 3 | |
| <i>kls diclofenac sodium</i> GEL 1% | 3 | |
| <i>kp aspirin</i> TBEC 81mg | 3 | |
| <i>magnesium salicylate</i> TABS 500mg | 3 | |
| MEDI-TABS TAB 500MG | 3 | |
| <i>miniprin low dose</i> TBEC 81mg | 3 | |
| <i>mm aspirin</i> TBEC 81mg | 3 | |
| <i>motrin arthritis pain</i> GEL 1% | 3 | |
| <i>nicotine polacrilex</i> LOZG 2mg | 3 | |
| PAIN RELIEF TAB | 3 | |
| <i>painaid</i> | 3 | |
| <i>px enteric aspirin</i> TBEC 81mg | 3 | |
| <i>qc aspirin low dose</i> TBEC 81mg | 3 | |
| <i>qc diclofenac sodiium</i> GEL 1% | 3 | |
| <i>ra antacid pain relief</i> | 3 | |
| <i>ra aspirin ec</i> TBEC 81mg | 3 | |
| <i>ra aspirin ec adult low s</i> TBEC 81mg | 3 | |
| <i>sb aspirin</i> TBEC 81mg | 3 | |
| <i>sb aspirin adult low stre</i> TBEC 81mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>sb low dose asa ec</i> TBEC 81mg | 3 | |
| <i>sm 8 hour pain relief</i> TBCR 650mg | 3 | |
| <i>sm arthritis pain</i> GEL 1% | 3 | |
| <i>sm aspirin adult low stre</i> TBEC 81mg | 3 | |
| <i>sm aspirin ec low strengt</i> TBEC 81mg | 3 | |
| <i>sm aspirin low dose</i> TBEC 81mg | 3 | |
| <i>st joseph aspirin</i> TBEC 81mg | 3 | |
| <i>st joseph low dose aspiri</i> TBEC 81mg | 3 | |
| TEMPRA 3 CHW 160MG CHEW 160mg | 3 | |
| <i>tgt acetaminophen melts c</i> TBDP 80mg | 3 | |
| TYLENOL CAP 500MG CAPS 500mg | 3 | |
| TYLENOL CAPLETS TABS 325mg | 3 | |
| TYLENOL CHILDRENS SUSP 160mg/5ml | 3 | |
| TYLENOL ER TAB 650MG TBCR 650mg | 3 | |
| TYLENOL EXTRA STRENGTH LIQD 1000mg/30ml | 3 | |
| VOLTAREN ARTHRITIS PAIN GEL 1% | 3 | |
| NSAIDS | | |
| <i>addaprin</i> TABS 200mg | 3 | |
| <i>advil junior strength</i> CHEW 100mg; TABS 100mg | 3 | |
| ALEVE CAPS 220mg; TABS 220mg | 3 | |
| <i>all day pain relief</i> TABS 220mg | 3 | |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | 1 | QL (60 caps / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>celecoxib</i> CAPS 400mg | 1 | QL (30 caps / 30 days) |
| CHILDRENS ADVIL SUSP 40mg/ml | 3 | |
| <i>childrens ibuprofen</i> SUSP 40mg/ml | 3 | |
| CHILDRENS MOTRIN JUNIOR S CHEW 100mg | 3 | |
| <i>diclofenac potassium</i> TABS 50mg | 1 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg | 1 | |
| <i>diflunisal</i> TABS 500mg | 1 | |
| <i>ec-naproxen</i> TBEC 375mg | 1 | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg | 1 | QL (90 tabs / 30 days) |
| <i>eq ibuprofen</i> CAPS 200mg | 3 | |
| <i>eq naproxen sodium</i> CAPS 220mg | 3 | |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| <i>flurbiprofen</i> TABS 100mg | 1 | |
| HCA IBUPROFE CAP SOFTGEL | 3 | |
| HM IBUPROFEN SUS 100/5ML | 3 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------|
| MOTRIN MIGRA TAB 200MG | 3 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 1 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 1 | |
| <i>naproxen</i> TBEC 375mg | 1 | QL (120 tabs / 30 days) |
| <i>naproxen</i> TBEC 500mg | 1 | QL (90 tabs / 30 days) |
| <i>naproxen sodium</i> TABS 275mg, 550mg | 1 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 1 | |
| <i>sb childrens ibuprofen</i> SUSP 100mg/5ml | 3 | |
| <i>sulindac</i> TABS 150mg, 200mg | 1 | |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 1 | QL (4 patches / 28 days), PA |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 1 | QL (10 patches / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg | 1 | QL (30 tabs / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg | 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 2 | QL (30 tabs / 30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml | 1 | QL (450 mL / 30 days), PA |
| <i>methadone hcl</i> TABS 5mg, 10mg | 1 | QL (90 tabs / 30 days), PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml | 1 | QL (90 mL / 30 days), PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------------|
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 1 | QL (90 tabs / 30 days), PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg | 2 | QL (60 tabs / 30 days), PA |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 | QL (2700 mL / 30 days) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 1 | QL (400 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 1 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 | QL (180 tabs / 30 days) |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 2 | |
| <i>endocet tab 2.5-325mg</i> | 1 | QL (360 tabs / 30 days) |
| <i>endocet tab 5-325mg</i> | 1 | QL (360 tabs / 30 days) |
| <i>endocet tab 7.5-325mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>endocet tab 10-325mg</i> | 1 | QL (180 tabs / 30 days) |
| <i>fentanyl citrate</i> LPOP 200mcg | 1 | QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 2 | QL (120 lozenges / 30 days), PA |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1 | QL (2700 mL / 30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 1 | QL (240 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 1 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 1 | QL (180 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 1 | QL (150 tabs / 30 days) |
| <i>hydromorphone hcl LIQD 1mg/ml</i> | 1 | QL (600 mL / 30 days) |
| <i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> | 1 | QL (180 tabs / 30 days) |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | 2 | B/D |
| <i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i> | 2 | B/D |
| <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> | 1 | QL (900 mL / 30 days) |
| <i>morphine sulfate SOLN 100mg/5ml</i> | 1 | QL (180 mL / 30 days) |
| <i>morphine sulfate TABS 15mg, 30mg</i> | 1 | QL (180 tabs / 30 days) |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 2 | B/D |
| <i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i> | 2 | |
| <i>oxycodone hcl CAPS 5mg</i> | 1 | QL (180 caps / 30 days) |
| <i>oxycodone hcl CONC 100mg/5ml</i> | 1 | QL (180 mL / 30 days) |
| <i>oxycodone hcl SOLN 5mg/5ml</i> | 1 | QL (900 mL / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg | 1 | QL (180 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 1 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | QL (180 tabs / 30 days) |
| <i>tramadol hcl</i> TABS 50mg | 1 | QL (240 tabs / 30 days) |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 1 | QL (240 tabs / 30 days) |

ANESTHETICS

LOCAL ANESTHETICS

| | | |
|---|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
|---|---|-----|

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

| | | |
|---|---|--------------------------|
| <i>albendazole</i> TABS 200mg | 2 | QL (672 tabs / year), PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ANTIMINTH SUS 250/5ML SUSP 250mg/5ml | 3 | |
| <i>ascarel</i> SUSP 250mg/5ml | 3 | |
| <i>atovaquone</i> SUSP 750mg/5ml | 1 | |
| <i>aztreonam</i> SOLR 1gm, 2gm | 1 | |
| CAYSTON SOLR 75mg | 2 | NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg | 1 | |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml | 1 | |
| <i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml | 1 | |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml | 1 | |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml | 1 | |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 2 | |
| CLINDMYC/NAC INJ 600/50ML | 2 | |
| CLINDMYC/NAC INJ 900/50ML | 2 | |
| <i>colistimethate sodium</i> SOLR 150mg | 1 | |
| <i>dapsone</i> TABS 25mg, 100mg | 1 | |
| DAPTOMYCIN SOLR 350mg | 2 | |
| <i>daptomycin</i> SOLR 350mg, 500mg | 2 | |
| EMVERM CHEW 100mg | 2 | QL (12 tabs / year) |
| <i>ertapenem sodium</i> SOLR 1gm | 1 | |
| <i>gentamicin in saline inj</i> 0.8 mg/ml | 1 | |
| <i>gentamicin in saline inj</i> 1 mg/ml | 1 | |
| <i>gentamicin in saline inj</i> 1.2 mg/ml | 1 | |
| <i>gentamicin in saline inj</i> 1.6 mg/ml | 1 | |
| <i>gentamicin in saline inj</i> 2 mg/ml | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------|
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | 1 | |
| <i>imipenem-cilastatin intravenous for soln</i> 250 mg | 1 | |
| <i>imipenem-cilastatin intravenous for soln</i> 500 mg | 1 | |
| <i>ivermectin</i> TABS 3mg | 1 | QL (12 tabs / 90 days), PA |
| <i>linezolid</i> SOLN 600mg/300ml | 1 | |
| <i>linezolid</i> SUSR 100mg/5ml | 2 | QL (1800 mL / 30 days) |
| <i>linezolid</i> TABS 600mg | 1 | QL (60 tabs / 30 days) |
| LINEZOLID INJ 2MG/ML | 1 | |
| <i>meropenem</i> SOLR 1gm, 500mg | 1 | |
| <i>methenamine hippurate</i> TABS 1gm | 1 | |
| <i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg | 1 | |
| <i>neomycin sulfate</i> TABS 500mg | 1 | |
| <i>nitazoxanide</i> TABS 500mg | 2 | QL (6 tabs / 30 days) |
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg | 2 | |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg | 2 | |
| <i>pentamidine isethionate inh</i> SOLR 300mg | 1 | B/D |
| <i>pentamidine isethionate inj</i> SOLR 300mg | 1 | |
| <i>praziquantel</i> TABS 600mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| REESES PINWORM MEDICINE TABS 180mg | 3 | |
| SIVEXTRO SOLR 200mg; TABS 200mg | 2 | |
| <i>streptomycin sulfate</i> SOLR 1gm | 2 | |
| <i>sulfadiazine</i> TABS 500mg | 2 | |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml | 1 | |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml | 1 | |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg | 1 | |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg | 1 | |
| <i>tinidazole</i> TABS 250mg, 500mg | 1 | |
| <i>tobramycin</i> NEBU 300mg/5ml | 2 | NM, PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml | 1 | |
| <i>trimethoprim</i> TABS 100mg | 1 | |
| <i>vancomycin hcl</i> CAPS 125mg | 1 | QL (80 caps / 180 days) |
| <i>vancomycin hcl</i> CAPS 250mg | 1 | QL (160 caps / 180 days) |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 1 | |
| VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg | 1 | |
| VANCOMYCIN INJ 1 GM | 2 | |
| VANCOMYCIN INJ 500MG | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| VANCOMYCIN INJ 750MG | 2 | |
| ANTIFUNGALS | | |
| ABELCET SUSP 5mg/ml | 2 | B/D |
| <i>amphotericin b</i> SOLR 50mg | 1 | B/D |
| <i>amphotericin b liposome</i> SUSR 50mg | 2 | B/D |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg | 1 | |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 1 | |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 1 | |
| <i>flucytosine</i> CAPS 250mg, 500mg | 2 | PA |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 1 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 1 | |
| <i>itraconazole</i> CAPS 100mg | 1 | PA |
| <i>ketoconazole</i> TABS 200mg | 1 | PA |
| <i>micafungin sodium</i> SOLR 50mg, 100mg | 2 | |
| <i>nystatin</i> TABS 500000unit | 1 | |
| <i>posaconazole</i> SUSP 40mg/ml | 2 | QL (630 mL / 30 days), PA |
| <i>posaconazole</i> TBEC 100mg | 2 | QL (93 tabs / 30 days), PA |
| <i>terbinafine hcl</i> TABS 250mg | 1 | QL (90 tabs / year) |
| <i>voriconazole</i> SOLR 200mg | 1 | PA |
| <i>voriconazole</i> SUSR 40mg/ml | 2 | PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-----------------------------|
| <i>voriconazole</i> TABS 50mg | 1 | QL (480 tabs / 30 days), PA |
| <i>voriconazole</i> TABS 200mg | 1 | QL (120 tabs / 30 days), PA |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 1 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 1 | |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 2 | |
| <i>mefloquine hcl</i> TABS 250mg | 1 | |
| <i>primaquine phosphate</i> TABS 26.3mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| <i>quinine sulfate</i> CAPS 324mg | 1 | PA |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | 1 | NM |
| APTIVUS CAPS 250mg | 2 | NM |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 1 | NM |
| <i>darunavir</i> TABS 600mg | 2 | QL (60 tabs / 30 days), NM |
| <i>darunavir</i> TABS 800mg | 2 | QL (30 tabs / 30 days), NM |
| EDURANT TABS 25mg | 2 | NM |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg | 1 | NM |
| <i>emtricitabine</i> CAPS 200mg | 1 | NM |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-----------------------------|
| EMTRIVA SOLN 10mg/ml | 2 | NM |
| <i>etravirine</i> TABS 100mg, 200mg | 2 | NM |
| <i>fosamprenavir calcium</i> TABS 700mg | 2 | NM |
| FUZEON SOLR 90mg | 2 | NM, LA |
| INTELENCE TABS 25mg | 2 | NM |
| ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg | 2 | NM |
| ISENTRESS HD TABS 600mg | 2 | NM |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg | 1 | NM |
| LEXIVA SUSP 50mg/ml | 2 | NM |
| <i>maraviroc</i> TABS 150mg, 300mg | 2 | NM |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | NM |
| NORVIR PACK 100mg | 2 | NM |
| PIFELTRO TABS 100mg | 2 | NM |
| PREZISTA SUSP 100mg/ml | 2 | QL (400 mL / 30 days), NM |
| PREZISTA TABS 75mg | 2 | QL (480 tabs / 30 days), NM |
| PREZISTA TABS 150mg | 2 | QL (240 tabs / 30 days), NM |
| REYATAZ PACK 50mg | 2 | NM |
| <i>ritonavir</i> TABS 100mg | 1 | NM |
| RUKOBIA TB12 600mg | 2 | NM |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg | 2 | NM |
| SUNLENCA TBPk 300mg | 2 | NM, LA |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | 1 | NM |
| TIVICAY TABS 10mg, 25mg, 50mg | 2 | NM |
| TIVICAY PD TBSO 5mg | 2 | NM |
| TROGARZO SOLN 200mg/1.33ml | 2 | NM, LA |
| TYBOST TABS 150mg | 2 | NM |
| VIRACEPT TABS 250mg, 625mg | 2 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 2 | NM |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | 1 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 1 | NM |
| BIKTARVY TAB 30-120-15 MG | 2 | NM |
| BIKTARVY TAB 50-200-25 MG | 2 | NM |
| CIMDUO TAB 300-300 | 2 | NM |
| COMPLERA TAB | 2 | NM |
| DELSTRIGO TAB | 2 | NM |
| DESCOVY TAB 120-15MG | 2 | QL (30 tabs / 30 days), NM |
| DESCOVY TAB 200/25MG | 2 | QL (30 tabs / 30 days), NM |
| DOVATO TAB 50-300MG | 2 | NM |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 2 | NM |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 2 | NM |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 2 | NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 2 | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 2 | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 2 | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1 | QL (30 tabs / 30 days), NM |
| EVOTAZ TAB 300-150 | 2 | NM |
| GENVOYA TAB | 2 | NM |
| JULUCA TAB 50-25MG | 2 | NM |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 1 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 1 | NM |
| ODEFSEY TAB | 2 | NM |
| PREZCOBIX TAB 800-150 | 2 | NM |
| STRIBILD TAB | 2 | NM |
| SYMTUZA TAB | 2 | NM |
| TRIUMEQ PD TAB | 2 | NM |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| TRIUMEQ TAB | 2 | NM |
| TRIZIVIR TAB | 2 | NM |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine</i> CAPS 250mg | 2 | |
| <i>ethambutol hcl</i> TABS 100mg, 400mg | 1 | |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PRIFTIN TABS 150mg | 2 | |
| <i>pyrazinamide</i> TABS 500mg | 1 | |
| <i>rifabutin</i> CAPS 150mg | 1 | |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 2 | NM, LA, PA |
| TRECTOR TABS 250mg | 2 | |
| ANTIVIRALS | | |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| <i>acyclovir sodium</i> SOLN 50mg/ml | 1 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | 1 | NM |
| BARACLUDE SOLN .05mg/ml | 2 | NM |
| <i>entecavir</i> TABS .5mg, 1mg | 1 | NM |
| EPCLUSA PAK 150-37.5 | 2 | NM, PA |
| EPCLUSA PAK 200-50MG | 2 | NM, PA |
| EPCLUSA TAB 200-50MG | 2 | NM, PA |
| EPCLUSA TAB 400-100 | 2 | NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--|
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | 1 | |
| <i>ganciclovir sodium</i> SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 2 | NM, PA |
| HARVONI PAK 45-200MG | 2 | NM, PA |
| HARVONI TAB 45-200MG | 2 | NM, PA |
| HARVONI TAB 90-400MG | 2 | NM, PA |
| <i>lamivudine (hbv)</i> TABS 100mg | 1 | NM |
| MAVYRET PAK 50-20MG | 2 | NM, PA |
| MAVYRET TAB 100-40MG | 2 | NM, PA |
| <i>oseltamivir phosphate</i> CAPS 30mg | 1 | QL (168 caps / year) |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | 1 | QL (84 caps / year) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 1 | QL (1080 mL / year) |
| PAXLOVID TAB 150-100 | 2 | QL (40 tabs / 30 days); \$0 Cost Share |
| PAXLOVID TAB 300-100 | 2 | QL (60 tabs / 30 days); \$0 Cost Share |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 2 | NM, PA |
| PREVYMIS TABS 240mg, 480mg | 2 | QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister | 2 | QL (6 inhalers / year) |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 1 | NM |
| <i>rimantadine hydrochloride</i> TABS 100mg | 1 | |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>valganciclovir hcl</i> SOLR 50mg/ml | 2 | |
| <i>valganciclovir hcl</i> TABS 450mg | 1 | |
| VEMLIDY TABS 25mg | 2 | NM |
| VOSEVI TAB | 2 | NM, PA |
| XOFLUZA TBPK 40mg, 80mg | 2 | QL (1 tab / 180 days) |

CEPHALOSPORINS

| | | |
|---|---|--|
| <i>cefactor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | |
| CEFACTOR ER TB12 500mg | 2 | |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 2 | |
| CEFAZOLIN INJ 1GM/50ML | 2 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 2 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 1 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 1 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 1 | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 1 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 1 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 1 | |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 1 | |
| TEFLARO SOLR 400mg, 600mg | 2 | |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 2 | |
| <i>e.e.s. 400</i> TABS 400mg | 1 | |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 2 | |
| <i>erythrocin stearate</i> TABS 250mg | 1 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 1 | |
| <i>erythromycin lactobionate</i> SOLR 500mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| FLUOROQUINOLONAS | | |
| CIPRO SUSR 500mg/5ml | 2 | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 1 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 1 | |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 1 | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 1 | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 1 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 1 | |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 1 | |
| PENICILLINS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 1 | |
| <i>ampicillin CAPS 500mg</i> | 1 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 1 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 1 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 1 | |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i> | 1 | |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i> | 2 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 1 | |
| <i>nafcillin sodium SOLR 1gm, 2gm</i> | 1 | |
| <i>nafcillin sodium SOLR 10gm</i> | 2 | |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | 1 | |
| <i>PEN GK/DEXTR INJ 40000/ML</i> | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| PEN GK/DEXTR INJ 60000/ML | 2 | |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit | 1 | |
| <i>penicillin g sodium</i> SOLR 5000000unit | 1 | |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| <i>pfizerpen</i> SOLR 5000000unit, 20000000unit | 1 | |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | 1 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 1 | |
| TETRACYCLINES | | |
| <i>doxy 100</i> SOLR 100mg | 1 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg | 1 | |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg | 1 | |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg | 1 | |
| NUZYRA SOLR 100mg; TABS 150mg | 2 | NM, LA |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | 1 | PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>tigecycline</i> SOLR 50mg | 2 | |
| <u>ANTINEOPLASTIC AGENTS</u> | | |
| <u>ALKYLATING AGENTS</u> | | |
| BENDEKA SOLN 100mg/4ml | 2 | B/D, NM, LA |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | B/D |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg | 1 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml; TABS 25mg, 50mg | 2 | B/D |
| <i>cyclophosphamide</i> SOLR 2gm | 2 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 2 | B/D |
| GLEOSTINE CAPS 10mg, 40mg, 100mg | 2 | NM |
| LEUKERAN TABS 2mg | 2 | |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg | 1 | B/D |
| <i>oxaliplatin</i> SOLR 100mg | 2 | B/D |
| <i>paraplatin</i> SOLN 1000mg/100ml | 1 | B/D |
| <u>ANTIBIOTICS</u> | | |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | 1 | B/D |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | 2 | B/D |
| ELLECE SOLN 50mg/25ml, 200mg/100ml | 2 | B/D |
| <u>ANTIMETABOLITES</u> | | |
| <i>azacitidine</i> SUSR 100mg | 2 | B/D, NM |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>cytarabine</i> SOLN 20mg/ml | 1 | B/D |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 1 | B/D |
| INQOVI TAB 35-100MG | 2 | QL (5 tabs / 28 days), NM, LA, PA |
| LONSURF TAB 15-6.14 | 2 | QL (100 tabs / 28 days), NM, LA, PA |
| LONSURF TAB 20-8.19 | 2 | QL (80 tabs / 28 days), NM, LA, PA |
| <i>mercaptopurine</i> TABS 50mg | 1 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D |
| ONUREG TABS 200mg, 300mg | 2 | QL (14 tabs / 28 days), NM, LA, PA |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg | 2 | B/D |
| PURIXAN SUSP 2000mg/100ml | 2 | NM, LA |
| TABLOID TABS 40mg | 2 | |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> TABS 250mg | 2 | QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg | 2 | QL (60 tabs / 30 days), NM, PA |
| AKEEGA TAB 50/500MG | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| AKEEGA TAB 100/500 | 2 | QL (60 tabs / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>anastrozole</i> TABS 1mg | 1 | |
| <i>bicalutamide</i> TABS 50mg | 1 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 2 | NM, PA |
| ERLEADA TABS 60mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| ERLEADA TABS 240mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| EULEXIN CAPS 125mg | 2 | |
| <i>exemestane</i> TABS 25mg | 1 | |
| FIRMAGON SOLR 80mg, 120mg/vial | 2 | NM, PA |
| <i>fulvestrant</i> SOSY 250mg/5ml | 2 | B/D |
| <i>letrozole</i> TABS 2.5mg | 1 | |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | 1 | NM, PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 2 | NM, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | 2 | NM, PA |
| LYSODREN TABS 500mg | 2 | NM, LA |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 2 | |
| <i>nilutamide</i> TABS 150mg | 2 | |
| NUBEQA TABS 300mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| ORGOVYX TABS 120mg | 2 | NM, LA, PA |
| ORSERDU TABS 86mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| ORSERDU TABS 345mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------------------|
| SOLTAMOX SOLN 10mg/5ml | 2 | |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 1 | |
| <i>toremifene citrate</i> TABS 60mg | 1 | |
| XTANDI CAPS 40mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| XTANDI TABS 40mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| XTANDI TABS 80mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | 2 | QL (28 caps / 28 days), NM, LA, PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | 2 | QL (28 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 20mg, 25mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 50mg | 2 | QL (84 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 100mg | 2 | QL (112 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 150mg, 200mg | 2 | QL (56 caps / 28 days), NM, LA, PA |
| MISCELLANEOUS | | |
| BESREMI SOSY 500mcg/ml | 2 | QL (2 syringes / 28 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>bexarotene</i> CAPS 75mg | 2 | QL (300 caps / 30 days), NM, PA |
| <i>hydroxyurea</i> CAPS 500mg | 1 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg | 2 | QL (240 tabs / 30 days), NM, LA, PA |
| KISQALI 200 PAK FEMARA | 2 | QL (49 tabs / 28 days), NM, PA |
| KISQALI 400 PAK FEMARA | 2 | QL (70 tabs / 28 days), NM, PA |
| KISQALI 600 PAK FEMARA | 2 | QL (91 tabs / 28 days), NM, PA |
| MATULANE CAPS 50mg | 2 | NM, LA |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 2 | |
| WELIREG TABS 40mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| MITOTIC INHIBITORS | | |
| <i>docetaxel</i> CONC 20mg/ml | 1 | B/D |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 2 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 2 | B/D |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | 2 | B/D, NM |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>vincristine sulfate</i> SOLN 1mg/ml | 1 | B/D |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 1 | B/D |
| <i>MOLECULAR TARGET AGENTS</i> | | |
| ALECENSA CAPS 150mg | 2 | QL (240 caps / 30 days), NM, LA, PA |
| ALUNBRIG TABS 30mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| ALUNBRIG TABS 90mg, 180mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| ALUNBRIG PAK | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| AUGTYRO CAPS 40mg | 2 | QL (240 caps / 30 days), NM, LA, PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| BALVERSA TABS 3mg | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| BALVERSA TABS 4mg | 2 | QL (56 tabs / 28 days), NM, LA, PA |
| BALVERSA TABS 5mg | 2 | QL (28 tabs / 28 days), NM, LA, PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 2 | NM, PA |
| <i>bortezomib</i> SOLR 3.5mg | 2 | NM, PA |
| BOSULIF CAPS 50mg | 2 | QL (360 caps / 30 days), NM, PA |
| BOSULIF CAPS 100mg | 2 | QL (150 caps / 25 days), NM, PA |
| BOSULIF TABS 100mg | 2 | QL (180 tabs / 30 days), NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---------------------------------|-----------------------------|-------------------------------------|
| BOSULIF TABS 400mg, 500mg | 2 | QL (30 tabs / 30 days), NM, PA |
| BRAFTOVI CAPS 75mg | 2 | QL (180 caps / 30 days), NM, LA, PA |
| BRUKINSA CAPS 80mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| CALQUENCE CAPS 100mg | 2 | QL (60 caps / 30 days), NM, LA, PA |
| CALQUENCE TABS 100mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| CAPRELSA TABS 100mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| CAPRELSA TABS 300mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| COMETRIQ (60MG DOSE) KIT 20mg | 2 | QL (84 caps / 28 days), NM, LA, PA |
| COMETRIQ KIT 100MG | 2 | QL (56 caps / 28 days), NM, LA, PA |
| COMETRIQ KIT 140MG | 2 | QL (112 caps / 28 days), NM, LA, PA |
| COPIKTRA CAPS 15mg, 25mg | 2 | QL (56 caps / 28 days), NM, LA, PA |
| COTELLIC TABS 20mg | 2 | QL (63 tabs / 28 days), NM, LA, PA |
| DAURISMO TABS 25mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| DAURISMO TABS 100mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| ERIVEDGE CAPS 150mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| <i>erlotinib hcl</i> TABS 25mg | 2 | QL (90 tabs / 30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg | 2 | QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 2 | QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 2mg | 2 | QL (150 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg | 2 | QL (90 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 5mg | 2 | QL (60 tabs / 30 days), NM, PA |
| EXKIVITY CAPS 40mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| FOTIVDA CAPS .89mg, 1.34mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| FRUZAQLA CAPS 1mg | 2 | QL (84 caps / 28 days), NM, LA, PA |
| FRUZAQLA CAPS 5mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| GAVRETO CAPS 100mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| <i>gefitinib</i> TABS 250mg | 2 | QL (30 tabs / 30 days), NM, PA |
| GILOTRIF TABS 20mg, 30mg, 40mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| HERCEP HYLEC SOL 60-10000 | 2 | NM, LA, PA |
| HERCEPTIN SOLR 150mg | 2 | NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-------------------------------------|
| HERZUMA SOLR 150mg, 420mg | 2 | NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | 2 | QL (21 caps / 28 days), NM, LA, PA |
| IBRANCE TABS 75mg, 100mg, 125mg | 2 | QL (21 tabs / 28 days), NM, LA, PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| IDHIFA TABS 50mg, 100mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>imatinib mesylate</i> TABS 100mg | 2 | QL (90 tabs / 30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 400mg | 2 | QL (60 tabs / 30 days), NM, PA |
| IMBRUVICA CAPS 70mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| IMBRUVICA CAPS 140mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| IMBRUVICA SUSP 70mg/ml | 2 | QL (216 mL / 27 days), NM, LA, PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| INLYTA TABS 1mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| INLYTA TABS 5mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| INREBIC CAPS 100mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| JAYPIRCA TABS 50mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| JAYPIRCA TABS 100mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| KADCYLA SOLR 100mg, 160mg | 2 | B/D, NM, LA |
| KANJINTI SOLR 150mg, 420mg | 2 | NM, LA, PA |
| KEYTRUDA SOLN 100mg/4ml | 2 | NM, LA, PA |
| KISQALI 200 DOSE TBPK 200mg | 2 | QL (21 tabs / 28 days), NM, PA |
| KISQALI 400 DOSE TBPK 200mg | 2 | QL (42 tabs / 28 days), NM, PA |
| KISQALI 600 DOSE TBPK 200mg | 2 | QL (63 tabs / 28 days), NM, PA |
| KOSELUGO CAPS 10mg | 2 | QL (240 caps / 30 days), NM, LA, PA |
| KOSELUGO CAPS 25mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| KRAZATI TABS 200mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | 2 | QL (180 tabs / 30 days), NM, PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 2 | QL (60 caps / 30 days), NM, LA, PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 2 | QL (90 caps / 30 days), NM, LA, PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 2 | QL (60 caps / 30 days), NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------------|-----------------------------|-------------------------------------|
| LENVIMA CAP 14 MG | 2 | QL (60 caps / 30 days), NM, LA, PA |
| LENVIMA CAP 18 MG | 2 | QL (90 caps / 30 days), NM, LA, PA |
| LENVIMA CAP 24 MG | 2 | QL (90 caps / 30 days), NM, LA, PA |
| LORBRENA TABS 25mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| LORBRENA TABS 100mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| LUMAKRAS TABS 120mg | 2 | QL (240 tabs / 30 days), NM, LA, PA |
| LUMAKRAS TABS 320mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| LYNPARZA TABS 100mg, 150mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 2 | QL (112 tabs / 28 days), NM, LA, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 2 | QL (140 tabs / 28 days), NM, LA, PA |
| MEKINIST SOLR .05mg/ml | 2 | QL (1260 mL / 30 days), NM, LA, PA |
| MEKINIST TABS 2mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| MEKINIST TABS .5mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| MEKTOVI TABS 15mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| MONJUVI SOLR 200mg | 2 | NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|------------------------------------|-----------------------------|-------------------------------------|
| NERLYNX TABS 40mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| NEXAVAR TABS 200mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 2 | QL (3 caps / 28 days), NM, PA |
| ODOMZO CAPS 200mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| OGIVRI SOLR 150mg | 2 | NM, LA, PA |
| OGIVRI INJ 420MG | 2 | NM, LA, PA |
| OGSIVEO TABS 50mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| OJJAARA TABS 100mg, 150mg, 200mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| ONTRUZANT SOLR 150mg, 420mg | 2 | NM, LA, PA |
| <i>pazopanib hcl</i> TABS 200mg | 2 | QL (120 tabs / 30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 2 | QL (28 tabs / 28 days), NM, LA, PA |
| PHESGO SOL | 2 | NM, LA, PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 2 | QL (28 tabs / 28 days), NM, PA |
| PIQRAY 250MG TAB DOSE | 2 | QL (56 tabs / 28 days), NM, PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 2 | QL (56 tabs / 28 days), NM, PA |
| QINLOCK TABS 50mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| RETEVMO CAPS 40mg | 2 | QL (180 caps / 30 days), NM, LA, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--|
| RETEVMO CAPS 80mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| REZLIDHIA CAPS 150mg | 2 | QL (60 caps / 30 days), NM, LA, PA |
| ROZLYTREK CAPS 100mg | 2 | QL (150 caps / 30 days), NM, LA, PA |
| ROZLYTREK CAPS 200mg | 2 | QL (90 caps / 30 days), NM, LA, PA |
| ROZLYTREK PACK 50mg | 2 | QL (336 packets / 28 days), NM, LA, PA |
| RUBRACA TABS 200mg, 250mg, 300mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| RYDAPT CAPS 25mg | 2 | QL (224 caps / 28 days), NM, PA |
| SCEMBLIX TABS 20mg | 2 | QL (60 tabs / 30 days), NM, PA |
| SCEMBLIX TABS 40mg | 2 | QL (300 tabs / 30 days), NM, PA |
| <i>sorafenib tosylate</i> TABS 200mg | 2 | QL (120 tabs / 30 days), NM, PA |
| SPRYCEL TABS 20mg | 2 | QL (90 tabs / 30 days), NM, PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | 2 | QL (30 tabs / 30 days), NM, PA |
| STIVARGA TABS 40mg | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 2 | QL (30 caps / 30 days), NM, PA |
| TABRECTA TABS 150mg, 200mg | 2 | QL (112 tabs / 28 days), NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-------------------------------------|
| TAFINLAR CAPS 50mg, 75mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| TAFINLAR TBSO 10mg | 2 | QL (900 tabs / 30 days), NM, LA, PA |
| TAGRISSE TABS 40mg, 80mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| TALZENNA CAPS .25mg | 2 | QL (90 caps / 30 days), NM, LA, PA |
| TASIGNA CAPS 50mg | 2 | QL (120 caps / 30 days), NM, PA |
| TASIGNA CAPS 150mg, 200mg | 2 | QL (112 caps / 28 days), NM, PA |
| TAZVERIK TABS 200mg | 2 | QL (240 tabs / 30 days), NM, LA, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 2 | NM, LA, PA |
| TEPMETKO TABS 225mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| TIBSOVO TABS 250mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| TRAZIMERA SOLR 150mg, 420mg | 2 | NM, PA |
| TRUQAP TABS 160mg, 200mg | 2 | QL (64 tabs / 28 days), NM, LA, PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 2 | NM, PA |
| TUKYSA TABS 50mg, 150mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| TURALIO CAPS 125mg | 2 | QL (120 caps / 30 days), NM, LA, PA |

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|---|-----------------------------|-------------------------------------|
| VANFLYTA TABS 17.7mg, 26.5mg | 2 | QL (56 tabs / 28 days), NM, LA, PA |
| VENCLEXTA TABS 10mg, 50mg | 2 | QL (112 tabs / 28 days), NM, LA, PA |
| VENCLEXTA TABS 100mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| VENCLEXTA TAB START PK | 2 | QL (42 tabs / 28 days), NM, LA, PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 2 | QL (56 tabs / 28 days), NM, LA, PA |
| VITRAKVI CAPS 25mg | 2 | QL (180 caps / 30 days), NM, LA, PA |
| VITRAKVI CAPS 100mg | 2 | QL (60 caps / 30 days), NM, LA, PA |
| VITRAKVI SOLN 20mg/ml | 2 | QL (300 mL / 30 days), NM, LA, PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| VONJO CAPS 100mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| XALKORI CPSP 20mg | 2 | QL (240 caps / 30 days), NM, LA, PA |
| XALKORI CPSP 150mg | 2 | QL (180 caps / 30 days), NM, LA, PA |
| XOSPATA TABS 40mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| XPOVIO 40 MG ONCE WEEKLY TBPK 40mg | 2 | QL (4 tabs / 28 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| XPOVIO 40 MG TWICE WEEKLY TBPk 40mg | 2 | QL (8 tabs / 28 days), NM, LA, PA |
| XPOVIO 60 MG ONCE WEEKLY TBPk 60mg | 2 | QL (4 tabs / 28 days), NM, LA, PA |
| XPOVIO 60 MG TWICE WEEKLY TBPk 20mg | 2 | QL (24 tabs / 28 days), NM, LA, PA |
| XPOVIO 80 MG ONCE WEEKLY TBPk 40mg | 2 | QL (8 tabs / 28 days), NM, LA, PA |
| XPOVIO 80 MG TWICE WEEKLY TBPk 20mg | 2 | QL (32 tabs / 28 days), NM, LA, PA |
| XPOVIO 100 MG ONCE WEEKLY TBPk 50mg | 2 | QL (8 tabs / 28 days), NM, LA, PA |
| ZEJULA CAPS 100mg | 2 | QL (90 caps / 30 days), NM, LA, PA |
| ZEJULA TABS 100mg, 200mg, 300mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| ZELBORAF TABS 240mg | 2 | QL (240 tabs / 30 days), NM, LA, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 2 | NM, LA, PA |
| ZOLINZA CAPS 100mg | 2 | QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| ZYKADIA TABS 150mg | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------|-----------------------------|---------------------------|
| MESNEX TABS 400mg | 2 | |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|--|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 1 | QL (30 caps / 30 days) |
| <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 1 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 1 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 1 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> TABS 25mg, 50mg | 1 | |
| KERENDIA TABS 10mg, 20mg | 2 | QL (30 tabs / 30 days) |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | 1 | |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan</i> tab 5-160 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan</i> tab 5-320 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan</i> tab 10-160 mg | 1 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan</i> tab 10-320 mg | 1 | QL (30 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| ENTRESTO TAB 24-26MG | 2 | QL (60 tabs / 30 days) |
| ENTRESTO TAB 49-51MG | 2 | QL (60 tabs / 30 days) |
| ENTRESTO TAB 97-103MG | 2 | QL (60 tabs / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1 | QL (30 tabs / 30 days) |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 1 | QL (30 tabs / 30 days) |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil TABS 32mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>olmesartan medoxomil TABS 5mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>valsartan TABS 40mg, 80mg, 160mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>valsartan TABS 320mg</i> | 1 | QL (30 tabs / 30 days) |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i> | 1 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | 2 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | 1 | NM |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i> | 1 | |
| MULTAQ TABS 400mg | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| NORPACE CR CP12 100mg, 150mg | 2 | |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg | 1 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 1 | |
| <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg | 1 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | 1 | |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | 1 | |
| <i>gemfibrozil</i> TABS 600mg | 1 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 1 | QL (60 tabs / 30 days) |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>ANTILIPEMICS, MISCELLANEOUS</i> | | |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | 1 | |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | 1 | |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg | 1 | |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm | 1 | |
| <i>ezetimibe</i> TABS 10mg | 1 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 1 | QL (30 tabs / 30 days) |
| NEXLETOL TABS 180mg | 2 | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | 2 | QL (30 tabs / 30 days) |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 1 | QL (60 tabs / 30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 1 | PA |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose | 1 | |
| REPATHA SOSY 140mg/ml | 2 | NM, PA |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | 2 | NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---------------------------------|-----------------------------|---------------------------|
| REPATHA SURECLICK SOAJ 140mg/ml | 2 | NM, PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |

BETA-BLOCKER/DIURETIC COMBINATIONS

| | | |
|---|---|--|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |

BETA-BLOCKERS

| | | |
|---|---|--|
| <i>acebutolol hcl CAPS 200mg, 400mg</i> | 1 | |
| <i>atenolol TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>betaxolol hcl TABS 10mg, 20mg</i> | 1 | |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i> | 1 | |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i> | 1 | |
| <i>labetalol hcl TABS 100mg, 200mg, 300mg</i> | 1 | |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg | 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| <i>nebivolol hcl</i> TABS 20mg | 1 | QL (60 tabs / 30 days) |
| <i>pindolol</i> TABS 5mg, 10mg | 1 | |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 1 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg | 1 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 1 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 1 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 1 | |
| <i>nimodipine</i> CAPS 30mg | 1 | |
| NYMALIZE SOLN 6mg/ml | 2 | |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 1 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 1 | |
| <i>amiloride hcl</i> TABS 5mg | 1 | |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 1 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 1 | |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | 1 | |
| <i>furosemide inj</i> SOLN 10mg/ml | 1 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------------|
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg | 1 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg | 1 | |
| MISCELLANEOUS | | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 1 | |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | 1 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml | 2 | QL (450 mL / 30 days) |
| CORLANOR TABS 5mg, 7.5mg | 2 | QL (60 tabs / 30 days) |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml | 1 | |
| <i>digoxin</i> TABS 125mcg, 250mcg | 1 | QL (30 tabs / 30 days) |
| <i>droxidopa</i> CAPS 100mg | 2 | QL (90 caps / 30 days), NM, PA |
| <i>droxidopa</i> CAPS 200mg, 300mg | 2 | QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|------------------------------------|
| <i>guanfacine hcl</i> TABS 1mg, 2mg | 2 | PA; PA if 70 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>metyrosine</i> CAPS 250mg | 2 | PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 1 | |
| <i>ranolazine</i> TB12 500mg, 1000mg | 1 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 2 | QL (30 tabs / 30 days) |
| NITRATES | | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 1 | |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |
| NITRO-BID OINT 2% | 2 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| OPSUMIT TABS 10mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 1 | QL (360 tabs / 30 days), NM, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 2 | NM, LA, PA |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 2 | NM, LA, PA |

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

| | | |
|---|---|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | 1 | QL (150 tabs / 30 days) |
| <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>lorazepam</i> CONC 2mg/ml | 1 | QL (150 mL / 30 days) |
| <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml | 1 | |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 1 | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml | 1 | QL (150 mL / 30 days) |

ANTIDEMENTIA

| | | |
|--|---|--|
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg | 1 | QL (30 tabs / 30 days) |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg | 1 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg | 1 | QL (30 caps / 30 days) |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml | 1 | QL (200 mL / 30 days) |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg | 1 | QL (60 tabs / 30 days) |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | 1 | PA; PA applies if 29 years and younger |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--|
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 2 | PA; PA applies if 29 years and younger |
| NAMZARIC CAP 7-10MG | 2 | |
| NAMZARIC CAP 14-10MG | 2 | |
| NAMZARIC CAP 21-10MG | 2 | |
| NAMZARIC CAP 28-10MG | 2 | |
| NAMZARIC CAP PACK | 2 | |
| <i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | 1 | QL (30 patches / 30 days) |
| <i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i> | 1 | QL (60 caps / 30 days) |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i> | 2 | |
| <i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i> | 2 | |
| AUVELITY TAB 45-105MG | 2 | QL (60 tabs / 30 days), PA |
| <i>bupropion hcl TABS 75mg, 100mg</i> | 1 | |
| <i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>bupropion hcl TB24 300mg</i> | 1 | QL (30 tabs / 30 days) |
| <i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i> | 2 | PA |
| <i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i> | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------|
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | 1 | QL (30 tabs / 30 days), PA |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 2 | |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | 1 | QL (60 caps / 30 days) |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 2 | QL (30 patches / 30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 1 | |
| FETZIMA CP24 20mg, 40mg | 2 | QL (60 caps / 30 days), PA |
| FETZIMA CP24 80mg, 120mg | 2 | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | 2 | QL (2 packs / year), PA |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 2 | |
| MARPLAN TABS 10mg | 2 | QL (180 tabs / 30 days) |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 1 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | 2 | |
| <i>paroxetine hcl</i> SUSP 10mg/5ml | 2 | QL (900 mL / 30 days), PA |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | 2 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|------------------------------------|
| <i>phenelzine sulfate</i> TABS 15mg | 1 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 2 | |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | 1 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg | 2 | QL (120 caps / 30 days) |
| <i>trimipramine maleate</i> CAPS 100mg | 2 | QL (60 caps / 30 days) |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 2 | QL (30 tabs / 30 days) |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1 | |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| ZURZUVAE CAPS 20mg, 25mg | 2 | QL (28 caps / 14 days), NM, LA, PA |
| ZURZUVAE CAPS 30mg | 2 | QL (14 caps / 14 days), NM, LA, PA |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg | 1 | QL (120 caps / 30 days) |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg | 1 | |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 1 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | 2 | PA; PA if 70 years and older |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | 1 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 1 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 1 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 1 | |
| <i>entacapone</i> TABS 200mg | 1 | |
| INBRIJA CAPS 42mg | 2 | QL (300 caps / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|------------------------------|
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 2 | |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 1 | |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg | 1 | QL (30 tabs / 30 days) |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 1 | |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 1 | |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg | 2 | PA; PA if 70 years and older |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA PRSY 300mg, 400mg | 2 | QL (1 syringe / 28 days) |
| ABILIFY MAINTENA SRER 300mg, 400mg | 2 | QL (1 injection / 28 days) |
| <i>aripiprazole</i> SOLN 1mg/ml | 1 | QL (900 mL / 30 days) |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 1 | QL (30 tabs / 30 days) |
| <i>aripiprazole</i> TBDP 10mg, 15mg | 1 | QL (60 tabs / 30 days) |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | 2 | QL (1 syringe / 28 days) |
| ARISTADA PRSY 1064mg/3.9ml | 2 | QL (1 syringe / 56 days) |
| ARISTADA INITIO PRSY 675mg/2.4ml | 2 | |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg | 1 | QL (60 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-----------------------------|
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 2 | QL (30 caps / 30 days) |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>clozapine</i> TABS 25mg, 50mg | 1 | |
| <i>clozapine</i> TABS 100mg | 1 | QL (270 tabs / 30 days) |
| <i>clozapine</i> TABS 200mg | 1 | QL (120 tabs / 30 days) |
| <i>clozapine</i> TBDP 12.5mg, 25mg | 1 | PA |
| <i>clozapine</i> TBDP 100mg | 1 | QL (270 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 150mg | 1 | QL (180 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 200mg | 2 | QL (120 tabs / 30 days), PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 2 | QL (60 tabs / 30 days), PA |
| FANAPT PAK | 2 | QL (2 packs / year), PA |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 1 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|------------------------------------|
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | 2 | QL (1 injection / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 2 | QL (1 syringe / 28 days) |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 2 | QL (1 syringe / 90 days) |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg | 1 | QL (30 tabs / 30 days) |
| <i>lurasidone hcl</i> TABS 80mg | 1 | QL (60 tabs / 30 days) |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg | 2 | QL (30 caps / 30 days), NM, LA, PA |
| NUPLAZID TABS 10mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>olanzapine</i> SOLR 10mg | 1 | QL (3 vials / 1 day) |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg | 1 | QL (60 tabs / 30 days) |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg | 1 | QL (30 tabs / 30 days) |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg | 1 | QL (30 tabs / 30 days) |
| <i>paliperidone</i> TB24 6mg | 1 | QL (60 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-----------------------------|
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg | 2 | QL (1 syringe / 30 days) |
| <i>pimozide</i> TABS 1mg, 2mg | 1 | |
| <i>quetiapine fumarate</i> TABS 25mg | 1 | QL (180 tabs / 30 days) |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | 1 | QL (90 tabs / 30 days) |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg | 1 | QL (60 tabs / 30 days) |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg | 1 | QL (60 tabs / 30 days), PA |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg | 1 | QL (30 tabs / 30 days), PA |
| REXULTI TABS 3mg, 4mg | 2 | QL (30 tabs / 30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | 2 | QL (60 tabs / 30 days) |
| <i>risperidone</i> SOLN 1mg/ml | 1 | QL (240 mL / 30 days) |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | 1 | QL (60 tabs / 30 days) |
| <i>risperidone</i> TBDP 4mg | 1 | QL (120 tabs / 30 days) |
| <i>risperidone</i> TBDP .25mg, .5mg | 1 | QL (90 tabs / 30 days) |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg | 1 | QL (2 injections / 28 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|--------------------------------|
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg | 2 | QL (2 injections / 28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 2 | QL (30 patches / 30 days) |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| VERSACLOZ SUSP 50mg/ml | 2 | QL (600 mL / 30 days), PA |
| VRAYLAR CAPS 1.5mg | 2 | QL (60 caps / 30 days) |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg | 2 | QL (30 caps / 30 days) |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 1 | QL (60 caps / 30 days) |
| <i>ziprasidone mesylate</i> SOLR 20mg | 1 | QL (6 injections / 3 days) |
| ZYPREXA RELPREVV SUSR 210mg, 300mg | 2 | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg | 2 | QL (1 vial / 28 days), NM, PA |
| ANTISEIZURE AGENTS | | |
| APTIOM TABS 200mg, 400mg | 2 | QL (30 tabs / 30 days) |
| APTIOM TABS 600mg, 800mg | 2 | QL (60 tabs / 30 days) |
| BRIVIACT SOLN 10mg/ml | 2 | QL (600 mL / 30 days), PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--|
| BRIVIACT SOLN 50mg/5ml | 2 | PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | 2 | QL (60 tabs / 30 days), PA |
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1 | |
| <i>clobazam</i> SUSP 2.5mg/ml | 1 | QL (480 mL / 30 days), PA |
| <i>clobazam</i> TABS 10mg, 20mg | 1 | QL (60 tabs / 30 days), PA |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg | 1 | QL (300 tabs / 30 days) |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg | 1 | QL (90 tabs / 30 days) |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 1 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIACOMIT CAPS 250mg | 2 | QL (360 caps / 30 days), NM, LA, PA |
| DIACOMIT CAPS 500mg | 2 | QL (180 caps / 30 days), NM, LA, PA |
| DIACOMIT PACK 250mg | 2 | QL (360 packets / 30 days), NM, LA, PA |
| DIACOMIT PACK 500mg | 2 | QL (180 packets / 30 days), NM, LA, PA |
| <i>diazepam</i> SOLN 5mg/5ml | 1 | QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---|
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 1 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 1 | |
| <i>diazepam inj</i> SOLN 5mg/ml | 1 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 1 | QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| DILANTIN CAPS 30mg, 100mg | 2 | |
| DILANTIN INFATABS CHEW 50mg | 2 | |
| DILANTIN-125 SUSP 125mg/5ml | 2 | |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1 | |
| EPIDIOLEX SOLN 100mg/ml | 2 | QL (600 mL / 30 days), NM, LA, PA |
| <i>epitol</i> TABS 200mg | 1 | |
| EPRONTIA SOLN 25mg/ml | 2 | QL (480 mL / 30 days), PA |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | 1 | |
| <i>felbamate</i> SUSP 600mg/5ml | 2 | |
| <i>felbamate</i> TABS 400mg, 600mg | 1 | |
| FINTEPLA SOLN 2.2mg/ml | 2 | QL (360 mL / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------|
| FYCOMPA SUSP .5mg/ml | 2 | QL (720 mL / 30 days), PA |
| FYCOMPA TABS 2mg | 2 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | 2 | QL (30 tabs / 30 days), PA |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg | 1 | QL (180 caps / 30 days) |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml | 1 | QL (2160 mL / 30 days) |
| <i>gabapentin</i> TABS 600mg | 1 | QL (180 tabs / 30 days) |
| <i>gabapentin</i> TABS 800mg | 1 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> SOLN 200mg/20ml | 1 | |
| <i>lacosamide</i> TABS 50mg | 1 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg | 1 | QL (60 tabs / 30 days) |
| <i>lacosamide oral</i> SOLN 10mg/ml | 1 | QL (1200 mL / 30 days) |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1 | |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | 1 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml | 1 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---|
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml | 1 | |
| <i>methsuximide</i> CAPS 300mg | 1 | |
| NAYZILAM SOLN 5mg/0.1ml | 2 | |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | |
| <i>phenobarbital</i> ELIX 20mg/5ml | 2 | QL (1500 mL / 30 days), PA; PA if 70 years and older |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml | 2 | PA; PA if 70 years and older |
| <i>phenytek</i> CAPS 200mg, 300mg | 1 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 1 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 1 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 1 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 1 | QL (120 caps / 30 days), PA |
| <i>pregabalin</i> CAPS 200mg | 1 | QL (90 caps / 30 days), PA |
| <i>pregabalin</i> CAPS 225mg, 300mg | 1 | QL (60 caps / 30 days), PA |
| <i>pregabalin</i> SOLN 20mg/ml | 1 | QL (900 mL / 30 days), PA |
| <i>primidone</i> TABS 50mg, 125mg, 250mg | 1 | |
| <i>roweepra</i> TABS 500mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-----------------------------|
| <i>rufinamide</i> SUSP 40mg/ml | 2 | QL (2400 mL / 30 days), PA |
| <i>rufinamide</i> TABS 200mg | 1 | QL (480 tabs / 30 days), PA |
| <i>rufinamide</i> TABS 400mg | 2 | QL (240 tabs / 30 days), PA |
| SPRITAM TB3D 250mg | 2 | QL (360 tabs / 30 days) |
| SPRITAM TB3D 500mg | 2 | QL (180 tabs / 30 days) |
| SPRITAM TB3D 750mg | 2 | QL (120 tabs / 30 days) |
| SPRITAM TB3D 1000mg | 2 | QL (90 tabs / 30 days) |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg | 2 | QL (60 films / 30 days), PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 1 | |
| <i>valproic acid</i> CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 2 | |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 2 | |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 2 | |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 2 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|--|
| <i>vigabatrin</i> PACK 500mg | 2 | QL (180 packets / 30 days), NM, LA, PA |
| <i>vigabatrin</i> TABS 500mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| <i>vigadrone</i> PACK 500mg | 2 | QL (180 packets / 30 days), NM, LA, PA |
| <i>vigadrone</i> TABS 500mg | 2 | QL (180 tabs / 30 days), NM, LA, PA |
| <i>vigpoder</i> PACK 500mg | 2 | QL (180 packets / 30 days), NM, LA, PA |
| XCOPRI TABS 50mg, 100mg | 2 | QL (30 tabs / 30 days) |
| XCOPRI TABS 150mg, 200mg | 2 | QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | 2 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | 2 | QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | 2 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 2 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 2 | QL (28 tabs / 28 days) |
| ZONISADE SUSP 100mg/5ml | 2 | QL (900 mL / 30 days), PA |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 1 | |
| ZTALMY SUSP 50mg/ml | 2 | QL (1100 mL / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------|-----------------------------|---------------------------|
|-------------------------------|-----------------------------|---------------------------|

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|--|---|----------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 1 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 1 | QL (90 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 1 | QL (60 tabs / 30 days), PA |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> | 1 | QL (120 caps / 30 days) |
| <i>atomoxetine hcl CAPS 40mg</i> | 1 | QL (60 caps / 30 days) |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---|
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg | 1 | QL (30 caps / 30 days) |
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg | 1 | QL (120 tabs / 30 days), PA |
| <i>dexmethylphenidate hcl</i> TABS 10mg | 1 | QL (60 tabs / 30 days), PA |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg | 2 | QL (30 tabs / 30 days), PA; PA if 70 years and older |
| <i>guanfacine hcl (adhd)</i> TB24 3mg | 2 | QL (60 tabs / 30 days), PA; PA if 70 years and older |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml | 1 | QL (1800 mL / 30 days), PA |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml | 1 | QL (900 mL / 30 days), PA |
| <i>methylphenidate hcl</i> TABS 5mg, 10mg | 1 | QL (180 tabs / 30 days), PA |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg | 1 | QL (90 tabs / 30 days), PA |
| HYPNOTICS | | |
| DAYVIGO TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg | 1 | QL (30 tabs / 30 days) |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>tasimelteon</i> CAPS 20mg | 2 | QL (30 caps / 30 days), NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---|
| <i>temazepam</i> CAPS 7.5mg, 30mg | 1 | QL (30 caps / 30 days), PA; PA if 65 years and older |
| <i>temazepam</i> CAPS 15mg | 1 | QL (60 caps / 30 days), PA; PA if 65 years and older |
| <i>zaleplon</i> CAPS 5mg | 2 | QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>zaleplon</i> CAPS 10mg | 2 | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| MIGRAINE | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 2 | QL (1 pen / 30 days), NM, PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 2 | |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 2 | QL (8 mL / 30 days), PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 1 | QL (40 tabs / 28 days), PA |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg | 1 | QL (12 tabs / 30 days) |
| NURTEC TBDP 75mg | 2 | QL (16 tabs / 30 days), PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| QULIPTA TABS 10mg, 30mg, 60mg | 2 | QL (30 tabs / 30 days), PA |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg | 1 | QL (18 tabs / 30 days) |
| <i>sumatriptan</i> SOLN 5mg/act | 1 | QL (24 units / 30 days) |
| <i>sumatriptan</i> SOLN 20mg/act | 1 | QL (12 units / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml | 1 | QL (18 injections / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | 1 | QL (12 injections / 30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg | 1 | QL (12 tabs / 30 days) |
| UBRELVY TABS 50mg, 100mg | 2 | QL (16 tabs / 30 days), PA |
| MISCELLANEOUS | | |
| AUSTEDO TABS 6mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| AUSTEDO TABS 9mg, 12mg | 2 | QL (120 tabs / 30 days), NM, LA, PA |
| AUSTEDO XR TB24 6mg | 2 | QL (90 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 12mg | 2 | QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 24mg | 2 | QL (60 tabs / 30 days), NM, PA |
| AUSTEDO XR TAB TITR KIT | 2 | QL (2 packs / year), NM, PA |
| <i>lithium</i> SOLN 8meq/5ml | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 1 | |
| NUEDEXTA CAP 20-10MG | 2 | QL (60 caps / 30 days), PA |
| <i>pyridostigmine bromide</i> TABS 60mg | 1 | |
| <i>riluzole</i> TABS 50mg | 1 | |
| <i>tetrabenazine</i> TABS 12.5mg | 2 | QL (90 tabs / 30 days), NM, PA |
| <i>tetrabenazine</i> TABS 25mg | 2 | QL (120 tabs / 30 days), NM, PA |
| MULTIPLE SCLEROSIS AGENTS | | |
| BAFIERTAM CPDR 95mg | 2 | QL (120 caps / 30 days), NM, LA, PA |
| BETASERON KIT .3mg | 2 | QL (14 syringes / 28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg | 1 | QL (60 tabs / 30 days), NM, PA |
| <i> fingolimod hcl</i> CAPS .5mg | 2 | QL (30 caps / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml | 2 | QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 2 | QL (12 syringes / 28 days), NM, PA |
| <i>glatopa</i> SOSY 20mg/ml | 2 | QL (30 syringes / 30 days), NM, PA |
| <i>glatopa</i> SOSY 40mg/ml | 2 | QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml | 2 | QL (16 pens / year), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--|
| <i>MUSCULOSKELETAL THERAPY AGENTS</i> | | |
| <i>baclofen</i> TABS 5mg | 1 | QL (90 tabs / 30 days) |
| <i>baclofen</i> TABS 10mg, 20mg | 1 | |
| <i>carisoprodol</i> TABS 350mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 2 | QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | 1 | |
| <i>methocarbamol</i> TABS 500mg | 2 | QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>methocarbamol</i> TABS 750mg | 2 | QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 1 | |
| <i>NARCOLEPSY/CATAPLEXY</i> | | |
| <i>armodafinil</i> TABS 50mg | 1 | QL (60 tabs / 30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | 1 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 100mg | 1 | QL (30 tabs / 30 days), PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-----------------------------------|
| <i>modafinil</i> TABS 200mg | 1 | QL (60 tabs / 30 days), PA |
| SODIUM OXYBATE SOLN 500mg/ml | 2 | QL (540 mL / 30 days), NM, LA, PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | 1 | |
| <i>acetadryl</i> | 3 | |
| ADVIL PM TAB 200-38MG | 3 | |
| BAYER PM TAB 38.3-500 | 3 | |
| <i>bl headache pm</i> | 3 | |
| BUFFERIN AF TAB NITETIME | 3 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 1 | QL (90 tabs / 30 days), PA |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 1 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 1 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 1 | QL (60 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 1 | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 1 | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | 1 | QL (60 tabs / 30 days) |
| COMMIT LOZG 2mg, 4mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------|
| <i>compoz</i> CAPS 50mg | 3 | |
| <i>cvs nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr | 3 | |
| <i>cvs nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg | 3 | |
| <i>diphenhydramine hcl (sleep)</i> TABS 25mg | 3 | |
| <i>disulfiram</i> TABS 250mg, 500mg | 1 | |
| <i>doxylamine succinate (sleep)</i> TABS 25mg | 3 | |
| <i>eq sleep-aid nighttime</i> CAPS 25mg | 3 | |
| <i>eql ibuprofen pm</i> | 3 | |
| <i>eql sleep aid nighttime</i> LIQD 50mg/30ml | 3 | |
| HCA NON-ASA TAB PM | 3 | |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | 1 | |
| <i>naltrexone hcl</i> TABS 50mg | 1 | |
| NICOTINE SYS KIT TRANSDER | 3 | |
| NICOTROL INHALER INHA 10mg | 2 | |
| NICOTROL NS SOLN 10mg/ml | 2 | |
| UNISOM TABS 25mg | 3 | |
| UNISOM SLEEPGELS CAPS 50mg | 3 | |
| <i>varenicline tartrate</i> TABS .5mg, 1mg | 1 | QL (56 tabs / 28 days), PA |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 1 | QL (2 packs / year), PA |
| VIVITROL SUSR 380mg | 2 | NM |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-----------------------------|
| ZZZQUIL CAPS 25mg; LIQD 50mg/30ml | 3 | |
| <u>ENDOCRINE AND METABOLIC</u> | | |
| <u>ANDROGENS</u> | | |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>methyltestosterone</i> CAPS 10mg | 2 | QL (600 caps / 30 days), PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm | 1 | QL (300 gm / 30 days), PA |
| <i>testosterone</i> GEL 1.62% | 1 | QL (150 gm / 30 days), PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 1 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 1 | PA |
| <u>ANTIDIABETICS</u> | | |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | 1 | |
| BYDUREON BCISE AUIJ 2mg/0.85ml | 2 | QL (4 pens / 28 days), PA |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml | 2 | QL (1 pen / 30 days), PA |
| FARXIGA TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days) |
| <i>glimepiride</i> TABS 1mg, 2mg | 1 | QL (90 tabs / 30 days) |
| <i>glimepiride</i> TABS 4mg | 1 | QL (60 tabs / 30 days) |
| <i>glipizide</i> TABS 5mg | 1 | QL (240 tabs / 30 days) |
| <i>glipizide</i> TABS 10mg | 1 | QL (120 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>glipizide</i> TB24 2.5mg, 5mg | 1 | QL (90 tabs / 30 days) |
| <i>glipizide</i> TB24 10mg | 1 | QL (60 tabs / 30 days) |
| <i>glipizide xl</i> TB24 2.5mg, 5mg | 1 | QL (90 tabs / 30 days) |
| <i>glipizide xl</i> TB24 10mg | 1 | QL (60 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 1 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 2 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 2 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 2 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 2 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 2 | QL (30 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---|
| JARDIANCE TABS 10mg, 25mg | 2 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 2 | QL (30 tabs / 30 days) |
| <i>metformin hcl</i> TABS 500mg | 1 | QL (150 tabs / 30 days) |
| <i>metformin hcl</i> TABS 850mg | 1 | QL (90 tabs / 30 days) |
| <i>metformin hcl</i> TABS 1000mg | 1 | QL (75 tabs / 30 days) |
| <i>metformin hcl</i> TB24 500mg | 1 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg | 1 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| <i>nateglinide</i> TABS 60mg, 120mg | 1 | QL (90 tabs / 30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml | 2 | QL (1 pen / 28 days), PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 2 | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 2 | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 2 | QL (1 pen / 28 days), PA |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 1 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1 | QL (90 tabs / 30 days) |
| <i>repaglinide</i> TABS 2mg | 1 | QL (240 tabs / 30 days) |
| <i>repaglinide</i> TABS .5mg, 1mg | 1 | QL (120 tabs / 30 days) |
| RYBELSUS TABS 3mg, 7mg, 14mg | 2 | QL (30 tabs / 30 days), PA |
| SYNJARDY TAB 5-500MG | 2 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-500 | 2 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | 2 | QL (60 tabs / 30 days) |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| SYNJARDY XR TAB 12.5-1000 | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | 2 | QL (30 tabs / 30 days) |
| TRADJENTA TABS 5mg | 2 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 2 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 2 | QL (30 tabs / 30 days) |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| XIGDUO XR TAB 2.5-1000 | 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 2 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 2 | QL (30 tabs / 30 days) |
| <i>ANTIDIABETICS, INSULINS</i> | | |
| ADMELOG SOLN 100unit/ml | 2 | |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| BD ALCOHOL SWABS | 2 | |
| FIASP SOLN 100unit/ml | 2 | |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | |
| FIASP PENFILL SOCT 100unit/ml | 2 | |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D |
| GAUZE PADS 2" X 2" | 2 | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 2 | B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 2 | |
| INSULIN PEN NEEDLES: BD/NOVO | 2 | |
| INSULIN SAFETY NEEDLES | 2 | |
| INSULIN SYRINGES: BD | 2 | |
| LANTUS SOLN 100unit/ml | 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| NOVOLIN INJ 70/30 | 2 | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | 2 | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml | 2 | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 2 | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml | 2 | (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 2 | (brand RELION not covered) |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---------------------------------|-----------------------------|----------------------------|
| NOVOLOG SOLN 100unit/ml | 2 | (brand RELION not covered) |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 2 | (brand RELION not covered) |
| NOVOLOG MIX INJ 70/30 | 2 | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN | 2 | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | (brand RELION not covered) |
| OMNIPOD 5 G6 KIT INTRO | 2 | QL (1 kit / year), PA |
| OMNIPOD 5 G6 MIS PODS | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD 5 G7 KIT INTRO | 2 | QL (1 kit / year), PA |
| OMNIPOD 5 G7 MIS PODS | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | 2 | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 10UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 15UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 20UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 25UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 30UNT/DY | 2 | QL (15 pods / 30 days), PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-------------------------------|
| OMNIPOD GO KIT 35UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 40UNT/DY | 2 | QL (15 pods / 30 days), PA |
| OMNIPOD MIS CLASSIC | 2 | QL (15 pods / 30 days), PA |
| SOLIQUA INJ 100/33 | 2 | QL (5 pens / 25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 2 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 2 | |
| V-GO 20 KIT | 2 | QL (30 devices / 30 days), PA |
| V-GO 30 KIT | 2 | QL (30 devices / 30 days), PA |
| V-GO 40 KIT | 2 | QL (30 devices / 30 days), PA |
| XULTOPHY INJ 100/3.6 | 2 | QL (5 pens / 30 days) |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg | 1 | |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | 1 | B/D |
| <i>ibandronate sodium</i> TABS 150mg | 1 | B/D |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | 2 | LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------|
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 2 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml | 2 | QL (1 syringe / 180 days), NM |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg | 1 | |
| TERIPARATIDE SOPN 620mcg/2.48ml | 2 | NM, PA |
| XGEVA SOLN 120mg/1.7ml | 2 | NM, PA |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml | 1 | B/D, NM |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 2 | |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg | 2 | NM, PA |
| <i>deferasirox</i> TABS 90mg | 1 | NM, PA |
| LOKELMA PACK 5gm, 10gm | 2 | |
| <i>penicillamine</i> TABS 250mg | 2 | NM |
| <i>sodium polystyrene sulfonate powder</i> | 1 | |
| <i>sps</i> SUSP 15gm/60ml | 1 | |
| <i>trientine hcl</i> CAPS 250mg | 2 | NM, PA |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | 1 | |
| SYNAREL SOLN 2mg/ml | 2 | PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>ESTROGENS</i> | | |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 2 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 2 | |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg | 1 | |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml | 1 | |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 2 | |
| <i>fyavolv tab 1mg-5mcg</i> | 2 | |
| <i>jinteli</i> | 2 | |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 2 | |
| <i>mimvey</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | |
| <i>yuvaferm</i> TABS 10mcg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| GLUCOCORTICOIDS | | |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1 | B/D |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 2 | B/D |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml | 1 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 1 | |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | 1 | |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg | 1 | B/D |
| <i>methylprednisolone</i> TBPK 4mg | 1 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg | 1 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml | 1 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | 1 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 2 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 2 | |
| GLUCOSE ELEVATING AGENTS | | |
| BD GLUCOSE CHEW 5gm | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| BL GLUCOSE CHEW 4gm | 3 | |
| <i>cvs glucose</i> GEL 40% | 3 | |
| CVS GLUCOSE CHW FRUIT | 3 | |
| DEX4 CHEW 1gm | 3 | |
| DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml | 3 | |
| <i>dextrose (diabetic use)</i> CHEW 4gm, 5gm; LIQD 15gm/59ml | 3 | |
| <i>diazoxide</i> SUSP 50mg/ml | 2 | |
| GLUCOSE LIQD 15gm/60ml | 3 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| INSTA-GLUCOSE GEL 77.4% | 3 | |
| RA TRUEPLUS GLUCOSE GEL 15gm/32ml | 3 | |
| WALGREENS GLUCOSE CHEW 4gm | 3 | |
| MISCELLANEOUS | | |
| A1C NOW KIT | 3 | |
| ACCU-CHECK TES COMFORT | 3 | |
| ACCU-CHEK KIT FASTCLIX | 3 | |
| <i>actidose/sorbitol</i> | 3 | |
| ADJ LANCING MIS DEVICE | 3 | |
| ALDURAZYME SOLN 2.9mg/5ml | 2 | NM, LA, PA |
| ASCENSIA MIS AUTODISC | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------------|
| ASSURE ID MIS 30GX3/16 | 3 | |
| ASSURE ID MIS 30GX5/16 | 3 | |
| AUTOLET PLAT MIS 1.8MM | 3 | |
| BD PEN NEEDL MIS 29GX12.7 | 3 | |
| BD PEN NEEDL MIS 32GX6MM | 3 | |
| <i>betaine powder for oral solution</i> | 2 | NM, LA |
| BILI-LABSTIX TES STRIPS | 3 | |
| <i>cabergoline</i> TABS .5mg | 1 | |
| CAREFINE MIS 32GX5MM | 3 | |
| <i>carglumic acid</i> TBSO 200mg | 2 | NM, LA, PA |
| CERDELGA CAPS 84mg | 2 | NM, LA, PA |
| CEREZYME SOLR 400unit | 2 | NM, LA, PA |
| <i>charcoal activated powder</i> | 3 | |
| CHARCOAL POW | 3 | |
| CHEMSTRIP TES UGK | 3 | |
| CHEMSTRIP-UG TES | 3 | |
| 1ST CHOICE MIS LANCETS | 3 | |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg | 1 | B/D, QL (60 tabs / 30 days), NM |
| <i>cinacalcet hcl</i> TABS 90mg | 2 | B/D, QL (120 tabs / 30 days), NM |
| CLINI-TEK MIS | 3 | |
| COMFORT EZ MIS 33GX4MM | 3 | |
| CYSTAGON CAPS 50mg, 150mg | 2 | NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>desmopressin acetate</i> SOLN 4mcg/ml | 2 | |
| <i>desmopressin acetate</i> TABS .1mg, .2mg | 1 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 1 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 1 | |
| FABRAZYME SOLR 5mg, 35mg | 2 | NM, LA, PA |
| GENOTROPIN CART 5mg, 12mg | 2 | NM, PA |
| GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 2 | NM, PA |
| INCRELEX SOLN 40mg/4ml | 2 | NM, LA, PA |
| IOSAT TABS 130mg | 3 | |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | 2 | NM, LA, PA |
| KORLYM TABS 300mg | 2 | NM, LA, PA |
| <i>*lancets misc.***</i> | 3 | |
| <i>*lancets***</i> | 3 | |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | 1 | B/D |
| LUMIZYME SOLR 50mg | 2 | NM, LA, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 2 | NM, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 2 | NM, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 2 | NM, PA |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg | 2 | NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--------------------------------|
| <i>miglustat</i> CAPS 100mg | 2 | QL (90 caps / 30 days), NM, PA |
| <i>*multiple urine test strips***</i> | 3 | |
| NAGLAZYME SOLN 1mg/ml | 2 | NM, LA, PA |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | 2 | NM, PA |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1 | NM, PA |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | 2 | NM, PA |
| POTASSIUM IODIDE SOLN 65mg/ml | 3 | |
| <i>raloxifene hcl</i> TABS 60mg | 1 | |
| RELION ALL- MIS IN-ONE | 3 | |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg | 2 | NM, PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 2 | NM, LA, PA |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg | 2 | NM, PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 2 | NM, LA, PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 2 | NM, LA, PA |
| THYROSAFE TABS 65mg | 3 | |
| 1ST TIER UNI MIS 31GX5MM | 3 | |
| 1ST TIER UNI MIS 31GX6MM | 3 | |
| 1ST TIER UNI MIS 31GX8MM | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|--------------------------------|
| 1ST TIER UNI MIS 32GX4MM | 3 | |
| <i>yargesa</i> CAPS 100mg | 2 | QL (90 caps / 30 days), NM, PA |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate (phosphate binder)</i> CAPS 667mg | 1 | QL (360 caps / 30 days) |
| <i>calcium acetate (phosphate binder)</i> TABS 667mg | 1 | QL (360 tabs / 30 days) |
| <i>lanthanum carbonate</i> CHEW 500mg, 1000mg | 1 | QL (90 tabs / 30 days) |
| <i>lanthanum carbonate</i> CHEW 750mg | 1 | QL (180 tabs / 30 days) |
| <i>sevelamer carbonate</i> PACK 2.4gm | 1 | QL (180 packets / 30 days) |
| <i>sevelamer carbonate</i> PACK .8gm | 1 | QL (540 packets / 30 days) |
| <i>sevelamer carbonate</i> TABS 800mg | 1 | QL (540 tabs / 30 days) |
| VELPHORO CHEW 500mg | 2 | QL (180 tabs / 30 days) |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>megestrol acetate</i> SUSP 40mg/ml | 2 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 2 | PA |
| <i>norethindrone acetate</i> TABS 5mg | 1 | |
| <i>progesterone</i> CAPS 100mg, 200mg | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| THYROID AGENTS | | |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | 1 | |
| <i>methimazole</i> TABS 5mg, 10mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg | 1 | B/D |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml | 1 | B/D |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | 1 | B/D |
| RAYALDEE CPR 30mcg | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|----------------------|--------------------|
| <u>GASTROINTESTINAL</u> | | |
| <u>ANTACIDS</u> | | |
| <i>acid gone</i> | 3 | |
| <i>acid relief</i> | 3 | |
| <i>alamag-plus</i> | 3 | |
| <i>aldroxicon i</i> | 3 | |
| ALKA SELTZER TAB HEARTBRN | 3 | |
| ALKA-SELTZER CHW 750-80MG | 3 | |
| ALKA-SELTZER TAB GOLD | 3 | |
| <i>alkets</i> CHEW 500mg | 3 | |
| ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml | 3 | |
| <i>aluminum hydroxide gel</i> SUSP 320mg/5ml | 3 | |
| <i>aluminum hydroxide gel su</i> SUSP 600mg/5ml | 3 | |
| <i>antacid</i> | 3 | |
| ANTACID CHEW 1177mg | 3 | |
| <i>antacid double strength</i> | 3 | |
| <i>antacid extra strength</i> | 3 | |
| <i>antacid ultra strength</i> CHEW 1000mg | 3 | |
| BELL-ANS TAB 650MG TABS 650mg | 3 | |
| CALCIUM CARBONATE TABS 648mg, 650mg | 3 | |
| <i>calcium carbonate (antacid)</i> TABS 648mg, 650mg | 3 | |
| <i>cvs antacid multi-symptom</i> | 3 | |

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|--|-----------------------------|---------------------------|
| DEWEES CARMINATIVE SUSP 250mg/5ml | 3 | |
| <i>eq antacid & anti-gas max</i> | 3 | |
| FP FOMICON SUS | 3 | |
| GAVISCON CHW | 3 | |
| GAVISCON CHW EX-STR | 3 | |
| GAVISCON SUS | 3 | |
| GELUSIL CHW | 3 | |
| <i>gnp calcium antacid child</i> CHEW 400mg | 3 | |
| <i>hm advanced antacid maxim</i> | 3 | |
| <i>hm magnesium</i> TABS 250mg | 3 | |
| HYVEE ADVCD SUS ANTACID | 3 | |
| <i>longs acid relief extra s</i> CHEW 750mg | 3 | |
| MAALOX MAX CHW 1000-60 | 3 | |
| MAALOX QUICK DISSOLVE MAX CHEW 1000mg | 3 | |
| MAG-AL LIQ | 3 | |
| <i>mag-caps</i> CAPS 140mg | 3 | |
| MAG-OX 400 TAB 400MG TABS 400mg | 3 | |
| <i>magaldrate</i> SUSP 540mg/5ml | 3 | |
| <i>magaldrate w/ simethicone susp 1080-30 mg/5ml</i> | 3 | |
| MAGNESIUM CAPS 500mg | 3 | |
| MAGNESIUM OXIDE CAPS 400mg | 3 | |
| <i>magnesium oxide</i> TABS 400mg, 420mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>maox</i> TABS 420mg | 3 | |
| MI-ACID CHW | 3 | |
| MYLANTA CHW 400MG CHEW 400mg | 3 | |
| MYLANTA SUS | 3 | |
| MYLANTA SUS SUPREME | 3 | |
| RI-MAG SUSP 540mg/5ml | 3 | |
| RI-MAG PLUS SUS | 3 | |
| ROLAIDS CHW | 3 | |
| ROLAIDS CHW EX ST | 3 | |
| ROLAIDS MULT CHW SYMPTOM | 3 | |
| <i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg | 3 | |
| <i>*sodium bicarbonate powder**</i> | 3 | |
| SODIUM POW BICARBON | 3 | |
| <i>tgt antacid extra strengt</i> | 3 | |
| TUMS CHEW 500mg | 3 | |
| TUMS CALCIUM FOR LIFE BON CHEW 750mg | 3 | |
| <i>tums gas relief chewy bit</i> | 3 | |
| URO MAG CAPS 140mg | 3 | |
| <i>ANTI-DIARRHEAL</i> | | |
| <i>abatine</i> x CAPS 680mg | 3 | |
| ACIDOPHILUS WAFR 1mg | 3 | |
| ACIDOPHILUS CAP | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ACIDOPHILUS/ TAB CIT PECT | 3 | |
| <i>anti-diarrheal</i> CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg | 3 | |
| <i>bismuth subsalicylate</i> CHEW 262mg; SUSP 525mg/15ml | 3 | |
| CULTURELLE CAPS 10bcell | 3 | |
| CULTURELLE CAP | 3 | |
| CULTURELLE CHW DIGESTIV | 3 | |
| CULTURELLE CHW KIDS | 3 | |
| CULTURELLE KIDS PACK 5bcell | 3 | |
| <i>cvs acidophilus probiotic</i> | 3 | |
| <i>cvs anti-diarrheal</i> SUSP 262mg/15ml | 3 | |
| <i>cvs bismuth</i> TABS 262mg | 3 | |
| <i>cvs digestive probiotic</i> CAPS 250mg | 3 | |
| <i>flora assist</i> | 3 | |
| FLORAJEN CAP ACIDOPHI | 3 | |
| FLORASTOR CAPS 250mg; PACK 250mg | 3 | |
| <i>hm probiotic digestive he</i> CAPS 20bcell | 3 | |
| IMODIUM A-D SOLN 1mg/7.5ml; TABS 2mg | 3 | |
| IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml | 3 | |
| IMODIUM ADV TAB | 3 | |
| KAOLIN POW | 3 | |
| <i>kaolin powder</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-----------------------------|
| KAOPECTATE SUS 262/15ML | 3 | |
| KAOPECTATE SUS EX ST | 3 | |
| KAOPECTATE TAB | 3 | |
| LACTINEX CHW | 3 | |
| LACTINEX GRA | 3 | |
| LACTINEX TAB | 3 | |
| <i>*lactobacillus acidophilus-pectin cap**</i> | 3 | |
| <i>*lactobacillus chew tab**</i> | 3 | |
| MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm | 3 | |
| PEPTO-BISMOL TO-GO CHEW 262mg | 3 | |
| <i>qc anti-diarrheal advance</i> | 3 | |
| RESTORE PAK | 3 | |
| 4X PROBIOTIC TAB | 3 | |
| ANTIEMETICS | | |
| <i>ambizine</i> TABS 25mg | 3 | |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg | 1 | B/D |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | B/D |
| BL MOTION SI TAB 25MG | 3 | |
| <i>bonine</i> CHEW 25mg | 3 | |
| <i>compro</i> SUPP 25mg | 1 | |
| <i>dimenhydrinate</i> TABS 50mg | 3 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 1 | B/D, QL (60 caps / 30 days) |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---|
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | 1 | |
| <i>granisetron hcl</i> TABS 1mg | 1 | B/D |
| HCA MOT SICK TAB 50MG | 3 | |
| <i>meclizine hcl</i> TABS 12.5mg | 3 | |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 2 | |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | 1 | |
| <i>ondansetron</i> TBDP 4mg, 8mg | 1 | B/D |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| <i>prochlorperazine</i> SUPP 25mg | 1 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 1 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 1 | |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 2 | PA; PA if 70 years and older |
| <i>scopolamine</i> PT72 1mg/3days | 2 | QL (10 patches / 30 days), PA; PA if 70 years and older |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | 2 | |
| <i>glycopyrrolate</i> TABS 1mg | 1 | QL (90 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--------------------------------|-----------------------------|---------------------------|
| <i>glycopyrrolate</i> TABS 2mg | 1 | QL (120 tabs / 30 days) |

DIGESTIVE AGENTS

| | | |
|---|---|--|
| CVS DAIRY RELIEF EXTRA ST TABS 4500unit | 3 | |
| <i>cvs lactase</i> TABS 3000unit | 3 | |
| <i>dairy digestive ultra</i> TABS 9000unit | 3 | |
| <i>fast acting dairy aid</i> TABS 9000unit | 3 | |
| FP DAIRY-REL TAB 3000UNIT | 3 | |
| GAS-X CAP PREVENT | 3 | |
| LACTAID FAST ACT CHEW 9000unit; TABS 9000unit | 3 | |
| <i>sb lactase</i> TABS 3000unit | 3 | |

H2-RECEPTOR ANTAGONISTS

| | | |
|---|---|-------------------------|
| <i>acid controller</i> TABS 10mg | 3 | |
| <i>cimetidine tab 200 mg</i> TABS 200mg | 3 | |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | 1 | |
| <i>famotidine</i> SUSR 40mg/5ml | 1 | QL (300 mL / 30 days) |
| <i>famotidine</i> TABS 20mg | 1 | QL (120 tabs / 30 days) |
| <i>famotidine</i> TABS 40mg | 1 | QL (60 tabs / 30 days) |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 1 | |
| <i>gnp acid control 75</i> TABS 75mg | 3 | |
| <i>gnp acid control 150 maxi</i> TABS 150mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>kls acid controller maxim</i> TABS 20mg | 3 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 1 | |
| PEPCID AC TABS 10mg | 3 | |
| ZANTAC TAB 75MG | 3 | |

INFLAMMATORY BOWEL DISEASE

| | | |
|---|---|----------------------------|
| <i>balsalazide disodium</i> CAPS 750mg | 1 | |
| <i>budesonide</i> CPEP 3mg | 1 | QL (90 caps / 30 days), PA |
| <i>budesonide</i> TB24 9mg | 2 | QL (30 tabs / 30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | 1 | |
| <i>mesalamine</i> CP24 .375gm | 1 | QL (120 caps / 30 days) |
| <i>mesalamine</i> CPDR 400mg | 1 | QL (180 caps / 30 days) |
| <i>mesalamine</i> ENEM 4gm; SUPP 1000mg | 1 | |
| <i>mesalamine</i> TBEC 1.2gm | 1 | QL (120 tabs / 30 days) |
| <i>mesalamine w/ cleanser</i> KIT 4gm | 1 | |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | 1 | |

LAXATIVES

| | | |
|-----------------------------|---|--|
| <i>alophen</i> TBEC 5mg | 3 | |
| <i>benefiber on the go</i> | 3 | |
| BENEFIBER POW | 3 | |
| <i>bisac-evac</i> SUPP 10mg | 3 | |
| <i>bl epsom salt</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>bl laxative pills</i> TABS 15mg, 25mg | 3 | |
| <i>bl magnesium citrate</i> | 3 | |
| <i>bl mineral oil</i> | 3 | |
| <i>bl natural fiber</i> POWD 48.57% | 3 | |
| <i>calcium polycarbophil</i> TABS 625mg | 3 | |
| CASTOR OIL OIL 100% | 3 | |
| <i>castor oil stimulant laxa</i> OIL 100% | 3 | |
| CELLOTHYL TAB 500MG TABS 500mg | 3 | |
| CEO-TWO SUP | 3 | |
| <i>chocolated laxative</i> CHEW 15mg | 3 | |
| CITRUCEL POW ORANGE | 3 | |
| <i>clearlax</i> | 3 | |
| COLACE CAPS 50mg | 3 | |
| <i>colace 2-in-1</i> | 3 | |
| <i>colace adult</i> SUPP 2.1gm | 3 | |
| COLACE CAP 100MG CAPS 100mg | 3 | |
| COLACE LIQ 150/15ML LIQD 150mg/15ml | 3 | |
| <i>colace pediatric</i> SUPP 1.2gm | 3 | |
| COLACE SYP 60/15ML SYRP 60mg/15ml | 3 | |
| <i>constulose</i> SOLN 10gm/15ml | 1 | |
| <i>cvs daily fiber</i> POWD 51.7% | 3 | |
| <i>cvs enema disposable</i> | 3 | |
| CVS EPSOM GRA SALT | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>cvs fiber</i> CAPS .52gm | 3 | |
| <i>cvs fiber laxative</i> POWD 30.9% | 3 | |
| <i>cvs laxative dietary supp</i> TABS 500mg | 3 | |
| <i>cvs mineral oil</i> | 3 | |
| <i>cvs mini enema kids</i> ENEM 100mg/5ml | 3 | |
| <i>cvs nat fiber laxative</i> POWD 100% | 3 | |
| <i>cvs natural fiber supplem</i> PACK 58.6% | 3 | |
| <i>cvs senna</i> TABS 8.6mg | 3 | |
| <i>dietary fiber laxative</i> POWD 28.3% | 3 | |
| <i>diocto</i> LIQD 150mg/15ml | 3 | |
| <i>doculase</i> | 3 | |
| <i>docusate calcium</i> CAPS 240mg | 3 | |
| <i>docusate sodium</i> CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg | 3 | |
| DOCUSOL KIDS ENE 100MG/5M | 3 | |
| <i>docusol mini</i> ENEM 283mg/5ml | 3 | |
| <i>docusol plus mini-enema</i> | 3 | |
| DULCOLAX TBEC 5mg | 3 | |
| <i>dulcolax milk of magnesia</i> SUSP 400mg/5ml | 3 | |
| <i>eck soluble fiber</i> POWD 2gm/19gm | 3 | |
| <i>enulose</i> SOLN 10gm/15ml | 1 | |
| EPSOM SALT GRA | 3 | |
| EPSOM SALT POW | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| EQUALACTIN CHEW 625mg | 3 | |
| EVAC POW | 3 | |
| EX-LAX CHEW 15mg | 3 | |
| EX-LAX MILK SUS OF MAGNE | 3 | |
| FIBER LAX POW 95% | 3 | |
| <i>fiber therapy</i> POWD 25% | 3 | |
| FIBERCON TAB 625MG TABS 625mg | 3 | |
| FLEET BISACODYL ENEM 10mg/30ml | 3 | |
| FLEET ENE | 3 | |
| FLEET ENE PED | 3 | |
| FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose | 3 | |
| <i>fp fiber laxative</i> POWD 95% | 3 | |
| FV MINERAL OIL HEAVY | 3 | |
| <i>gavilyte-c</i> | 1 | |
| <i>gavilyte-g</i> | 1 | |
| <i>generlac</i> SOLN 10gm/15ml | 1 | |
| <i>glycerin (laxative)</i> SUPP 1gm, 2gm | 3 | |
| GLYCERIN ADULT SUPP 2gm | 3 | |
| <i>glycerin adult</i> SUPP 80.7% | 3 | |
| <i>goodsense clearlax</i> POWD 17gm/scoop | 3 | |
| <i>goodsense fiber</i> TABS 500mg | 3 | |
| HCA BISACODY SUP 10MG | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| HCA LAX-X TAB 25MG | 3 | |
| <i>hm fiber</i> POWD 51.7% | 3 | |
| HYDROCIL INS POW 95% PACK 95% | 3 | |
| KAOPECTATE STOOL SOFTENER CAPS 240mg | 3 | |
| KONSYL PACK 60.3%; POWD 60.3%, 71.67% | 3 | |
| KONSYL DAILY FIBER PACK 28.3% | 3 | |
| KONSYL POW 100% | 3 | |
| KONSYL-D POWD 52.3% | 3 | |
| <i>lactulose</i> SOLN 10gm/15ml | 1 | |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 1 | |
| <i>laxmar</i> POWD 33% | 3 | |
| <i>magnesium sulfate granules</i> | 3 | |
| METAMUCIL CAPS .36gm | 3 | |
| <i>metamucil 3-in-1 daily fi</i> | 3 | |
| METAMUCIL 4-IN-1 FIBER PACK 51.7% | 3 | |
| METAMUCIL POW 28% CIT PACK 28% | 3 | |
| METAMUCIL POW 48.57% | 3 | |
| METAMUCIL POW 58.6 CIT PACK 58.6% | 3 | |
| METAMUCIL POW 58.6% | 3 | |
| METAMUCIL POW 63% | 3 | |
| METAMUCIL POW ORANGE POWD 33% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| METAMUCIL WAF | 3 | |
| <i>milk of magnesia concentr</i> SUSP 2400mg/10ml | 3 | |
| MINERAL OIL | 3 | |
| <i>mineral oil (bulk)</i> | 3 | |
| MINERAL OIL ENE | 3 | |
| MINERAL OIL LIGHT | 3 | |
| <i>mineral oil light (bulk)</i> | 3 | |
| MIRALAX PACK 17gm; POWD 17gm/scoop | 3 | |
| <i>natural vegetable fiber</i> POWD 63% | 3 | |
| <i>osco natural fiber laxati</i> PACK 28% | 3 | |
| PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm | 3 | |
| <i>pediatric enema</i> | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 1 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| PHILLIPS TABS 500mg | 3 | |
| PLENVU SOL | 2 | |
| <i>psyllium</i> POWD 68% | 3 | |
| <i>ra laxative extra strengt</i> TABS 17.2mg | 3 | |
| <i>senexon</i> LIQD 8.8mg/5ml | 3 | |
| SENNA SYRP 176mg/5ml | 3 | |
| SENNA LEAVES MIS | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|----------------------------|
| SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg | 3 | |
| SENOKOT S TAB 8.6-50MG | 3 | |
| SENOKOT XTRA TABS 17.2mg | 3 | |
| <i>sm fiber</i> POWD 51.7% | 3 | |
| SM LAXATIVE TAB REGULAR | 3 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 1 | |
| SORBITOL SOLN 70% | 3 | |
| <i>vacuant mini-enema</i> ENEM 283mg | 3 | |
| <i>vacuant plus mini-enema</i> | 3 | |
| MISCELLANEOUS | | |
| <i>alka-seltzer anti-gas</i> CAPS 125mg | 3 | |
| <i>alose tron hcl</i> TABS .5mg, 1mg | 2 | QL (60 tabs / 30 days), PA |
| <i>anti gas</i> CAPS 166mg | 3 | |
| BICARSIM TABS 80mg | 3 | |
| BICARSIM FORTE TABS 125mg | 3 | |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | 1 | |
| <i>cvs gas relief drops extr</i> LIQD 40mg/0.6ml | 3 | |
| <i>cvs gas relief extra stre</i> CHEW 125mg | 3 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| EMETROL SOL | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|--------------------------------|
| GAS RELIEF CAP 125MG | 3 | |
| GAS-X CHEW 80mg | 3 | |
| GAS-X EXTRA STRENGTH CHEW 125mg; STRP 62.5mg | 3 | |
| GATTEX KIT 5mg | 2 | NM, LA, PA |
| <i>hm anti-nausea</i> | 3 | |
| <i>kls acid controller compl</i> | 3 | |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 2 | QL (30 caps / 30 days) |
| LITTLE TUMMY DRO 20/0.3ML | 3 | |
| <i>loperamide hcl</i> CAPS 2mg | 1 | |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 1 | |
| MOVANTIK TABS 12.5mg, 25mg | 2 | QL (30 tabs / 30 days) |
| PEPCID CHW COMPLETE | 3 | |
| PHAZYME CAPS 180mg | 3 | |
| PHAZYME MAXIMUM STRENGTH CAPS 250mg | 3 | |
| PHAZYME MS CAP 166MG CAPS 166mg | 3 | |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | 2 | QL (28 syringes / 28 days), PA |
| <i>sb anti-gas</i> CAPS 180mg | 3 | |
| <i>simethicone</i> CHEW 80mg; TABS 80mg | 3 | |
| <i>simethicone susp 40 mg/0.</i> SUSP 40mg/0.6ml | 3 | |
| <i>sucrafate</i> TABS 1gm | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|------------------------------------|
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | 1 | |
| XERMELO TABS 250mg | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| XIFAXAN TABS 550mg | 2 | PA |
| PANCREATIC ENZYMES | | |
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNIT | 2 | |
| CREON CAP 24000UNIT | 2 | |
| CREON CAP 36000UNIT | 2 | |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNIT | 2 | |
| ZENPEP CAP 15000UNIT | 2 | |
| ZENPEP CAP 20000UNIT | 2 | |
| ZENPEP CAP 25000UNIT | 2 | |
| ZENPEP CAP 40000UNIT | 2 | |
| ZENPEP CAP 60000UNIT | 2 | |
| PROTON PUMP INHIBITORS | | |
| <i>acid reducer</i> CPDR 20.6mg | 3 | |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | 1 | QL (30 caps / 30 days), ST |
| <i>heartburn treatment 24 ho</i> CPDR 15mg | 3 | |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 1 | QL (60 caps / 30 days) |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | |
| <i>omeprazole</i> TBEC 20mg | 3 | |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg | 1 | |
| PRILOSEC OTC TBEC 20mg | 3 | |
| <i>rabeprazole sodium</i> TBEC 20mg | 1 | QL (30 tabs / 30 days) |

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

| | | |
|--|---|------------------------|
| <i>alfuzosin hcl</i> TB24 10mg | 1 | QL (30 tabs / 30 days) |
| <i>dutasteride</i> CAPS .5mg | 1 | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 1 | QL (30 caps / 30 days) |
| <i>finasteride</i> TABS 5mg | 1 | QL (30 tabs / 30 days) |
| <i>tamsulosin hcl</i> CAPS .4mg | 1 | QL (60 caps / 30 days) |

MISCELLANEOUS

| | | |
|--|---|--|
| A + D PERSON MIS CARE WIP | 3 | |
| <i>acetic acid</i> SOLN .25% | 1 | |
| <i>azo dine</i> TABS 95mg | 3 | |
| <i>azo dine maximum strength</i> TABS 97.5mg | 3 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| <i>cvs disposable douche med</i> SOLN .3% | 3 | |
| <i>fq breathable adult brief</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| GLYCINE POW | 3 | |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 1 | |
| SUMMERS EVE SOL 0.3% | 3 | |
| URO-TRIN TAB 95MG TABS 95mg | 3 | |

URINARY ANTISPASMODICS

| | | |
|---|---|----------------------------|
| GEMTESA TABS 75mg | 2 | QL (30 tabs / 30 days) |
| MYRBETRIQ SRER 8mg/ml | 2 | QL (300 mL / 28 days) |
| MYRBETRIQ TB24 25mg, 50mg | 2 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml | 1 | QL (600 mL / 30 days) |
| <i>oxybutynin chloride</i> TABS 5mg | 1 | QL (120 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 5mg | 1 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg | 1 | QL (60 tabs / 30 days) |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg | 1 | QL (30 caps / 30 days), ST |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg | 1 | QL (60 tabs / 30 days) |
| <i>trospium chloride</i> TABS 20mg | 1 | QL (60 tabs / 30 days) |

VAGINAL ANTI-INFECTIVES

| | | |
|--------------------------------|---|--|
| <i>af-miconazole 7</i> CREA 2% | 3 | |
|--------------------------------|---|--|

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>bl miconazole 3</i> | 3 | |
| <i>clindamycin phosphate vaginal CREA 2%</i> | 1 | |
| CLOTRIMAZOLE CRE 2% | 3 | |
| <i>clotrimazole vaginal CREA 1%</i> | 3 | |
| <i>cvs miconazole 3</i> | 3 | |
| GYNE-LOTRIMIN CREA 1% | 3 | |
| <i>metronidazole vaginal GEL .75%</i> | 1 | |
| <i>miconazole 3 combination</i> | 3 | |
| MICONAZOLE KIT 200MG/2% | 3 | |
| <i>miconazole nitrate vaginal SUPP 100mg</i> | 3 | |
| <i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i> | 3 | |
| <i>monistat 1-day OINT 6.5%</i> | 3 | |
| MONISTAT 3 CREA 4% | 3 | |
| MONISTAT 3 KIT COMBINAT | 3 | |
| MONISTAT 7 CREA 2%; SUPP 100mg | 3 | |
| <i>qc 3 day vaginal cream CREA 4%</i> | 3 | |
| <i>sm 3-day vaginal CREA 2%</i> | 3 | |
| <i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i> | 1 | |
| TIOCONAZOLE OIN -1 | 3 | |

HEMATOLOGIC

ANTICOAGULANTS

| | | |
|--------------------|---|------------------------|
| ELIQUIS TABS 2.5mg | 2 | QL (60 tabs / 30 days) |
|--------------------|---|------------------------|

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ELIQUIS TABS 5mg | 2 | QL (74 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | 2 | QL (74 tabs / 30 days) |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | 1 | |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 2 | |
| HEP SOD/D5W INJ 20000UNT | 2 | |
| HEP SOD/D5W INJ 25000UNT | 2 | |
| HEP SOD/NAACL INJ 12500UNT | 2 | |
| HEP SOD/NAACL INJ 25000UNT | 2 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| HEPARIN/NAACL INJ 25000UNT | 2 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml | 2 | QL (620 mL / 30 days) |
| XARELTO TABS 2.5mg | 2 | QL (60 tabs / 30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-----------------------------------|
| XARELTO STAR TAB 15/20MG | 2 | QL (51 tabs / 30 days) |
| HEMATOPOIETIC GROWTH FACTORS | | |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml | 2 | NM, PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 2 | NM, PA |
| ZIEXTENZO SOSY 6mg/0.6ml | 2 | QL (2 syringes / 28 days), NM, PA |
| IRON | | |
| <i>abatron af</i> | 3 | |
| ABATRON LIQ | 3 | |
| <i>altorex</i> CAPS 150mg | 3 | |
| BIFERA TAB 28MG | 3 | |
| <i>bl iron</i> | 3 | |
| <i>cvs iron</i> TABS 27mg | 3 | |
| <i>eql carbonyl iron</i> TABS 45mg | 3 | |
| EZFE 200 CAPS 200mg | 3 | |
| <i>fe c</i> | 3 | |
| <i>fe c tab plus</i> | 3 | |
| FE SULFATE POW | 3 | |
| <i>fe tabs</i> TBEC 325mg | 3 | |
| FEOSOL TABS 45mg, 200mg | 3 | |
| FER-IN-SOL SOLN 15mg/ml | 3 | |
| <i>fer-iron</i> SOLN 15mg/ml | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| FERGON TABS 240mg | 3 | |
| FERGON TAB 320MG TABS 320mg | 3 | |
| FERRETTS TABS 325mg | 3 | |
| FERRETTS IPS SOLN 40mg/15ml | 3 | |
| FERRIMIN 150 TABS 150mg | 3 | |
| FERRO-SEQUEL TAB 65-25MG | 3 | |
| <i>ferrocite</i> TABS 324mg | 3 | |
| FERROUS FUMARATE TABS 29mg | 3 | |
| <i>ferrous fumarate</i> TABS 325mg | 3 | |
| <i>ferrous gluconate</i> TABS 320mg | 3 | |
| FERROUS GLUCONATE TABS 324mg | 3 | |
| FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg | 3 | |
| <i>ferrous sulfate</i> SOLN 300mg/5ml; SYRP 300mg/5ml; TABS 27mg; TBCR 50mg | 3 | |
| <i>ferrous sulfate dried</i> TBCR 160mg | 3 | |
| <i>ferrous sulfate elixir 22</i> ELIX 220mg/5ml | 3 | |
| FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml | 3 | |
| <i>ferrous sulfate iron</i> TABS 200mg | 3 | |
| FOLITAB 500 TAB | 3 | |
| FUSION CAP | 3 | |
| <i>gnp iron</i> TBCR 45mg | 3 | |
| <i>hematron</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| HEMOCYTE TABS 324mg | 3 | |
| ICAR PEDIATRIC SUSP 15mg/1.25ml | 3 | |
| ICAR-C TAB | 3 | |
| INTEGRA CAP | 3 | |
| IRO-PLEX LIQ | 3 | |
| IRO-PLEX TAB 165-2MG | 3 | |
| IRON TABS 28mg, 90mg, 256mg | 3 | |
| IRON 21/7 MIS | 3 | |
| IRON CHEWS PEDIATRIC CHEW 15mg | 3 | |
| <i>*iron combination elixir*</i> | 3 | |
| <i>iron slow release</i> TBCR 45mg | 3 | |
| IRON UP LIQD 15mg/0.5ml | 3 | |
| <i>kp ferrous gluconate</i> TABS 324mg | 3 | |
| NOVAFERRUM 50 CAPS 50mg | 3 | |
| NOVAFERRUM LIQ 125 | 3 | |
| NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml | 3 | |
| PERFECT IRON TABS 25mg | 3 | |
| PROFE CAPS 180mg | 3 | |
| PROFERRIN ES TAB 12 MG | 3 | |
| RA HIGH POTENCY IRON TABS 27mg | 3 | |
| <i>ra slow release iron</i> TBCR 47.5mg | 3 | |
| SLOW FE TBCR 45mg, 160mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|----------------------------------|-----------------------------|---------------------------|
| SM SLOW RELEASE IRON TBCR 143mg | 3 | |
| TANDEM CAP | 3 | |
| VITRON-C TAB 65-125MG | 3 | |
| <i>wee care</i> SUSP 15mg/1.25ml | 3 | |

MISCELLANEOUS

| | | |
|--|---|--|
| ALVAIZ TABS 9mg, 54mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| ALVAIZ TABS 18mg, 36mg | 2 | QL (90 tabs / 30 days), NM, LA, PA |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 1 | |
| BERINERT KIT 500unit | 2 | QL (24 boxes / 30 days), NM, LA, PA |
| <i>cilostazol</i> TABS 50mg, 100mg | 1 | |
| DOPTELET TABS 20mg | 2 | NM, LA, PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 2 | |
| ENDARI PACK 5gm | 2 | NM, LA, PA |
| HAEGARDA SOLR 2000unit | 2 | QL (30 vials / 30 days), NM, LA, PA |
| HAEGARDA SOLR 3000unit | 2 | QL (20 vials / 30 days), NM, LA, PA |
| <i>icatibant acetate</i> SOSY 30mg/3ml | 2 | QL (9 syringes / 30 days), NM, PA |
| <i>pentoxifylline</i> TBCR 400mg | 1 | |
| PROMACTA PACK 12.5mg | 2 | QL (360 packets / 30 days), NM, LA, PA |
| PROMACTA PACK 25mg | 2 | QL (180 packets / 30 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------------------|
| PROMACTA TABS 12.5mg, 25mg | 2 | QL (30 tabs / 30 days), NM, LA, PA |
| PROMACTA TABS 50mg, 75mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| <i>sajazir</i> SOSY 30mg/3ml | 2 | QL (9 syringes / 30 days), NM, LA, PA |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg | 1 | |

PLATELET AGGREGATION INHIBITORS

| | | |
|---|---|------------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 1 | |
| BRILINTA TABS 60mg, 90mg | 2 | |
| <i>clopidogrel bisulfate</i> TABS 75mg | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | 2 | PA; PA if 70 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 1 | |

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

| | | |
|---|---|-------------------------------------|
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml | 2 | QL (56 pens / 365 days), NM, PA |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | 2 | NM, PA |
| ENBREL SOLN 25mg/0.5ml | 2 | QL (16 vials / 28 days), NM, PA |
| ENBREL SOSY 25mg/0.5ml | 2 | QL (16 syringes / 28 days), NM, PA |
| ENBREL SOSY 50mg/ml | 2 | QL (8 syringes / 28 days), NM, PA |
| ENBREL MINI SOCT 50mg/ml | 2 | QL (8 cartridges / 28 days), NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-------------------------------------|
| ENBREL SURECLICK SOAJ 50mg/ml | 2 | QL (8 pens / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml | 2 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA PSKT 20mg/0.2ml | 2 | QL (4 syringes / 28 days), NM, PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 2 | QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEDIA INJ CROHNS | 2 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 2 | QL (3 syringes / 28 days), NM, PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml | 2 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN PNKT 80mg/0.8ml | 2 | QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN KIT PS/UV | 2 | QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml | 2 | QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | 2 | QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | 2 | QL (4 pens / 28 days), NM, PA |
| IDACIO (2 PEN) AJKT 40mg/0.8ml | 2 | QL (56 pens / 365 days), NM, PA |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml | 2 | QL (56 syringes / 365 days), NM, PA |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml | 2 | QL (2 packs / year), NM, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------------------|
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml | 2 | QL (2 packs / year), NM, PA |
| INFLIXIMAB SOLR 100mg | 2 | NM, LA, PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | 2 | QL (2 pens / 28 days), NM, PA |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml | 2 | QL (2 syringes / 28 days), NM, PA |
| OTEZLA TABS 30mg | 2 | QL (60 tabs / 30 days), NM, PA |
| OTEZLA TAB 10/20/30 | 2 | QL (110 tabs / year), NM, PA |
| REMICADE SOLR 100mg | 2 | NM, LA, PA |
| RENFLEXIS SOLR 100mg | 2 | NM, LA, PA |
| RINVOQ TB24 15mg, 30mg | 2 | QL (30 tabs / 30 days), NM, PA |
| RINVOQ TB24 45mg | 2 | QL (168 tabs / year), NM, PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | 2 | QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml | 2 | QL (6 vials / year), NM, PA |
| SKYRIZI SOSY 150mg/ml | 2 | QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml | 2 | QL (6 pens / 365 days), NM, PA |
| STELARA SOLN 45mg/0.5ml | 2 | QL (1 vial / 28 days), NM, LA, PA |
| STELARA SOLN 130mg/26ml | 2 | NM, LA, PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | 2 | QL (1 syringe / 28 days), NM, PA |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------------------|
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 2 | QL (3 syringes / 28 days), NM, LA, PA |
| TREMFYA SOPN 100mg/ml | 2 | QL (1 pen / 28 days), NM, PA |
| TREMFYA SOSY 100mg/ml | 2 | QL (1 syringe / 28 days), NM, PA |
| XELJANZ SOLN 1mg/ml | 2 | QL (480 mL / 24 days), NM, PA |
| XELJANZ TABS 5mg, 10mg | 2 | QL (60 tabs / 30 days), NM, PA |
| XELJANZ XR TB24 11mg, 22mg | 2 | QL (30 tabs / 30 days), NM, PA |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 2 | B/D |
| <i>leflunomide</i> TABS 10mg, 20mg | 1 | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg | 1 | |
| XATMEP SOLN 2.5mg/ml | 2 | B/D |
| <i>IMMUNOGLOBULINS</i> | | |
| BIVIGAM SOLN 5gm/50ml, 10% | 2 | NM, LA, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 2 | NM, PA |
| GAMASTAN INJ | 2 | B/D, NM, LA |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 2 | NM, PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 2 | NM, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------------------|
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 2 | NM, PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 2 | NM, LA, PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 2 | NM, PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 2 | NM, PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 2 | NM, PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 2 | NM, PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 2 | NM, LA, PA |
| ARCALYST SOLR 220mg | 2 | NM, LA, PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg | 2 | B/D, NM |
| <i>azathioprine</i> TABS 50mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml | 2 | QL (8 syringes / 28 days), NM, LA, PA |
| BENLYSTA SOLR 120mg, 400mg | 2 | NM, LA, PA |
| <i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml | 1 | B/D, NM |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 1 | B/D, NM |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg | 2 | B/D, NM |
| <i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | 1 | B/D, NM |
| <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg | 1 | B/D, NM |
| <i>mycophenolate mofetil</i> SUSR 200mg/ml | 2 | B/D, NM |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 1 | B/D, NM |
| NULOJIX SOLR 250mg | 2 | B/D, NM |
| PROGRAF PACK .2mg, 1mg | 2 | B/D, NM |
| REZUROCK TABS 200mg | 2 | NM, LA, PA |
| SANDIMMUNE SOLN 100mg/ml | 2 | B/D, NM |
| <i>sirolimus</i> SOLN 1mg/ml | 2 | B/D, NM |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg | 1 | B/D, NM |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 1 | B/D, NM |
| VACCINES | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO INJ | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| DENGVAXIA SUS | 1 | |
| DIP/TET PED INJ 25-5LFU | 1 | B/D |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 INJ | 1 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXCHIQ INJ | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENACTRA INJ | 1 | |
| MENQUADFI INJ | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |

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|--|-----------------------------|---------------------------|
| PENTACEL INJ | 1 | |
| PREHEVBRIO SUSP 10mcg/ml | 1 | B/D |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml | 1 | QL (2 vials per lifetime) |
| TDVAX INJ 2-2 LF | 1 | B/D |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA INJ | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX INJ 1350pfu/0.5ml | 1 | |
| YF-VAX INJ | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|----------------------|--------------------|
| <u>INJECTABLE</u> | | |
| <i>ANTI-COAGULANT FOR IV</i> | | |
| <i>heparin sodium (porcine) lock flush</i> SOLN 1unit/ml, 10unit/ml, 100unit/ml | 3 | |
| <i>STERILE INJECTABLE</i> | | |
| <i>water for injection</i> | 3 | |
| <i>water for iv injection</i> | 3 | |
| <u>MISCELLANEOUS</u> | | |
| <i>MISCELLANEOUS</i> | | |
| ACACIA POW | 3 | |
| <i>acacia powder</i> | 3 | |
| ACETAMIN POW | 3 | |
| ACETIC ACID SOLN 3% | 3 | |
| ALCOHOL SOL DENATURE | 3 | |
| ALLANTOIN POW | 3 | |
| <i>almond oil (sweet)</i> | 3 | |
| <i>alum (ammonium) powder</i> | 3 | |
| ALUM AMMONIU POW | 3 | |
| AMMONIUM GRA CHLORIDE | 3 | |
| ANISE FLAVOR OIL | 3 | |
| AQUABASE OIN | 3 | |
| ASCORBIC ACD POW | 3 | |
| BENZYL ALC LIQ | 3 | |
| BIOFLAVINOID POW LEMON | 3 | |
| BIOFLAVONOID POW CITRUS | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|------------------------------------|-----------------------------|---------------------------|
| BISMUTH POW SUBNITRA | 3 | |
| BISMUTH SUBC POW | 3 | |
| <i>bismuth subcarbonate powder</i> | 3 | |
| <i>bismuth subnitrate powder</i> | 3 | |
| BL BORIC ACI POW | 3 | |
| BL GLYCERIN LIQ | 3 | |
| BL PETROLEUM OIN JELLY | 3 | |
| BLENDED SUSP SUS COMPOUND | 3 | |
| <i>boric acid powder</i> | 3 | |
| BUBBLE GUM SYP | 3 | |
| <i>calcium hydroxide powder</i> | 3 | |
| CALCIUM POW SACCHARA | 3 | |
| CARBOMER POW 1342 | 3 | |
| <i>castor oil</i> | 3 | |
| CASTOR OIL OIL 100% | 3 | |
| CETYL ALCOHO GRA | 3 | |
| CHERRY CON | 3 | |
| <i>cherry syrup</i> | 3 | |
| CHLOROFORM SOL | 3 | |
| <i>chloroform soln</i> | 3 | |
| CITRIC ACID GRA | 3 | |
| <i>citric acid granules</i> | 3 | |
| <i>citric acid powder</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------|-----------------------------|---------------------------|
| <i>clove oil</i> | 3 | |
| CLOVE OIL | 3 | |
| <i>cocoa butter</i> | 3 | |
| COCOA BUTTER LOT | 3 | |
| <i>coconut oil</i> | 3 | |
| <i>collodion flexible</i> | 3 | |
| COLLODION LIQ FLEXIBLE | 3 | |
| COTTONSEED OIL | 3 | |
| CROTON OIL | 3 | |
| CRYSTAL LAKE LIQ WATER | 3 | |
| D-VITAMIN E POW SUCCINAT | 3 | |
| DELBASE OIN COMPOUND | 3 | |
| DL-MENTHOL CRY | 3 | |
| FATTYBLEND MIS | 3 | |
| FD&C BLUE #2 POW | 3 | |
| FD&C RED 40 POW | 3 | |
| FDC BLUE 1 POW AL LAKE | 3 | |
| FDC RED #40 POW AL LAKE | 3 | |
| FDC YELLOW 5 POW AL LAKE | 3 | |
| FERRIC POW SUBSULFA | 3 | |
| FLAVOR CONC LIQ GRAPE | 3 | |
| FULLERS POW EARTH | 3 | |
| <i>glycerin liquid</i> | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------|-----------------------------|---------------------------|
| <i>glycolic acid crystals</i> | 3 | |
| GNP PETROLEU GEL JELLY | 3 | |
| GRAPE SEED OIL | 3 | |
| GREEN TEA EXTRACT LIQD 90% | 3 | |
| GRX WHITE OIN PETROLAT | 3 | |
| HYDROPHILIC OIN PETROLAT | 3 | |
| <i>hydrophilic ointment</i> | 3 | |
| INDOLE-3- POW CARBINOL | 3 | |
| INOSITOL POW HEXANICO | 3 | |
| IODINE CRY | 3 | |
| <i>karaya gum</i> | 3 | |
| KARAYA GUM | 3 | |
| LACTIC ACID SOL | 3 | |
| LACTOSE POW | 3 | |
| <i>lactose powder</i> | 3 | |
| LIP BALM OIN NATURAL | 3 | |
| LIPOIL OIL | 3 | |
| LIPOVAN BASE CRE | 3 | |
| LOLLIBASE POW | 3 | |
| LOZIBASE MIS | 3 | |
| MANNITOL POW | 3 | |
| <i>menthol crystals</i> | 3 | |
| METHYLCELLULOSE GEL 2%, 3% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>methylcellulose powder</i> | 3 | |
| NICE PURE POW BAK SODA | 3 | |
| ORA-HESIVE PST BASE | 3 | |
| <i>*oral vehicles***</i> | 3 | |
| OXALIC ACID CRY | 3 | |
| <i>oxalic acid crystals</i> | 3 | |
| PCCA MBK MIS FAT ACID | 3 | |
| PEG 1000 LIQ | 3 | |
| PERUVIAN LIQ BALSAM | 3 | |
| <i>petrolatum ointment</i> | 3 | |
| <i>petrolatum, hydrophilic ointment</i> | 3 | |
| PHOSPHATIDYL POW 20% | 3 | |
| PLURONIC GEL 20%, 30% | 3 | |
| POLYSORBATE SOL 20 | 3 | |
| POT NITRATE GRA | 3 | |
| POT SORBATE CRY | 3 | |
| POTASSIUM HYDROXIDE SOLN 10%, 20% | 3 | |
| PROPYLENE GL SOL | 3 | |
| <i>propylene glycol</i> | 3 | |
| <i>raspberry syrup</i> | 3 | |
| RED YEAST POW RICE | 3 | |
| <i>simple - syrup</i> | 3 | |
| SOD BENZOATE POW | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|----------------------------------|-----------------------------|---------------------------|
| SOD METABISU GRA | 3 | |
| SOD PERBORAT CRY | 3 | |
| SOD PROPION POW | 3 | |
| SOD SULFITE POW | 3 | |
| <i>sodium benzoate powder</i> | 3 | |
| SODIUM BORAT POW | 3 | |
| SODIUM CITRA GRA | 3 | |
| <i>sorbitol SOLN 70%</i> | 3 | |
| STEVIA EXTRACT POWD 90% | 3 | |
| SULFUR POW | 3 | |
| SUSPENDOL-S LIQ | 3 | |
| TALC POW | 3 | |
| <i>talc powder</i> | 3 | |
| THYMOL CRY | 3 | |
| TROCHIBASE S MIS | 3 | |
| <i>turpentine liq</i> | 3 | |
| UNIBASE CRE | 3 | |
| UREA BEA | 3 | |
| VEEGUM MIS LUMP | 3 | |
| <i>white petrolatum gel</i> | 3 | |
| <i>white petrolatum ointment</i> | 3 | |
| WITEPSOL MIS | 3 | |
| ZINC CHLORID GRA | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| ZINC OXIDE POW | 3 | |
| <u>NUTRITIONAL/SUPPLEMENTS</u> | | |
| <i>ELECTROLYTES</i> | | |
| BABY DARLNG POW PED ELEC | 3 | |
| <i>buffered salt</i> | 3 | |
| CERALYTE 50 LIQ | 3 | |
| CERASPORT SOL | 3 | |
| <i>hm potassium TABS 595mg</i> | 3 | |
| <i>hydralife</i> | 3 | |
| MEDI-LYTE TAB | 3 | |
| <i>*oral electrolyte for soln***</i> | 3 | |
| <i>*oral electrolyte solution***</i> | 3 | |
| <i>osco potassium gluconate TABS 550mg</i> | 3 | |
| POT GLUCONAT TAB 500MG | 3 | |
| <i>potassium TABS 99mg</i> | 3 | |
| <i>potassium gluconate TABS 2meq</i> | 3 | |
| POTASSIUM GLUCONATE TABS 550mg | 3 | |
| POTASSIUM GLUCONATE ER TBCR 595mg | 3 | |
| POTASSIUM TAB CHELATED | 3 | |
| REPLACE TAB SR | 3 | |
| <i>ELECTROLYTES/MINERALS, INJECTABLE</i> | | |
| D2.5W/NAACL INJ 0.45% | 2 | |
| D5W/LYTES INJ #48 | 2 | |
| D10W/NAACL INJ 0.2% | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 1 | |
| <i>dextrose 5% in lactated ringers</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 1 | |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 1 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 1 | |
| ISOLYTE-P INJ /D5W | 2 | |
| ISOLYTE-S INJ | 2 | |
| ISOLYTE-S INJ PH 7.4 | 2 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 1 | |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 1 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 1 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 1 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 1 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 2 | |
| <i>lactated ringer's solution</i> | 1 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 2 | |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | 2 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | 2 | |
| MG SO4/D5W INJ 10MG/ML | 2 | |
| <i>multiple electrolytes ph 5.5</i> | 1 | |
| <i>multiple electrolytes ph 7.4</i> | 1 | |
| PLASMA-LYTE INJ -148 | 2 | |
| PLASMA-LYTE INJ -A | 2 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 2 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 2 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 2 | |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 1 | |
| POTASSIUM CHLORIDE SOLN 10meq/50ml | 2 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 1 | |
| TPN ELECTROL INJ | 2 | B/D |
| <i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i> | | |
| <i>klor-con</i> PACK 20meq | 1 | |
| <i>klor-con 8</i> TBCR 8meq | 1 | |
| <i>klor-con 10</i> TBCR 10meq | 1 | |
| <i>klor-con m10</i> TBCR 10meq | 1 | |
| <i>klor-con m15</i> TBCR 15meq | 1 | |
| <i>klor-con m20</i> TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 2 | |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq | 1 | |
| <i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 2 | |
| PRENATAL TAB PLUS | 2 | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | 1 | |
| <i>IV NUTRITION</i> | | |
| CLINIMIX INJ 4.25/D5W | 2 | B/D |
| CLINIMIX INJ 4.25/D10 | 2 | B/D |
| CLINIMIX INJ 5%/D15W | 2 | B/D |
| CLINIMIX INJ 5%/D20W | 2 | B/D |
| CLINIMIX INJ 6/5 | 2 | B/D |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CLINIMIX INJ 8/10 | 2 | B/D |
| CLINIMIX INJ 8/14 | 2 | B/D |
| <i>clinisol sf 15%</i> | 1 | B/D |
| CLINOLIPID EMU 20% | 2 | B/D |
| COPPER SULF CRY | 3 | |
| <i>dextrose SOLN 5%, 10%</i> | 1 | |
| <i>dextrose SOLN 50%, 70%</i> | 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 2 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 2 | B/D |
| <i>plenamine</i> | 1 | B/D |
| PREMASOL SOL 10% | 2 | B/D |
| PROSOL INJ 20% | 2 | B/D |
| TRAVASOL INJ 10% | 2 | B/D |
| TROPHAMINE INJ 10% | 2 | B/D |
| MINERALS | | |
| BEELITH TAB | 3 | |
| <i>bl calcium 500/d</i> | 3 | |
| <i>bl calcium 600 + d</i> | 3 | |
| <i>bl calcium citrate+d</i> | 3 | |
| <i>bl calcium/magnesium/zinc</i> | 3 | |
| <i>bl magnesium TABS 250mg</i> | 3 | |
| BONE MEAL TAB | 3 | |
| <i>*bone meal w/ vitamin d tab***</i> | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--------------------------------|-----------------------------|---------------------------|
| CA GLUCONATE TAB 50MG | 3 | |
| CA HI-CAL/D TAB 500MG | 3 | |
| CA PHOS DIHY POW DIBASIC | 3 | |
| CA/MG TAB | 3 | |
| CA/MG/ZN TAB | 3 | |
| CAL CIT MAL/ TAB VITAMIND | 3 | |
| CAL-CITRATE TAB PLUS D | 3 | |
| CAL-LAC CAPS 500mg | 3 | |
| CAL-MAG COMP TAB | 3 | |
| CAL-QUICK LIQ 500-400 | 3 | |
| CAL/MAG TAB CHEW | 3 | |
| CAL/MAG/VITD TAB | 3 | |
| CALC CHEWABL CHW 600 PLUS | 3 | |
| CALC CIT+D3 TAB 250-200 | 3 | |
| CALC/MAGNES TAB 333-167 | 3 | |
| CALC/VIT D3 CHW 200-200 | 3 | |
| CALC/VIT D3 CHW DISNEY | 3 | |
| <i>calcarb 600</i> TABS 1500mg | 3 | |
| <i>calcarb 600/vitamin d</i> | 3 | |
| CALCET CHW BITES | 3 | |
| CALCET PETIT TAB 200-250 | 3 | |
| <i>calci-chew</i> CHEW 1250mg | 3 | |
| CALCI-CHEW CHEW 1250mg | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CALCI-MIX CAPS 1250mg | 3 | |
| <i>calcio del mar</i> TABS 1250mg | 3 | |
| <i>calcitrate</i> TABS 950mg | 3 | |
| <i>calcium</i> TABS 600mg | 3 | |
| <i>calcium 500+d high potenc</i> | 3 | |
| <i>calcium 500/d</i> | 3 | |
| <i>calcium 600 + d</i> | 3 | |
| <i>calcium 600 mg w/ vitamin d tab</i> | 3 | |
| <i>calcium 600 with vitamin</i> | 3 | |
| <i>calcium 600-d</i> | 3 | |
| CALCIUM 1000 TAB + D | 3 | |
| <i>calcium 1200+d3</i> | 3 | |
| CALCIUM ACETATE TABS 668mg | 3 | |
| CALCIUM CARB POW | 3 | |
| CALCIUM CARB TAB 600MG | 3 | |
| <i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i> | 3 | |
| <i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i> | 3 | |
| <i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i> | 3 | |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i> | 3 | |
| <i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>*calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit**</i> | 3 | |
| CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm | 3 | |
| <i>calcium carbonate (antacid) SUSP 1250mg/5ml</i> | 3 | |
| <i>calcium carbonate powder</i> | 3 | |
| <i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i> | 3 | |
| <i>*calcium carbonate-vit d</i> | 3 | |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i> | 3 | |
| <i>calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)</i> | 3 | |
| <i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i> | 3 | |
| CALCIUM CIT/ TAB VIT D | 3 | |
| CALCIUM CITR TAB + D | 3 | |
| CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg, 1040mg | 3 | |
| <i>calcium citrate + d3</i> | 3 | |
| <i>calcium citrate-vitamin d tab 1500 mg-200 unit</i> | 3 | |
| <i>calcium gluconate TABS 500mg, 650mg</i> | 3 | |
| CALCIUM GLUCONATE TABS 500mg, 650mg | 3 | |
| <i>calcium gluconate powder</i> | 3 | |
| <i>calcium gummies</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CALCIUM LACTATE TABS 100mg, 648mg, 750mg | 3 | |
| <i>calcium lactate</i> TABS 650mg | 3 | |
| <i>calcium liquid caps</i> | 3 | |
| <i>calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)</i> | 3 | |
| CALCIUM PLUS CAP VIT D | 3 | |
| CALCIUM SOFT CHW CAMEL | 3 | |
| CALCIUM TAB 600MG | 3 | |
| CALCIUM TAB FORMULA | 3 | |
| <i>calcium w/ magnesium tab 333-167 mg</i> | 3 | |
| <i>calcium w/ magnesium tab 500-250 mg</i> | 3 | |
| <i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i> | 3 | |
| <i>calcium-carb 600 + d</i> | 3 | |
| <i>calcium-magnesium-zinc tab 333-133-8.3 mg</i> | 3 | |
| <i>calcium-magnesium-zinc tab 334-134-5 mg</i> | 3 | |
| <i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i> | 3 | |
| CALCIUM/C/D CHW 500MG | 3 | |
| CALCIUM/D3 CAP 600-2500 | 3 | |
| CALCIUM/D TAB 600/200 | 3 | |
| CALCIUM/MAGN TAB 250-155 | 3 | |
| CALCIUM/VITD CAP 600-400 | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CALTRATE 600 CHW 600-800 | 3 | |
| CALTRATE 600 CHW +D PLUS | 3 | |
| CALTRATE + D TAB 300-800 | 3 | |
| CALTRATE +D3 TAB 600-800 | 3 | |
| CALTRATE+D TAB 600-800 | 3 | |
| <i>calvite p&d</i> | 3 | |
| CHELATED CALCIUM TABS 200mg | 3 | |
| CHELATED MG TAB 100MG TABS 100mg | 3 | |
| CHELATED MUL TAB MINERAL | 3 | |
| CITRACAL CAL CHW GUMMIES | 3 | |
| CITRACAL CAL TAB +D SLOW | 3 | |
| CITRACAL TAB MAXIMUM | 3 | |
| CITRACAL TAB VIT D | 3 | |
| CITRACAL+D3 CHW 250-500 | 3 | |
| CORAL CALCIU CAP | 3 | |
| CORAL CALCIU CAP 1000MG | 3 | |
| CORAL CAP CALCIUM | 3 | |
| <i>cvs magnesium citrate</i> CAPS 125mg | 3 | |
| <i>cvs selenium</i> TABS 200mcg | 3 | |
| <i>cvs selenium natural</i> TABS 100mcg | 3 | |
| <i>cvs zinc</i> LOZG 10mg | 3 | |
| <i>600+d3 plus minerals</i> | 3 | |
| DIASENSE MAGNESIUM TABS 241.3mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| ECK HI-CAL TAB 500MG | 3 | |
| <i>eq calcium 500+d</i> | 3 | |
| <i>eq calcium 600+d+minerals</i> | 3 | |
| EQL CALCIUM CAP VIT D | 3 | |
| <i>eql calcium gummies</i> | 3 | |
| <i>eql calcium soft chews</i> | 3 | |
| <i>gnp calcium 500 +d3</i> | 3 | |
| GUMMY BITES CHW | 3 | |
| HCA ELEMENTA CAP MAGNESIU | 3 | |
| <i>hca elemental magnesium CAPS 300mg</i> | 3 | |
| HCA ZINC GLU TAB 50MG | 3 | |
| <i>hm calcium 600 & vitamin</i> | 3 | |
| <i>iodine (kelp) TABS .15mg</i> | 3 | |
| <i>kp calcium 600+d3</i> | 3 | |
| <i>kp mag-oxide magnesium TABS 200mg</i> | 3 | |
| LIQUID CALCI CAP WITH D3 | 3 | |
| LOCALNESIUM TAB | 3 | |
| LOCALNESIUM TAB -C | 3 | |
| MAG64 TBEC 64mg | 3 | |
| MAG CARBONAT POW | 3 | |
| MAG GLYCINATE TABS 100mg | 3 | |
| MAG-200 TABS 200mg | 3 | |
| MAG-G TABS 500mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| MAG-SR PLUS TAB CALCIUM | 3 | |
| MAG-TAB SR TBCR 84mg | 3 | |
| <i>magbee</i> | 3 | |
| <i>magdelay</i> TBEC 64mg | 3 | |
| MAGDELAY TBEC 70mg | 3 | |
| MAGINEX TBEC 615mg | 3 | |
| MAGNEBIND TAB 200 | 3 | |
| MAGNEBIND TAB 300 | 3 | |
| <i>magnesium</i> TABS 30mg, 100mg | 3 | |
| MAGNESIUM TABS 200mg | 3 | |
| <i>magnesium chloride</i> TBEC 64mg | 3 | |
| MAGNESIUM CITRATE CAPS 125mg; TABS 100mg | 3 | |
| MAGNESIUM ELEMENTAL TABS 30mg | 3 | |
| <i>magnesium gluconate</i> TABS 27.5mg | 3 | |
| MAGNESIUM GLUCONATE TABS 250mg, 500mg, 550mg | 3 | |
| <i>magnesium glycinate</i> CAPS 100mg | 3 | |
| MAGNESIUM GLYCINATE CAPS 100mg | 3 | |
| <i>magnesium lactate</i> TBCR 7meq | 3 | |
| MAGNESIUM OXIDE CAPS 400mg; TABS 250mg | 3 | |
| <i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg | 3 | |
| MAGNESIUM SULFATE CAPS 70mg | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>magnesium tab 200 mg</i> | 3 | |
| <i>magnesium tab 400 mg</i> | 3 | |
| MAGONATE LIQ 1000/5ML | 3 | |
| <i>mar-zinc TABS 220mg</i> | 3 | |
| MONOCAL TAB 3-250 | 3 | |
| <i>*multiple minerals tab**</i> | 3 | |
| NU-MAG TAB 71.5-119 | 3 | |
| ORAZINC TABS 110mg | 3 | |
| <i>os-cal</i> | 3 | |
| OS-CAL TABS 1250mg | 3 | |
| OS-CAL TAB 500 + D | 3 | |
| OS-CAL ULTRA TAB | 3 | |
| OSTEO-PORETI TAB | 3 | |
| <i>oyster shell TABS 500mg</i> | 3 | |
| OYSTER SHELL CALCIUM TABS 250mg | 3 | |
| PARVA-CAL TAB 250-100 | 3 | |
| PARVA-CAL TAB 500MG | 3 | |
| PHOS-NAK POW CONCENTR | 3 | |
| POSTURE-D TAB 600MG | 3 | |
| POSTURE-D TAB CALC/MAG | 3 | |
| <i>potassium & sodium phosphates powder pack 280-160-250 mg</i> | 3 | |
| RA CA/BORON TAB | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>ra calcium 600</i> TABS 600mg | 3 | |
| RA OYS SHL/D TAB 500MG | 3 | |
| <i>ra potassium/magnesium as</i> | 3 | |
| RISACAL-D TAB | 3 | |
| SE PLUS PROTEIN TABS 200mcg | 3 | |
| <i>selenium</i> TABS 50mcg | 3 | |
| SELENIUM TBCR 200mcg | 3 | |
| SELENIUM TAB 50MCG | 3 | |
| SLOW MAGNESIUM CHLORIDE/ | 3 | |
| <i>sm calcium plus/vitamin d</i> | 3 | |
| SM CORAL CALCIUM TABS 1000mg | 3 | |
| SOD CHLORIDE GRA | 3 | |
| <i>sodium chloride</i> TABS 1gm | 3 | |
| SODIUM CHLORIDE TABS 1gm | 3 | |
| TR MAG COMPL CAP 400MG | 3 | |
| UPCAL D POW | 3 | |
| VIACTIV CHW CAMEL | 3 | |
| ZINC LOZG 10mg | 3 | |
| <i>zinc</i> TABS 50mg | 3 | |
| ZINC 15 TABS 66mg | 3 | |
| <i>zinc gluconate</i> TABS 30mg, 50mg, 100mg | 3 | |
| ZINC SULFATE CAPS 50mg | 3 | |
| <i>zinc sulfate</i> CAPS 220mg; TABS 66mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ZINC SULFATE POW | 3 | |
| <i>zinc sulfate powder</i> | 3 | |
| MISCELLANEOUS | | |
| ADULT OMEGA CHW PLUS DHA | 3 | |
| ADVERA LIQ CHOCOLAT | 3 | |
| ALBA-LYBE NR LIQ | 3 | |
| ALP HIGH3 CAP 600MG | 3 | |
| <i>alpha betic</i> CAPS 200mg | 3 | |
| ALPHA LIPOIC ACID CAPS 50mg, 200mg, 300mg | 3 | |
| ALPHA-LIPOIC ACID TABS 100mg | 3 | |
| <i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 600mg; TABS 100mg | 3 | |
| <i>arginine</i> CAPS 500mg; TABS 500mg | 3 | |
| ARGININE PACK 500mg; TABS 500mg | 3 | |
| ARGININE2000 PACK 2000mg | 3 | |
| ARGININE CAP 500 MG CAPS 500mg | 3 | |
| <i>arthx ds</i> | 3 | |
| <i>azo d-mannose</i> CAPS 500mg | 3 | |
| BIO-FLAX CAPS 1000mg | 3 | |
| <i>bioginkgo 24/6</i> TABS 60mg | 3 | |
| <i>bl flax seed oil</i> CAPS 1000mg | 3 | |
| CHEW Q CHEW 30mg | 3 | |
| CHEW Q CHW 100MG | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CHEW Q CHW 600MG | 3 | |
| <i>cidaflex</i> | 3 | |
| <i>cidatrine</i> TABS 500mg | 3 | |
| CO Q10 TABS 100mg | 3 | |
| CO Q-10 CAPS 300mg | 3 | |
| CO-ENZYME WAF Q10/E | 3 | |
| COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg | 3 | |
| <i>coenzyme q10 (ubidecarenone)</i> CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg; TABS 25mg, 60mg | 3 | |
| COENZYME Q-10 CAPS 75mg | 3 | |
| COQ10/VIT E CAP 100-10 | 3 | |
| COQ10/VIT E CAP 200-200 | 3 | |
| COQ-10 TR CPCR 100mg | 3 | |
| COROMEGA EMU OMEGA 3 | 3 | |
| COROMEGA MIS | 3 | |
| CRANBERRY (VACCINIUM MACR CAPS 400mg | 3 | |
| <i>cranberry (vaccinium macrocarpon)</i> CAPS 200mg, 250mg, 425mg | 3 | |
| <i>cvs glucose liquid shot</i> | 3 | |
| <i>cvs l-lysine</i> TABS 500mg | 3 | |
| <i>cvs natural fish oil</i> | 3 | |
| <i>cvs quality sleep</i> CAPS 10mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|----------------------------------|-----------------------------|---------------------------|
| <i>cyto arg</i> | 3 | |
| CYTO-Q LIQD 80mg/10ml | 3 | |
| CYTO-Q MAX LIQD 100mg/ml | 3 | |
| D-MANNOSE CAPS 500mg | 3 | |
| DEXTROSE GRA ANHYDROU | 3 | |
| DIABETISWEET POW | 3 | |
| DL-METHIONIN POW | 3 | |
| <i>emulsified omega-3</i> | 3 | |
| <i>eql lutein</i> CAPS 20mg | 3 | |
| EQL OMEGA 3 CAP 1400MG | 3 | |
| <i>eql omega 3 fish oil</i> | 3 | |
| ESTROVEN TAB ENERGY | 3 | |
| FATIGUE REL TAB COMPLEX | 3 | |
| <i>fish oil adult gummies</i> | 3 | |
| FISH OIL CAP 150MG | 3 | |
| FISH OIL CAP 180MG | 3 | |
| FISH OIL CAP 183.33MG | 3 | |
| FISH OIL CAP 900MG | 3 | |
| FISH OIL CAP 1360MG | 3 | |
| FISH OIL CHW 875MG | 3 | |
| <i>fish oil maximum strength</i> | 3 | |
| <i>fish oil pearls</i> | 3 | |
| FLAX SEED CAP 1300MG | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>*flaxseed (linseed) cap 1200 mg***</i> | 3 | |
| <i>*flaxseed (linseed) oral oil***</i> | 3 | |
| <i>*flaxseed (linseed) oral powder***</i> | 3 | |
| FLAXSEED OIL CAPS 1030mg | 3 | |
| <i>fp glucosamine</i> | 3 | |
| GINKGO BILOB TAB PLUS | 3 | |
| GINKGO BILOBA CAPS 30mg, 50mg, 100mg, 200mg; TABS 230mg | 3 | |
| <i>ginkgo biloba</i> CAPS 40mg, 60mg, 120mg, 500mg; TABS 120mg | 3 | |
| GINKGO PHYTOSOME CAPS 80mg | 3 | |
| GLUCOSAMINE CAP CHONDROI | 3 | |
| <i>*glucosamine-chondroitin-</i> | 3 | |
| GLUCOSE LIQ SHOT | 3 | |
| GLUTAMINE POW RAP RLS | 3 | |
| <i>glutamine powder</i> | 3 | |
| GNP FISH OIL CAP 840MG | 3 | |
| GOWEY TIN TINCTURE | 3 | |
| HM FISH OIL CAP 554MG | 3 | |
| <i>kp glucosamine chondroitin</i> | 3 | |
| <i>kp melatonin</i> TABS 3mg | 3 | |
| L-ARGININE TABS 1000mg | 3 | |
| L-ARGININE POW | 3 | |
| L-CARNITINE CAPS 250mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| L-CYSTINE POW | 3 | |
| L-ISOLEUCINE POW | 3 | |
| L-TRYPTOPHAN TAB 500MG TABS 500mg | 3 | |
| L-TYROSINE POW | 3 | |
| L-VALINE POW | 3 | |
| LECITHIN GRA | 3 | |
| LIPOIC ACID CAPS 150mg | 3 | |
| LIQ-10 SYP | 3 | |
| LIQSORB LIQD 100mg/ml | 3 | |
| <i>lutein</i> CAPS 6mg | 3 | |
| <i>melatonin</i> CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 5mg | 3 | |
| MELATONIN LIQD 1mg/4ml; TABS 300mcg | 3 | |
| MELATONIN TAB 1-10MG | 3 | |
| MELATONIN TAB 3-10MG | 3 | |
| <i>melatonin tr</i> TBCR 10mg | 3 | |
| <i>melatonin-pyridoxine tab 3-10 mg</i> | 3 | |
| <i>melatonin-pyridoxine tab 5-10 mg</i> | 3 | |
| NAC CAPS 500mg | 3 | |
| <i>nac</i> CAPS 600mg | 3 | |
| NEOQ10 CAPS 125mg | 3 | |
| <i>*nutritional supplement liquid**</i> | 3 | |
| <i>odorless coated fish oil/</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| OMEGA POWER CAP 1050MG | 3 | |
| OMEGA-3 CAP 350MG | 3 | |
| OMEGA-3 CAP FISH OIL | 3 | |
| <i>omega-3 fatty acids</i> CAPS 500mg | 3 | |
| <i>*omega-3 fatty acids cap 435 mg**</i> | 3 | |
| OMEGA-3 IQ CHW 240MG | 3 | |
| OMEGAPURE CAP 780 EC | 3 | |
| <i>prasterone (dhea)</i> CAPS 25mg | 3 | |
| PRASTERONE (DHEA) CAP 25 CAPS 25mg | 3 | |
| PRO NUTRIENT CAP OMEGA3 | 3 | |
| PROTO-CHOL CAP 1000MG CAPS 1000mg | 3 | |
| PURE L-CITRULLINE CAPS 600mg | 3 | |
| <i>px fish oil</i> | 3 | |
| Q-GEL CAPS 15mg | 3 | |
| <i>q-up</i> LIQD 30mg/5ml | 3 | |
| <i>qunol coq10/ubiquinol/meg</i> CAPS 100mg | 3 | |
| <i>ra ginkgo biloba</i> TABS 40mg | 3 | |
| <i>ra l-arginine</i> TABS 1000mg | 3 | |
| SALMON CAP 200MG | 3 | |
| <i>saw palmetto (serenoa repens)</i> CAPS 160mg, 450mg | 3 | |
| SAW PALMETTO CAP 450MG CAPS 450mg | 3 | |
| <i>sm flax seed oil</i> CAPS 1000mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-----------------------------------|-----------------------------|---------------------------|
| <i>sm ginkgo biloba</i> TABS 60mg | 3 | |
| <i>sodium saccharin powder</i> | 3 | |
| SUPER TWIN CAP EPA/DHA | 3 | |
| <i>sv d-mannose</i> CAPS 500mg | 3 | |
| TRUEPLUS GEL GLUCOSE | 3 | |
| TRUEPLUS GLUCOSE CHEW 4gm | 3 | |
| <i>tryptophan</i> TABS 500mg | 3 | |
| ULTRA COQ10 CAPS 75mg | 3 | |
| <i>valine powder</i> | 3 | |
| VITALINE COQ10 TABS 60mg | 3 | |
| VITAMINS | | |
| <i>a thru z advantage</i> | 3 | |
| <i>a thru z select</i> | 3 | |
| <i>a-10000</i> CAPS 10000unit | 3 | |
| A/BETA CAROT TAB 25000UNT | 3 | |
| ABC COMPLETE TAB WOMEN | 3 | |
| <i>abc-z -tr</i> | 3 | |
| <i>abdek</i> | 3 | |
| ABDEK CAP | 3 | |
| <i>abdek pediatric</i> | 3 | |
| ACEROLA C-500 WAFR 500mg | 3 | |
| ACTIFLOVIT TAB EAR HEAL | 3 | |
| ACTITROM CAP | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ACTIVE 55 LIQ PLUS | 3 | |
| ACTIVESSENT PAK | 3 | |
| ADEKS PEDIAT DRO | 3 | |
| ADLT ONE DLY CHW GUMMIES | 3 | |
| ADRENAL TAB CALM | 3 | |
| <i>50+ adult eye health</i> | 3 | |
| ADVANCED CA/ TAB D/MAGNES | 3 | |
| AIRBORNE LOZ | 3 | |
| ALIVE MULTI-VITAMIN CHILD | 3 | |
| ALLBEE-T TAB | 3 | |
| <i>alph-e-mixed CAPS 200unit</i> | 3 | |
| <i>alph-e-mixed 1000 CAPS 1000unit</i> | 3 | |
| AMINO-MIN-D CAP | 3 | |
| <i>animal chewable multiple</i> | 3 | |
| <i>animal chews</i> | 3 | |
| ANIMAL SHAPE CHW IRON | 3 | |
| <i>animal shapes plus extra</i> | 3 | |
| ANTIOXIDANT CAP | 3 | |
| ANTIOXIDANT CHW VITAMINS | 3 | |
| <i>antioxidant pack</i> | 3 | |
| APATATE LIQ | 3 | |
| APETEX ELX | 3 | |
| APETIGEN TAB PLUS | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| APETIGEN-PLS SOL | 3 | |
| <i>apetonic</i> | 3 | |
| APPEAREX TABS 2.5mg | 3 | |
| AQUA-E LIQD 75unit/ml | 3 | |
| AQUASOL E SOLN 15unit/0.3ml | 3 | |
| AQUASOL E CAP 100IU CAPS 100iu | 3 | |
| AQUASOL E CAP 400IU CAPS 400iu | 3 | |
| <i>aquavit-e</i> SOLN 15unit/0.3ml | 3 | |
| ASCOCID POW | 3 | |
| ASCOCID-1000 TAB | 3 | |
| <i>ascorbic acid</i> CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg | 3 | |
| <i>ascorbic acid oral crystals</i> | 3 | |
| AVAIL TAB | 3 | |
| <i>b12 fast dissolve</i> TBDP 5000mcg | 3 | |
| <i>b complete</i> | 3 | |
| B COMPLEX +C TAB TR | 3 | |
| <i>b complex maxi</i> | 3 | |
| B COMPLEX TAB FORM #1 | 3 | |
| B COMPLEX/FO TAB | 3 | |
| B-1 TABS 500mg | 3 | |
| B-6 TABS 500mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg | 3 | |
| B-12 DOTS TBDP 500mcg | 3 | |
| B-12 DUAL SPECTRUM TBCR 5000mcg | 3 | |
| B-12 QUICK DISSOLVE TBDP 5000mcg | 3 | |
| B-12 SUB 1000MCG | 3 | |
| B-12 SUPER STRENGTH LIQD 5000mcg/ml | 3 | |
| <i>b-12 tr</i> TBCR 2000mcg | 3 | |
| <i>b-100</i> | 3 | |
| B-100 COMPLX TAB | 3 | |
| <i>b-100 tr</i> | 3 | |
| <i>*b-complex vitamin cap**</i> | 3 | |
| <i>*b-complex vitamin elixir**</i> | 3 | |
| <i>*b-complex vitamin sublingual liquid**</i> | 3 | |
| <i>*b-complex w/ c & e + zn tab***</i> | 3 | |
| <i>*b-complex w/ c cap**</i> | 3 | |
| <i>*b-complex w/ c tab er**</i> | 3 | |
| <i>*b-complex w/ c tab**</i> | 3 | |
| <i>*b-complex w/ folic acid tab**</i> | 3 | |
| <i>*b-complex w/ minerals ta</i> | 3 | |
| B-NATAL LOZG 25mg; LPOP 25mg | 3 | |
| BABY DDROPS LIQD 400ut/0.028ml | 3 | |
| <i>baby super daily d3</i> LIQD 400ut/0.028ml | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>baby vitamin</i> | 3 | |
| <i>baby vitamin/iron</i> | 3 | |
| BALANCE B-50 TAB | 3 | |
| BETA CAROTEN CAP 25000UNT | 3 | |
| <i>beta carotene</i> CAPS 25000unit | 3 | |
| BIO-D-MULSION LIQD 400unt/0.04ml | 3 | |
| BIO-D-MULSION FORTE LIQD 2000unt/0.04ml | 3 | |
| <i>*bioflavonoid products cap**</i> | 3 | |
| <i>*bioflavonoid products chew tab**</i> | 3 | |
| <i>*bioflavonoid products tab er**</i> | 3 | |
| <i>*bioflavonoid products tab**</i> | 3 | |
| BIOTIN CAPS 1mg | 3 | |
| <i>biotin</i> CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg | 3 | |
| BIOTIN FORTE TAB | 3 | |
| BIOTIN FORTE TAB /ZINC | 3 | |
| BIOVOL SYP | 3 | |
| <i>bl brewers yeast</i> | 3 | |
| <i>bl niacin tr</i> TBCR 250mg | 3 | |
| <i>bl prenatal vitamins</i> | 3 | |
| BPROTECT PED DRO TRI-VITE | 3 | |
| C-BUFF POW | 3 | |
| CAL-CITRATE CAPS 150mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| CALCI-MAX CAP | 3 | |
| <i>calcidol</i> SOLN 200mcg/ml | 3 | |
| <i>calcium ascorbate</i> TABS 500mg | 3 | |
| <i>calcium citrate plus</i> | 3 | |
| <i>calcium pantothenate</i> TABS 500mg | 3 | |
| CARDIOTEK TAB | 3 | |
| CATEMINE TAB | 3 | |
| <i>centrum kids complete</i> | 3 | |
| CENTRUM SPEC PAK PRENATAL | 3 | |
| CHILDRENS CHW COMPLETE | 3 | |
| CHLORELLA CAP | 3 | |
| <i>cholecalciferol</i> CAPS 10000unit; CHEW 2000unit | 3 | |
| CHROMIUM PIC TAB 500MCG | 3 | |
| CL PRENATAL TAB 28-0.8MG | 3 | |
| <i>*cobalamin combination sl tab***</i> | 3 | |
| <i>*cobalamin combination tab***</i> | 3 | |
| COD LIVER OIL | 3 | |
| <i>*cod liver oil cap***</i> | 3 | |
| <i>*cod liver oil***</i> | 3 | |
| <i>complex b-100</i> | 3 | |
| CONCEPTIONXR MIS MOTILITY | 3 | |
| <i>crush vitamin c drops</i> LOZG 60mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| CVS B12 CHEW 2500mcg | 3 | |
| <i>cvs b-12</i> LIQD 1000mcg/15ml; TBDP 1500mcg | 3 | |
| <i>cvs childrens vitamin d f</i> CHEW 400unit | 3 | |
| <i>cvs d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit | 3 | |
| <i>cvs e oil</i> | 3 | |
| <i>cvs niacin</i> TABS 100mg | 3 | |
| <i>cvs niacin flush free</i> | 3 | |
| CVS PRENATAL TAB 27-0.8MG | 3 | |
| <i>cyanocobalamin</i> LOZG 500mcg; SOLN 1000mcg/ml; SUBL 500mcg, 1000mcg, 2500mcg, 3000mcg, 5000mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg | 3 | |
| CYTO B2 POWD 343mg/gm | 3 | |
| D3 DOTS TBDP 2000unit | 3 | |
| <i>d3 maximum strength</i> LIQD 5000unit/ml | 3 | |
| <i>d3 vitamin</i> LIQD 400unit/ml | 3 | |
| <i>d3-50</i> CAPS 50000unit | 3 | |
| <i>d 400</i> TABS 400unit | 3 | |
| <i>d 1000</i> TABS 1000unit | 3 | |
| <i>d 2000</i> TABS 2000unit | 3 | |
| D-BIOTIN CAP 10MG CAPS 10mg | 3 | |
| D-VI-SOL LIQD 400unit/ml | 3 | |
| DAILY MULTI TAB VIT/IRON | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml | 3 | |
| DECARA CAPS 25000unit | 3 | |
| DEKAS CAP ESSENTIA | 3 | |
| DEKAS LIQ ESSENTIA | 3 | |
| DEKAS PLUS LIQ | 3 | |
| <i>dialyvite 800</i> | 3 | |
| DIALYVITE WAF PLUS D | 3 | |
| DIALYVITE/ TAB ZINC | 3 | |
| DINO-LIFE CHW IRON-ZIN | 3 | |
| DRISDOL SOLN 8000unit/ml | 3 | |
| <i>dry e-synthetic</i> TABS 400unit | 3 | |
| E600 CAPS 600unit | 3 | |
| <i>endur-acin</i> TBCR 750mg | 3 | |
| <i>endur-amide</i> TBCR 500mg | 3 | |
| ENDUR-AMIDE TBCR 750mg | 3 | |
| ENDURACIN TAB 500MG SR TBCR 500mg | 3 | |
| ENFAMIL MIS EXPECTA | 3 | |
| <i>eql air protector</i> | 3 | |
| <i>eql b complex</i> | 3 | |
| <i>eql gummies childrens</i> | 3 | |
| <i>eql niacin flush free</i> CAPS 500mg | 3 | |
| <i>ergocalciferol</i> CAPS 50000unit | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ESTROFACTORS TAB | 3 | |
| EZFE FORTE CAP | 3 | |
| <i>fa-8</i> CAPS .8mg; TABS 800mcg | 3 | |
| FLINTSTONES CHW COMPLETE | 3 | |
| FLINTSTONES CHW TODDLER | 3 | |
| FOLGARD TAB | 3 | |
| FOLIC + B12 TAB | 3 | |
| <i>folic acid</i> CAPS 5mg; TABS 1mg, 400mcg | 3 | |
| FOLIC ACID CAPS 20mg | 3 | |
| FOLIC ACID TAB 400MCG | 3 | |
| FOLTABS 800 | 3 | |
| FRUIT C CHW 200MG | 3 | |
| FV VITAMIN E TAB 200IU TABS 200iu | 3 | |
| GERIATRIC LIQ VITAMIN | 3 | |
| GERITOL LIQ TONIC | 3 | |
| GEVRABON LIQ | 3 | |
| GNP DAILY MIS PRENATAL | 3 | |
| <i>gnp niacin</i> TABS 250mg | 3 | |
| <i>gnp vitamin b1</i> TABS 100mg | 3 | |
| <i>gnp vitamin d super stren</i> TABS 5000unit | 3 | |
| HARD NAILS CAPS 2.5mg | 3 | |
| HCA NIACIN TAB 250MG TR | 3 | |
| HCA VIT B12 TAB 500MCG | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| HCA VIT C CHW 250MG | 3 | |
| HCA VIT C CHW 500MG | 3 | |
| HONEY BEARS CHW | 3 | |
| <i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml | 3 | |
| ICAPS LUTEIN TAB ZEAXANTH | 3 | |
| <i>immune system booster</i> | 3 | |
| <i>*iron w/ vitamin liq**</i> | 3 | |
| <i>k 100</i> TABS 100mcg | 3 | |
| KEY-E CHEW 400unit | 3 | |
| <i>kp folic acid</i> TABS 1mg | 3 | |
| <i>kp niacin</i> TABS 500mg | 3 | |
| <i>kp vitamin e</i> CAPS 100unit | 3 | |
| KPN PRENATAL TAB | 3 | |
| <i>lexinal</i> TABS 2.5mg | 3 | |
| LIQUI C LIQ 500/5ML LIQD 500mg/5ml | 3 | |
| <i>liqui-e</i> LIQD 400unit/15ml | 3 | |
| LIQUID C LIQ | 3 | |
| MEPHYTON TABS 5mg | 3 | |
| METHISCOL CAP | 3 | |
| <i>methylcobalamin</i> SUBL 1000mcg | 3 | |
| MIL-A-MULSIO EMU | 3 | |
| MTERYTI TAB | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| MTERYTI TAB FOLIC 5 | 3 | |
| <i>multi-delyn</i> | 3 | |
| MULTI-DELYN LIQ /IRON | 3 | |
| <i>*multiple vitamin cap**</i> | 3 | |
| <i>*multiple vitamin tab**</i> | 3 | |
| <i>*multiple vitamins w/ calcium tab**</i> | 3 | |
| <i>*multiple vitamins w/ min</i> | 3 | |
| <i>*multiple vitamins w/ minerals tab**</i> | 3 | |
| MVW COMPLETE DRO PEDIATRI | 3 | |
| NANOVM POW 1-3 YRS | 3 | |
| NASCOBAL SOLN 500mcg/0.1ml | 3 | |
| <i>nat-rul antioxidants c+e</i> | 3 | |
| NEPHRO-VITE TAB RX | 3 | |
| NEPHRONEX LIQ 0.9/5ML | 3 | |
| <i>nestrex TABS 25mg</i> | 3 | |
| <i>niacin CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg</i> | 3 | |
| NIACIN FLUSH-FREE EXTRA S CAPS 750mg | 3 | |
| <i>niacin tab cr 500 mg TBCR 500mg</i> | 3 | |
| NIACIN TR TBCR 1000mg | 3 | |
| <i>niacinamide TABS 500mg</i> | 3 | |
| NIACINOL CAPS 500mg | 3 | |
| NICOBID CAP 125MG CR CPCR 125mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| NICOBID CAP 250MG CR CPCR 250mg | 3 | |
| NICOBID CAP 500MG CR CPCR 500mg | 3 | |
| ONE A DAY CAP PRENATAL | 3 | |
| OPTIMAL D3 M CAPS 14000unit | 3 | |
| P D NATAL/FA TAB | 3 | |
| PALMITATE-A TABS 15000unit | 3 | |
| <i>*pediatric multiple vitam</i> | 3 | |
| <i>*pediatric multiple vitamin w/ minerals & c chew tab 60 mg**</i> | 3 | |
| <i>*pediatric multiple vitamins w/ iron chew tab 12 mg**</i> | 3 | |
| <i>*pediatric multiple vitamins w/ iron chew tab**</i> | 3 | |
| <i>phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg</i> | 3 | |
| <i>poly-c</i> | 3 | |
| POLY-VI-SOL SOL 50MG/ML | 3 | |
| POLY-VI-SOL SOL IRON | 3 | |
| PRENAT MULTI CAP +DHA | 3 | |
| PRENATAL CAP FORMULA | 3 | |
| PRENATAL DHA PAK MULTI | 3 | |
| PRENATAL FRM TAB A-FREE | 3 | |
| PRENATAL GUM CHW 0.4-32.5 | 3 | |
| PRENATAL TAB | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>pyridoxine hcl</i> TABS 50mg, 100mg, 250mg | 3 | |
| <i>qc b-complex + vitamin c</i> | 3 | |
| RA VITAMIN B-1 TABS 100mg | 3 | |
| RA VITAMIN B-12 LIQD 1000mcg/ml | 3 | |
| REPLESTA WAFR 50000unit | 3 | |
| REPLESTA CHILDRENS WAFR 14000unit | 3 | |
| <i>riboflavin</i> TABS 25mg, 50mg, 100mg | 3 | |
| RIBOFLAVIN TABS 400mg | 3 | |
| SCOOBY-DOO CHW | 3 | |
| SESAME ST CHW VITAMINS | 3 | |
| SLO-NIACIN TBCR 750mg | 3 | |
| SM B-COMPLEX TAB /VIT C | 3 | |
| <i>sm biotin</i> TABS 5000mcg | 3 | |
| SM VITAMIN D3 MAXIMUM STR CAPS 4000unit | 3 | |
| STRESS B CMP TAB /C TR | 3 | |
| STRESSCAPS CAP | 3 | |
| STUART ONE CAP | 3 | |
| SUPER DAILY D3 LIQD 1000unt/0.03ml | 3 | |
| SUPERIORSOURCE K1 TBDP 500mcg | 3 | |
| <i>th b complex/iron/vitamin</i> | 3 | |
| THER B COMPL TAB W/C | 3 | |
| THERA MULTI LIQ | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| THERA-D 4000 TABS 4000unit | 3 | |
| THERANATAL CAP ONE | 3 | |
| THERANATAL MIS COMPLETE | 3 | |
| THERANATAL PAK OVAVITE | 3 | |
| <i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg | 3 | |
| TRI-VI-SOL SOL A/C/D | 3 | |
| UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml | 3 | |
| VICKS VITAMIN C DROPS LOZG 60mg | 3 | |
| VIT C+ZINC TAB 15-60MG | 3 | |
| VITA-C CRY | 3 | |
| VITACRAVES CHW +OMEGA-3 | 3 | |
| VITAMAX CHW | 3 | |
| <i>vitamin a</i> CAPS 8000iu; TABS 10000iu | 3 | |
| VITAMIN A CAP 8000UNIT | 3 | |
| VITAMIN B12 LIQD 3000mcg/ml | 3 | |
| VITAMIN B 12 LOZG 250mcg | 3 | |
| VITAMIN B-12 LOZG 50mcg | 3 | |
| VITAMIN B-12 SUB 1000MCG SUBL 1000mcg | 3 | |
| VITAMIN C SYRP 500mg/5ml; TABS 100mg | 3 | |
| VITAMIN C SOL | 3 | |
| VITAMIN D CAPS 400unit, 2000unit | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| VITAMIN D2 TABS 400unit, 2000unit | 3 | |
| VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit, 10000unit; TBDP 5000unit | 3 | |
| VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml | 3 | |
| <i>vitamin d3 ultra potency</i> TABS 1250mcg | 3 | |
| <i>vitamin e</i> CAPS 400iu; TABS 200iu | 3 | |
| VITAMIN E TABS 100unit | 3 | |
| <i>vitamin e-100</i> TABS 100unit | 3 | |
| VITAMIN K TABS 100mcg | 3 | |
| VITAMIN K2 TABS 40mcg | 3 | |
| <i>*vitamin mixture tab**</i> | 3 | |
| <i>*vitamins a & d cap***</i> | 3 | |
| <i>*vitamins a & d tab***</i> | 3 | |
| <i>*vitamins w/ lipotropics cap**</i> | 3 | |
| ZINC & C LOZ 20-120MG | 3 | |

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

| | | |
|---|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 1 | |
| <i>neo-polycin hc ophth oint 1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 2 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 1 | |
| ZYLET SUS 0.5-0.3% | 2 | |
| ANTI-INFECTIVES | | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 1 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 1 | |
| BESIVANCE SUSP .6% | 2 | |
| CILOXAN OINT .3% | 2 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 1 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 1 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 1 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 1 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 1 | |
| NATACYN SUSP 5% | 2 | |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 1 | |
| <i>polycin ophth oint</i> | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% | 1 | |
| <i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10% | 1 | |
| <i>tobramycin (ophth)</i> SOLN .3% | 1 | |
| <i>trifluridine</i> SOLN 1% | 1 | |
| ZIRGAN GEL .15% | 2 | |
| ANTI-INFLAMMATORIES | | |
| ALREX SUSP .2% | 2 | |
| <i>bromfenac sodium (ophth)</i> SOLN .07%, .075% | 1 | |
| BROMSITE SOLN .075% | 2 | |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 1 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 1 | |
| EYSUVIS SUSP .25% | 2 | |
| FLAREX SUSP .1% | 2 | |
| <i>fluorometholone (ophth)</i> SUSP .1% | 1 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 1 | |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | 1 | |
| LOTEMAX OINT .5% | 2 | |
| <i>loteprednol etabonate</i> SUSP .2% | 1 | |
| <i>prednisolone acetate (ophth)</i> SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| PROLENSA SOLN .07% | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| ANTIALLERGICS | | |
| <i>alaway</i> SOLN .035% | 3 | |
| <i>altazine moisture relief</i> SOLN .05% | 3 | |
| <i>azelastine hcl (ophth)</i> SOLN .05% | 1 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | 1 | |
| <i>cvs olopatadine hydrochlo</i> SOLN .2% | 3 | |
| <i>eye allergy itch relief</i> SOLN .2% | 3 | |
| <i>eye allergy itch/redness</i> SOLN .1% | 3 | |
| <i>gnp olopatadine hydrochlo</i> SOLN .1%, .2% | 3 | |
| <i>hm eye allergy itch/redne</i> SOLN .1% | 3 | |
| NAPHCAN-A SOL OP | 3 | |
| <i>olopatadine hcl</i> SOLN .1%, .2% | 3 | |
| OPCAN-A SOL OP | 3 | |
| PATADAY SOLN .1%, .2% | 3 | |
| PATADAY EXTRA STRENGTH SOLN .7% | 3 | |
| <i>tgt eye allergy relief</i> | 3 | |
| VISINE SOLN .05% | 3 | |
| ZERVIAE SOLN .24% | 2 | |
| ANTI GLAUCOMA | | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | 1 | |
| BETOPTIC-S SUSP .25% | 2 | |
| <i>brimonidine tartrate</i> SOLN .15%, .2% | 1 | |
| <i>brinzolamide</i> SUSP 1% | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>carteolol hcl (ophth) SOLN 1%</i> | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| <i>dorzolamide hcl SOLN 2%</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 1 | |
| <i>latanoprost SOLN .005%</i> | 1 | |
| <i>levobunolol hcl SOLN .5%</i> | 1 | |
| LUMIGAN SOLN .01% | 2 | |
| <i>pilocarpine hcl SOLN 1%, 2%, 4%</i> | 1 | |
| RHOPRESSA SOLN .02% | 2 | |
| ROCKLATAN DRO | 2 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| <i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i> | 1 | |
| VYZULTA SOLN .024% | 2 | |
| MISCELLANEOUS | | |
| <i>adsorbonac SOLN 5%</i> | 3 | |
| <i>ak-rinse</i> | 3 | |
| AKWA TEARS OIN OP | 3 | |
| ALCON SALINE SOL SEN EYES | 3 | |
| <i>altalube</i> | 3 | |
| <i>20/20 artificial tears</i> | 3 | |
| <i>artificial tears SOLN 1.4%</i> | 3 | |
| ATROPINE SULFATE SOLN 1% | 2 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>atropine sulfate (ophthalmic)</i> SOLN 1% | 1 | |
| <i>biolle gel tears</i> GEL 1% | 3 | |
| <i>biolle tears</i> SOLN .5% | 3 | |
| BLINK TEARS LUBRICATING E SOLN .25% | 3 | |
| COLLYRIUM SOL OP | 3 | |
| <i>cvs gentle lubricant eye</i> SOLN .3% | 3 | |
| <i>cvs lubricant eye drops</i> SOLN .5% | 3 | |
| <i>cvs lubricant gel drops</i> GEL 1% | 3 | |
| CYSTADROPS SOLN .37% | 2 | NM, LA, PA |
| CYSTARAN SOLN .44% | 2 | NM, LA, PA |
| DAKRINA SOL 2.7-2% | 3 | |
| <i>eq artificial tears</i> | 3 | |
| <i>eq lubricant eye drops hi</i> | 3 | |
| EYE STREAM SOL OP | 3 | |
| GENTEAL GEL | 3 | |
| GENTEAL MILD TO MODERATE SOLN .3% | 3 | |
| GENTEAL SEVERE GEL .3% | 3 | |
| GENTEAL TEAR SOL MOD PF | 3 | |
| GONAK SOLN 2.5% | 3 | |
| <i>gonioscopic prism</i> SOLN 2.5% | 3 | |
| <i>goodsense lubricant eye d</i> | 3 | |
| HCA TEARS SOL PLUS | 3 | |
| ISOPTO TEARS SOLN .5% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| LIQUIFILM TEARS SOLN 1.4% | 3 | |
| <i>lubricant eye drops</i> SOLN .6% | 3 | |
| <i>lubricant eye drops/dual-</i> | 3 | |
| LUBRICNT GEL DRO 0.25-0.3 | 3 | |
| MIEBO SOLN 1.338gm/ml | 2 | |
| MOISTURE EYE DRO | 3 | |
| <i>moisturizing lubricant ey</i> SOLN .25% | 3 | |
| MURO 128 OINT 5%; SOLN 2%, 5% | 3 | |
| <i>optics mini drops</i> | 3 | |
| <i>proparacaine hcl</i> SOLN .5% | 1 | |
| <i>ra cleaning/disinfecting</i> SOLN 3% | 3 | |
| REFRESH DRO OP | 3 | |
| REFRESH GEL OPTIVE | 3 | |
| REFRESH LIQUIGEL GEL 1% | 3 | |
| REFRESH OPTI DRO 0.5-0.9% | 3 | |
| REFRESH PLUS SOLN .5% | 3 | |
| REFRESH SOL OPTIVE | 3 | |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| RETAINÉ HPMC SOLN .3% | 3 | |
| RETAINÉ MGD EMU 0.5-0.5% | 3 | |
| <i>sodium chloride hypertonic</i> OINT 5% | 3 | |
| STERILE LUBRICANT DROPS LIQD .7% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|------------------------------------|-----------------------------|---------------------------|
| SYSTANE BALANCE RESTORATI SOLN .6% | 3 | |
| SYSTANE FREE GEL | 3 | |
| SYSTANE PF SOL | 3 | |
| TEARS NATURA OIN PM | 3 | |
| THERATEARS GEL 1%; SOLN .25% | 3 | |
| TYRVAYA SOLN .03mg/act | 2 | |
| VISINE PURE DRO TEARS | 3 | |
| VISINE TIRED EYE RELIEF SOLN 1% | 3 | |
| XIIDRA SOLN 5% | 2 | |

OTIC

OTIC AGENTS

| | | |
|---|---|--|
| <i>acetic acid (otic)</i> SOLN 2% | 1 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 1 | |
| <i>flac</i> OIL .01% | 1 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | 1 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 1 | |

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

| | | |
|--------------------------|---|----------------------------|
| ANORO ELLIPT AER 62.5-25 | 2 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | 2 | QL (1 inhaler / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------|
| BREZTRI AERO AER SPHERE | 2 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 2 | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | 2 | QL (2 inhalers / 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 2 | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 2 | QL (60 blisters / 30 days) |
| ANTICHOLINERGICS | | |
| ATROVENT HFA AERS 17mcg/act | 2 | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 2 | QL (30 blisters / 30 days) |
| <i>ipratropium bromide SOLN .02%</i> | 1 | B/D |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | 1 | |
| ANTI-HISTAMINES | | |
| AHIST TABS 25mg | 3 | |
| ALA-HIST IR TABS 2mg | 3 | |
| <i>alavert</i> TABS 10mg; TBDP 10mg | 3 | |
| ALAVERT SYP | 3 | |
| <i>aler-cap</i> CAPS 25mg; TABS 25mg | 3 | |
| <i>all day allergy childrens</i> CHEW 5mg, 10mg | 3 | |
| <i>aller-chlor</i> SYRP 2mg/5ml; TABS 4mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|------------------------------|
| <i>aller-ease</i> TABS 60mg | 3 | |
| <i>aller-ease childrens</i> SUSP 30mg/5ml | 3 | |
| <i>allergy</i> TBCR 12mg | 3 | |
| <i>allergy childrens</i> SOLN 5mg/5ml | 3 | |
| <i>allergy rapid melts child</i> CHEW 12.5mg | 3 | |
| <i>azelastine hcl</i> SOLN .1% | 1 | |
| <i>banophen</i> CAPS 50mg | 3 | |
| BENADRYL ALLERGY CHEW 12.5mg | 3 | |
| BENADRYL CAP 25MG CAPS 25mg | 3 | |
| BENADRYL TAB 25MG TABS 25mg | 3 | |
| <i>cetirizine hcl</i> SOLN 5mg/5ml | 1 | QL (300 mL / 30 days) |
| CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg | 3 | |
| CHLOR-TRIMETON REPETABS TBCR 12mg | 3 | |
| CLARITIN CAPS 10mg | 3 | |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg | 2 | PA; PA if 70 years and older |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml | 1 | |
| DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml | 3 | |
| ED CHLORPED LIQD 2mg/ml | 3 | |
| <i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg | 3 | |
| HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|------------------------------|
| HISTEX PD LIQD .938mg/ml | 3 | |
| HISTEX PDX LIQD 1.25mg/ml | 3 | |
| <i>24hr allergy relief</i> TABS 180mg | 3 | |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 2 | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg | 2 | PA; PA if 70 years and older |
| KC ALLERGY LIQ RELIEF | 3 | |
| <i>kp cetirizine hcl</i> TABS 5mg | 3 | |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml | 1 | QL (300 mL / 30 days) |
| <i>levocetirizine dihydrochloride</i> TABS 5mg | 1 | QL (30 tabs / 30 days) |
| <i>loratadine</i> CAPS 10mg | 3 | |
| <i>m-hist pd</i> LIQD .625mg/ml | 3 | |
| PEDIAVENT CHEW 1mg; SYRP 2mg/5ml | 3 | |
| <i>ra allergy</i> LIQD 12.5mg/5ml | 3 | |
| <i>sm allergy relief</i> TABS 1.34mg | 3 | |
| TAVIST ALLERGY TABS 1.34mg | 3 | |
| TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml | 3 | |
| VANACLEAR PD LIQD .313mg/ml | 3 | |
| VANA HIST PD LIQD .625mg/ml | 3 | |
| VANAMINE PD LIQD 6.25mg/ml | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---|
| ZYRTEC CHILDRENS ALLERGY SOLN 1mg/ml | 3 | |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 1 | QL (2 inhalers / 30 days), ST |
| SEREVENT DISKUS AEPB 50mcg/dose | 2 | QL (60 inhalations / 30 days) |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act | 2 | QL (2 inhalers / 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 2 | QL (6 inhalers / 30 days) |
| COUGH AND COLD | | |
| <i>a.r.m.</i> | 3 | |
| <i>aceta-gesic</i> | 3 | |
| <i>acetadryl</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>acta-tabs pe</i> | 3 | |
| ACTICON SOL 1-30 | 3 | |
| ACTICON TAB 2-60MG | 3 | |
| ACTIDOGESIC TAB 1-500MG | 3 | |
| <i>actifed cold/sinus</i> | 3 | |
| ACTINEL LIQ | 3 | |
| ACTINEL LIQ PEDIATRI | 3 | |
| ADULT DISPOS MIS MOUTHPIE | 3 | |
| ADVIL COLD/ TAB SINUS | 3 | |
| <i>af-dibromm</i> | 3 | |
| <i>af-dibromm dm</i> | 3 | |
| <i>af-ibup sinus</i> | 3 | |
| <i>af-pseudoephedrine hcl</i> TABS 30mg | 3 | |
| <i>af-tussin dm</i> | 3 | |
| AFRIN SPR 0.05% SOLN .05% | 3 | |
| AIRZONE PEAK MIS FLOW MTR | 3 | |
| ALA-HIST PE TAB 2-10MG | 3 | |
| ALAHIST CF TAB 10-2-20 | 3 | |
| ALAHIST DM LIQ 7.5-2-15 | 3 | |
| <i>alavert allergy/sinus</i> | 3 | |
| ALEVE COLD & TAB SINUS | 3 | |
| <i>alka-seltzer plus night c</i> | 3 | |
| ALKA-SELTZER TAB PLS COLD | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|----------------------------------|-----------------------------|---------------------------|
| <i>all day allergy d-12</i> | 3 | |
| <i>all day pain relief sinus</i> | 3 | |
| <i>all-nite multi-symptom co</i> | 3 | |
| <i>allerest</i> | 3 | |
| <i>allergy multi-symptom</i> | 3 | |
| <i>allergy multi-symptom nig</i> | 3 | |
| ALLERGY/SINU TAB HEADACHE | 3 | |
| ALLFEN TABS 400mg | 3 | |
| <i>allfen dm</i> | 3 | |
| ALOE VESTA LIQ WHIRLBTH | 3 | |
| <i>altarussin SYRP 100mg/5ml</i> | 3 | |
| <i>altarussin dm</i> | 3 | |
| <i>ambi 10peh/400gfn</i> | 3 | |
| <i>ambi 10peh/400gfn/20dm</i> | 3 | |
| <i>ambi 12.5cpd/1dcpm/30pse</i> | 3 | |
| <i>ambi 40pse/400gfn</i> | 3 | |
| AMBI 60PSE/ TAB 400GFN | 3 | |
| <i>ambitussin ac</i> | 3 | |
| ANTI HIST NAS TAB DECONGES | 3 | |
| ANTITUSS CG/ SYP CODEINE | 3 | |
| AP-HIST DM LIQ 7.5-4-15 | 3 | |
| AQUANAZ TAB | 3 | |
| BENADRYL TAB ALL/COLD | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| BENYLIN SYP 15MG/5ML SYRP 15mg/5ml | 3 | |
| BENYLIN-DME LIQ | 3 | |
| BENZEDREX INH | 3 | |
| <i>benzonatate</i> CAPS 100mg, 200mg | 3 | |
| <i>bidex</i> TABS 400mg | 3 | |
| <i>bio t pres</i> | 3 | |
| <i>biofed</i> LIQD 30mg/5ml | 3 | |
| BROHIST D TAB 4-10MG | 3 | |
| <i>bromfed dm</i> | 3 | |
| <i>broncho saline</i> AERS .9% | 3 | |
| BROTAPP DM LIQ 15-1-5/5 | 3 | |
| <i>*camphor-eucalyptus-menthol - oint***</i> | 3 | |
| CAPMIST DM TAB | 3 | |
| CAPRON DM LIQ | 3 | |
| CAPRON DMT TAB 30-30MG | 3 | |
| CARBAPHEN CH SUS | 3 | |
| <i>chest congestion & pain r</i> | 3 | |
| <i>chest congestion relief d</i> | 3 | |
| <i>childrens plus multi-symp</i> | 3 | |
| <i>childrens pseuphedrin</i> LIQD 15mg/5ml | 3 | |
| CHILDRENS SUS PLUS CLD | 3 | |
| <i>childs allergy cold/cough</i> | 3 | |
| CHLO HIST SOL | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--------------------------------------|-----------------------------|---------------------------|
| CHLO TUSS LIQ | 3 | |
| CLEAN START TAB VAPORIZE | 3 | |
| CLEAR COUGH LIQ PM | 3 | |
| CLOFERA LIQ | 3 | |
| CNTC CLD/FLU TAB DAY/NGHT | 3 | |
| <i>codar gf</i> | 3 | |
| CODITUSSIN LIQ AC | 3 | |
| CODITUSSIN LIQ DAC | 3 | |
| <i>666 cold</i> | 3 | |
| <i>cold & flu relief nightti</i> | 3 | |
| <i>cold head congestion day/</i> | 3 | |
| <i>cold head congestion dayt</i> | 3 | |
| <i>666 cold preparation</i> | 3 | |
| <i>cold relief plus</i> | 3 | |
| COMTrex CLD/ PAK CGH D/NT | 3 | |
| COMTrex COLD TAB & COUGH | 3 | |
| <i>comtrex severe cold & sin</i> | 3 | |
| <i>contac cold+flu maximum s</i> | 3 | |
| <i>contac-d</i> TABS 10mg | 3 | |
| <i>corfen-dm</i> | 3 | |
| CORICIDN HBP TAB 2-325MG | 3 | |
| CORICIDN HBP TAB CGH&COLD | 3 | |
| <i>cough & chest congestion</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>cough & cold</i> | 3 | |
| <i>cough cold & sore throat</i> | 3 | |
| <i>cough suppressant long-ac</i> SYRP 15mg/5ml | 3 | |
| <i>coughtab</i> TABS 200mg | 3 | |
| <i>cvs allergy relief d</i> | 3 | |
| CVS CHEST CONGESTION CHIL PACK 100mg | 3 | |
| <i>cvs chest congestion plus</i> | 3 | |
| <i>cvs chest rub medicated</i> | 3 | |
| <i>cvs cold & cough children</i> | 3 | |
| <i>cvs cold & cough nighttim</i> | 3 | |
| <i>cvs cold & flu bp</i> | 3 | |
| <i>cvs cold & sinus multi-sy</i> | 3 | |
| <i>cvs flu & severe cold nig</i> | 3 | |
| <i>cvs nighttime cough</i> | 3 | |
| <i>cvs stuffy nose & cold ch</i> | 3 | |
| DAY TIME CAP COLD/FLU | 3 | |
| <i>daytime multi-symptom col</i> | 3 | |
| DECONEX DMX TAB | 3 | |
| DECONEX IR TAB 10-385MG | 3 | |
| DELSYM SUER 30mg/5ml | 3 | |
| <i>despec</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>dexbrompheniramine-phenylephrine tab 2-10 mg</i> | 3 | |
| <i>dextromethorphan hbr SYRP 10mg/5ml</i> | 3 | |
| <i>dextromethorphan-guaifene</i> | 3 | |
| <i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> | 3 | |
| DIABETIC TUS LIQ DM | 3 | |
| DIABETIC TUS LIQ EX | 3 | |
| DIABETIC TUS LIQ MAX STR | 3 | |
| DIMETAPP CLD ELX /ALLERGY | 3 | |
| DIMETAPP ELX 1-15/5ML | 3 | |
| DIMETAPP LIQ CHILD | 3 | |
| DOLOGEN TAB | 3 | |
| DORCOL LIQ DECONGES LIQD 15mg/5ml | 3 | |
| <i>doxylamine-phenylephrine tab 7.5-10 mg</i> | 3 | |
| DURAFLU TAB | 3 | |
| DURAVENT DM TAB | 3 | |
| ED A-HIST DM TAB 10-4-10 | 3 | |
| ED A-HIST LIQ 4-10/5ML | 3 | |
| ED BRON GP LIQ | 3 | |
| ED CHLORPED DRO D | 3 | |
| <i>eq cold & cough dm child</i> | 3 | |
| <i>eq tussin dm cough/chest</i> | 3 | |
| <i>eq flu & severe cold mul</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>eql tussin dm cough/chest</i> | 3 | |
| EXCEDRIN SIN TAB HEADACHE | 3 | |
| FLOWTUSS SOL 2.5-200 | 3 | |
| FLU & SORE POW THROAT | 3 | |
| <i>geri-tussin dm</i> | 3 | |
| GLEN PE LIQ | 3 | |
| GLENAX PEB LIQ | 3 | |
| GLENTUSS LIQ | 3 | |
| GLUCOSSIN-DM LIQD 15mg/5ml | 3 | |
| <i>gnp allergy & congestion</i> | 3 | |
| <i>gnp allergy plus sinus he</i> | 3 | |
| <i>gnp allergy sinus pe day</i> | 3 | |
| <i>goodsense cold & head con</i> | 3 | |
| <i>goodsense cough dm SUER 30mg/5ml</i> | 3 | |
| <i>goodsense day time cold &</i> | 3 | |
| <i>goodsense nighttime cold</i> | 3 | |
| <i>guaicon dms</i> | 3 | |
| <i>guaifenesin liquid 100 mg LIQD 100mg/5ml</i> | 3 | |
| GUAIFENESIN TAB 200 MG TABS 200mg | 3 | |
| HCA SUPHEDRI TAB PLUS | 3 | |
| HCA TUSSIN LIQ CF | 3 | |
| HISTAGESIC TAB | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| HISTEX-AC SYP | 3 | |
| HISTEX-DM SYP | 3 | |
| HISTEX-PE SYP 2.5-10/5 | 3 | |
| <i>hm severe cold cough & fl</i> | 3 | |
| <i>hm severe cold/cough/flu</i> | 3 | |
| <i>12 hour cold TB12 120mg</i> | 3 | |
| HUMIBID CS TAB 20-400MG | 3 | |
| HUMIBID MAXIMUM STRENGTH TB12 1200mg | 3 | |
| HYCOFENIX SOL | 3 | |
| HYDROC/GUAIF SOL 2.5-200 | 3 | |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 3 | |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | 3 | |
| <i>hydromet</i> | 3 | |
| LODRANE D CAP 4-60MG | 3 | |
| LOHIST-DM SYP 5-2-10MG | 3 | |
| <i>lohist-peb</i> | 3 | |
| LORTUSS DM LIQ | 3 | |
| LORTUSS EX LIQ | 3 | |
| LORTUSS LQ LIQ | 3 | |
| 3M AIR WARM MIS MASK | 3 | |
| M-CLEAR WC LIQ 100-6.33 | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|-------------------------------|-----------------------------|---------------------------|
| M-END DMX LIQ | 3 | |
| M-END PE LIQ | 3 | |
| <i>m-end wc</i> | 3 | |
| MAPAP SINUS TAB PE | 3 | |
| MAR-COF BP LIQ 30-2-7.5 | 3 | |
| MAR-COF CG LIQ 225-7.5 | 3 | |
| MAXIPHEN DM TAB | 3 | |
| <i>medi-tussin dm</i> | 3 | |
| MEDICATED OIN RUB | 3 | |
| MEDIFIN PE TAB 10-400MG | 3 | |
| MICROSPACER MIS | 3 | |
| MS COLD MIS DAY/NITE | 3 | |
| MUCINEX TB12 600mg | 3 | |
| MUCINEX CAP DAY/NGHT | 3 | |
| MUCINEX CAP FAST-MAX | 3 | |
| MUCINEX CGH GRA 5-100MG | 3 | |
| MUCINEX CHLD LIQ MULTISYM | 3 | |
| MUCINEX COLD LIQ /KIDS | 3 | |
| MUCINEX COLD LIQ CHILD | 3 | |
| MUCINEX COLD LIQ SINUS | 3 | |
| MUCINEX D TAB 60-600MG | 3 | |
| MUCINEX D/N PAK FAST/MAX | 3 | |
| MUCINEX FAST MIS DAY/NGHT | 3 | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| MUCINEX FAST TAB 5-10-200 | 3 | |
| <i>mucinex fast-max day time</i> | 3 | |
| <i>mucinex sinus-max day/nig</i> | 3 | |
| <i>mucus congestion & cough</i> | 3 | |
| <i>mucus relief dm</i> | 3 | |
| <i>mucus relief dm maximum s</i> | 3 | |
| NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml | 3 | |
| NASOPEN PE LIQ | 3 | |
| NEO-SYNEPHRINE SOLN 1% | 3 | |
| NEXAFED SINS TAB + PAIN | 3 | |
| NIGHT TIME CAP COLD/FLU | 3 | |
| <i>nighttime cold & flu</i> | 3 | |
| <i>nighttime sinus & congest</i> | 3 | |
| NINJACOF LIQ | 3 | |
| NINJACOF-A LIQ | 3 | |
| NINJACOF-XG LIQ 200-8/5 | 3 | |
| NIVANEX DMX TAB | 3 | |
| <i>non-asa severe allergy</i> | 3 | |
| NYQUIL COUGH LIQ 6.25-15 | 3 | |
| NYQUIL SINEX CAP NT RELF | 3 | |
| OBREDON SOL 2.5-200 | 3 | |
| <i>oxymetazoline hcl SOLN .05%</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| PEDIACARE INFANT SOLN 7.5mg/0.8ml | 3 | |
| PEDIACARE LIQ CGH/COLD | 3 | |
| PEDIATRIC MIS MASK | 3 | |
| PERCOGESIC TAB 12.5-325 | 3 | |
| PHANATUSS SYP | 3 | |
| <i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i> | 3 | |
| <i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i> | 3 | |
| <i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i> | 3 | |
| POLY HIST TAB 7.5-10MG | 3 | |
| POLY-HIST DM LIQ 5-25-10 | 3 | |
| POLY-HIST PD LIQ | 3 | |
| POLY-TUSSIN LIQ 10-4-10 | 3 | |
| POLY-VENT DM TAB | 3 | |
| POLY-VENT IR TAB 60-380MG | 3 | |
| PRO-RED AC SYP 5-1-9/5 | 3 | |
| <i>promethazine vc/codeine</i> | 3 | |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 3 | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 3 | |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | 3 | |
| <i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | 3 | |
| <i>pseudoephedrine hcl SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg</i> | 3 | |
| PYRILAMIN/PE TAB 25-10MG | 3 | |
| <i>q-tussin dm</i> | 3 | |
| <i>ra day/night maximum stre</i> | 3 | |
| <i>ra severe cold/night time</i> | 3 | |
| <i>ra tussin cough dm sugar</i> | 3 | |
| REFENESEN TAB CHST CNG | 3 | |
| <i>relcof c</i> | 3 | |
| RESCON TAB 2-60MG | 3 | |
| RESCON-DM SYP | 3 | |
| RESPAIRE-30 CAP | 3 | |
| <i>robafen dm clear</i> | 3 | |
| <i>robafen dm cough clear</i> | 3 | |
| ROBITUSSIN COUGHGELS CAPS 15mg | 3 | |
| ROBITUSSIN LIQ CGH/CLD | 3 | |
| ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml | 3 | |
| RYDEX LIQ | 3 | |
| RYMED TAB 2-10MG | 3 | |
| <i>sb cough control CAPS 15mg</i> | 3 | |
| <i>sb cough control cf</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>sb cough relief</i> LIQD 15mg/5ml | 3 | |
| <i>siltussin-dm</i> | 3 | |
| SINUS RELIEF TAB DAY/NGHT | 3 | |
| <i>sm tussin dm</i> | 3 | |
| <i>sm tussin dm cough/chest</i> | 3 | |
| STAHIST AD LIQ | 3 | |
| STAHIST AD TAB 25-60MG | 3 | |
| SUDAFED PE MAXIMUM STRENG TABS 10mg | 3 | |
| SUDAFED PE PAK COLD | 3 | |
| SUDAFED SINUS CONGESTION TABS 30mg | 3 | |
| SUDAFED TAB 60MG TABS 60mg | 3 | |
| TESSALON PERLES CAPS 100mg | 3 | |
| <i>tg 10peh/380gfn/15dm</i> | 3 | |
| <i>tgt cough formula dm max</i> | 3 | |
| <i>th cold & allergy</i> | 3 | |
| THERAFLU PAK SEV COLD | 3 | |
| THERAFLU SEV POW COLD/CGH | 3 | |
| TRIAMINIC NT LIQ COLD/CGH | 3 | |
| TRIAMINIC SOL COLD/CGH | 3 | |
| TRIAMINIC SYP CLD/ALRG | 3 | |
| TRIAMINIC SYP COLD/CGH | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 3 | |
| <i>trymine cg</i> | 3 | |
| TUSNEL C SYP | 3 | |
| TUSNEL PED DRO 7.5-50 | 3 | |
| TUSNEL TAB | 3 | |
| TUSNEL-DM DRO PEDIATRC | 3 | |
| <i>tussin dm</i> | 3 | |
| TYL ALLERGY TAB SINUS | 3 | |
| TYLENOL ALLE TAB MULTI-SY | 3 | |
| TYLENOL CHLD SUS COLD FLU | 3 | |
| TYLENOL COLD LIQ MAX | 3 | |
| TYLENOL COLD LIQ MULTI-S | 3 | |
| TYLENOL COLD LIQ MULTI-SY | 3 | |
| TYLENOL COLD TAB HEAD CON | 3 | |
| TYLENOL COLD TAB RELIEF | 3 | |
| TYLENOL SINU PAK CNG/PAIN | 3 | |
| TYLENOL TAB CLD/HD | 3 | |
| VANACOF AC LIQ 12.5-25 | 3 | |
| VANACOF DM LIQ | 3 | |
| VANACOF LIQ | 3 | |
| VANACOF-8 LIQ 25-50/15 | 3 | |
| VANATAB AC TAB 12.5-25 | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| VANATAB DM TAB 5-9-198 | 3 | |
| <i>vazotab</i> | 3 | |
| <i>vicks dayquil severe cold</i> | 3 | |
| VICKS NYQUIL LIQ COLD/FLU | 3 | |
| VICKS OIN VAPORUB | 3 | |
| WAL-FLU COLD POW SORE THR | 3 | |
| <i>wal-tussin cough & chest</i> | 3 | |
| <i>4-way fast acting SOLN 1%</i> | 3 | |
| ZUTRIPRO LIQ 60-4-5MG | 3 | |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 1 | |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 1 | B/D |
| <i>afrin saline nasal mist</i> | 3 | |
| ARALAST NP SOLR 500mg, 1000mg | 2 | NM, LA, PA |
| <i>asthmanefrin refill</i> NEBU 2.25% | 3 | |
| <i>ayr nasal drops</i> SOLN .65% | 3 | |
| AYR NASAL DROPS SOLN .65% | 3 | |
| AYR NASAL MIST ALLERGY & SOLN 2.65% | 3 | |
| AYR SALINE KIT NETI RNS | 3 | |
| <i>ayr saline nasal</i> | 3 | |
| <i>bronchial mist</i> AERS .22mg/act | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|-------------------------------------|
| BRONCHITOL CAPS 40mg | 2 | QL (560 caps / 28 days), NM, LA, PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 1 | B/D |
| <i>cromolyn sodium (nasal)</i> AERS 4% | 3 | |
| CVS NASAL MIST AERS .9%, 3% | 3 | |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | 1 | (generic of EpiPen) |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | 1 | (generic of Adrenaclick) |
| EPINEPHRINE AER MIST AERS .22mg/act | 3 | |
| FASENRA SOSY 30mg/ml | 2 | NM, LA, PA |
| FASENRA PEN SOAJ 30mg/ml | 2 | NM, LA, PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg | 2 | QL (56 packs / 28 days), NM, LA, PA |
| KALYDECO TABS 150mg | 2 | QL (60 tabs / 30 days), NM, LA, PA |
| NASADROPS SALINE ON THE G SOLN .9% | 3 | |
| NASOGEL GEL | 3 | |
| OCEAN NASAL SPRAY SOLN .65% | 3 | |
| OFEV CAPS 100mg, 150mg | 2 | QL (60 caps / 30 days), NM, LA, PA |
| ORKAMBI GRA 75-94MG | 2 | QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 100-125 | 2 | QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 150-188 | 2 | QL (56 packs / 28 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-------------------------------------|
| ORKAMBI TAB 100-125 | 2 | QL (112 tabs / 28 days), NM, LA, PA |
| ORKAMBI TAB 200-125 | 2 | QL (112 tabs / 28 days), NM, LA, PA |
| <i>pirfenidone</i> CAPS 267mg | 2 | QL (270 caps / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 267mg | 2 | QL (270 tabs / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 534mg, 801mg | 2 | QL (90 tabs / 30 days), NM, PA |
| PROLASTIN-C SOLN 1000mg/20ml | 2 | NM, LA, PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 2 | NM, PA |
| RHINARIS SOLN .2% | 3 | |
| <i>roflumilast</i> TABS 250mcg | 1 | QL (56 tabs / year) |
| <i>roflumilast</i> TABS 500mcg | 1 | QL (30 tabs / 30 days) |
| S2 NEBU 2.25% | 3 | |
| SINUS WASH CRY SALT | 3 | |
| SYMDEKO TAB 50-75MG | 2 | QL (56 tabs / 28 days), NM, LA, PA |
| SYMDEKO TAB 100-150 | 2 | QL (56 tabs / 28 days), NM, LA, PA |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1 | |
| TRIKAFTA PAK 59.5MG | 2 | QL (56 packs / 28 days), NM, LA, PA |
| TRIKAFTA PAK 75MG | 2 | QL (56 packs / 28 days), NM, LA, PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|------------------------------------|
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | 2 | QL (84 tabs / 28 days), NM, LA, PA |
| XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml | 2 | NM, LA, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 2 | NM, LA, PA |

NASAL STEROIDS

| | | |
|--|---|--------------------------|
| FLONASE SENSIMIST SUSP 27.5mcg/spray | 3 | |
| <i>flunisolide (nasal)</i> SOLN .025% | 1 | QL (3 bottles / 30 days) |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 1 | QL (1 bottle / 30 days) |
| <i>gnp 24 hour nasal allerg</i> AERO 55mcg/act | 3 | |
| <i>kls aller-flo</i> SUSP 50mcg/act | 3 | |
| NASACORT ALR SPR 55MCG/AC | 3 | |
| XHANCE EXHU 93mcg/act | 2 | QL (32 mL / 30 days), PA |

STEROID INHALANTS

| | | |
|---|---|-------------------------------|
| ALVESCO AERS 80mcg/act | 2 | QL (3 inhalers / 30 days) |
| ALVESCO AERS 160mcg/act | 2 | QL (2 inhalers / 30 days) |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 2 | QL (30 inhalations / 30 days) |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml | 1 | B/D |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---|
| <i>STEROID/BETA-AGONIST COMBINATIONS</i> | | |
| ADVAIR HFA AER 45/21 | 2 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | 2 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | 2 | QL (1 inhaler / 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (60 blisters / 30 days) |
| DULERA AER 50-5MCG | 2 | QL (3 inhalers / 30 days) |
| DULERA AER 100-5MCG | 2 | QL (3 inhalers / 30 days) |
| DULERA AER 200-5MCG | 2 | QL (3 inhalers / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 1 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 1 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 1 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i> | 1 | QL (60 inhalations / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|----------------------|----------------------------|
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>acne 10</i> GEL 10% | 3 | |
| <i>acne foaming wash</i> LIQD 10% | 3 | |
| ACNE MEDICATION LOTN 10% | 3 | |
| <i>acne medication 5</i> GEL 5% | 3 | |
| ACNE MEDICATION 5 LOTN 5% | 3 | |
| ACNEFREE KIT SEVERE | 3 | |
| <i>amnesteem</i> CAPS 10mg, 20mg, 40mg | 1 | PA |
| <i>benzoyl peroxide</i> GEL 2.5%; LOTN 5%, 10% | 3 | |
| <i>benzoyl peroxide cleanser</i> LIQD 6% | 3 | |
| BENZOYL PEROXIDE CLEANSER LIQD 6% | 3 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 1 | QL (46.6 gm / 30 days) |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>clindamycin phosphate (topical)</i> GEL 1% | 1 | QL (75 gm / 30 days) |
| <i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% | 1 | QL (60 mL / 30 days) |
| <i>cvs acne cleansing bar</i> BAR 10% | 3 | |
| <i>cvs advanced 3-in-1 exfol</i> LIQD 5% | 3 | |
| <i>ery</i> PADS 2% | 1 | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid)</i> GEL 2% | 1 | QL (60 gm / 30 days) |
| <i>erythromycin (acne aid)</i> SOLN 2% | 1 | QL (60 mL / 30 days) |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| <i>sulfacetamide sodium (acne)</i> LOTN 10% | 1 | QL (118 mL / 30 days) |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% | 1 | QL (45 gm / 30 days), PA |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>alba-3</i> | 3 | |
| ANTIBIOTIC CRE | 3 | |
| BACIGUENT OINT 500unit/gm | 3 | |
| <i>bacitracin (topical)</i> OINT 500u/gm | 3 | |
| <i>bacitracin zinc</i> OINT 500unit/gm | 3 | |
| <i>*bacitracin-polymyxin b oint***</i> | 3 | |
| <i>eql antibiotic + pain rel</i> | 3 | |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% | 1 | QL (30 gm / 30 days) |
| <i>mp triple antibiotic plus</i> | 3 | |
| <i>mupirocin</i> OINT 2% | 1 | QL (220 gm / 30 days) |
| MYCITRACIN OIN | 3 | |
| POLYSPORIN OIN | 3 | |
| <i>ra antibiotic/pain relief</i> | 3 | |
| <i>silver sulfadiazine</i> CREA 1% | 1 | |
| SPECTROCIN OIN PLUS | 3 | |
| <i>ssd</i> CREA 1% | 1 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| SULFAMYLON CREA 85mg/gm | 2 | QL (453.6 gm / 30 days) |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>absorbine jr</i> SOLN 1% | 3 | |
| AFTATE ATHLE POW FOOT 1% POWD 1% | 3 | |
| <i>aftate athlete's foot</i> AERO 1% | 3 | |
| ALEVAZOL OINT 1% | 3 | |
| ALOE VESTA 2-N-1 ANTIFUNG OINT 2% | 3 | |
| <i>antifungal</i> CREA 1%, 2% | 3 | |
| <i>athletes foot powder spra</i> AERP 2% | 3 | |
| AZOLEN TINCTURE SOLN 2% | 3 | |
| <i>butenafine hcl</i> CREA 1% | 3 | |
| <i>castellani paint</i> LIQD 1.5% | 3 | |
| <i>ciclopirox olamine</i> CREA .77% | 1 | QL (90 gm / 30 days) |
| <i>ciclopirox olamine</i> SUSP .77% | 1 | QL (60 mL / 30 days) |
| <i>clotrimazole (topical)</i> CREA 1% | 1 | QL (45 gm / 30 days) |
| <i>clotrimazole (topical)</i> SOLN 1% | 1 | QL (60 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 1 | QL (45 gm / 30 days) |
| CLOVERINE OIN SALVE | 3 | |
| <i>critic-aid clear af</i> OINT 2% | 3 | |
| CRUEX CRE 1% | 3 | |
| <i>cvs af spray powder</i> AERP 1% | 3 | |
| DESENEX MAX CREA 1% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>eql antifungal</i> CREA 1% | 3 | |
| FUNGOID TINCTURE KIT 2% | 3 | |
| <i>ketoconazole (topical)</i> CREA 2% | 1 | QL (60 gm / 30 days) |
| <i>klayesta</i> POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| LAMISIL ADVANCED GEL 1% | 3 | |
| MICATIN AERP 2% | 3 | |
| MICATIN CRE 2% | 3 | |
| MICATIN POW 2% POWD 2% | 3 | |
| NP-27 AERP 1%; CREA 1% | 3 | |
| NP-27 SOL 1% SOLN 1% | 3 | |
| <i>nyamyc</i> POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 1 | QL (30 gm / 30 days) |
| <i>nystatin (topical)</i> POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| <i>nystop</i> POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| <i>original ointment</i> | 3 | |
| <i>ra antifungal foot care</i> CREA 1% | 3 | |
| <i>remedy phytoplex antifung</i> POWD 2% | 3 | |
| TINACTIN AERO 1% | 3 | |
| <i>tolnaftate</i> POWD 1% | 3 | |
| DERMATOLOGY, ANTIHISTAMINES | | |
| <i>allergy cream</i> CREA 2% | 3 | |
| <i>allergy relief maximum st</i> | 3 | |
| BENADRYL CRE 2% EX ST | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| BENADRYL MAXIMUM STRENGTH SOLN 2% | 3 | |
| BENADRYL SPR 2-0.1% | 3 | |
| <i>diphenhydramine hcl (topical)</i> SOLN 2% | 3 | |
| <i>diphenhydramine-zinc acetate cream</i> 2-0.1% | 3 | |
| ITCH RELIEF CREA 2% | 3 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 1 | PA |
| <i>calcipotriene</i> CREA .005%; OINT .005% | 1 | QL (120 gm / 30 days), PA |
| <i>calcipotriene</i> SOLN .005% | 1 | QL (120 mL / 30 days), PA |
| <i>calcitrene</i> OINT .005% | 1 | QL (120 gm / 30 days), PA |
| <i>tazarotene</i> CREA .1% | 1 | QL (60 gm / 30 days), PA |
| TAZORAC CREA .05% | 2 | QL (60 gm / 30 days), PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketconazole (topical)</i> SHAM 2% | 1 | QL (120 mL / 30 days) |
| <i>selenium sulfide</i> LOTN 2.5% | 1 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> CREA 1%, 2.5% | 1 | |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 1 | QL (60 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% | 1 | QL (120 gm / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>betamethasone dipropionate (topical)</i> LOTN .05% | 1 | QL (120 mL / 30 days) |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> LOTN .05% | 1 | QL (120 mL / 30 days) |
| <i>betamethasone valerate</i> CREA .1%; OINT .1% | 1 | QL (120 gm / 30 days) |
| <i>betamethasone valerate</i> LOTN .1% | 1 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 1 | QL (60 gm / 30 days) |
| <i>clobetasol propionate</i> SOLN .05% | 1 | QL (50 mL / 30 days) |
| <i>clobetasol propionate e</i> CREA .05% | 1 | QL (60 gm / 30 days) |
| CORTIZONE-10 CRE 1% | 3 | |
| <i>cortizone-10 eczema</i> LOTN 1% | 3 | |
| CORTIZONE-10 OIN 1% | 3 | |
| CORTIZONE-10 SOL SCALP 1% SOLN 1% | 3 | |
| ENSTILAR AER | 2 | QL (120 gm / 30 days), PA |
| <i>eql anti-itch maximum str</i> OINT 1% | 3 | |
| <i>fluocinolone acetonide</i> CREA .01% | 1 | QL (60 gm / 30 days) |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025% | 1 | QL (120 gm / 30 days) |
| <i>fluocinolone acetonide</i> OIL .01% | 1 | QL (118.28 mL / 30 days) |
| <i>fluocinolone acetonide</i> SOLN .01% | 1 | QL (90 mL / 30 days) |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>fluocinonide</i> CREA .05% | 1 | QL (120 gm / 30 days) |
| <i>fluocinonide</i> GEL .05%; OINT .05% | 1 | QL (60 gm / 30 days) |
| <i>fluocinonide</i> SOLN .05% | 1 | QL (60 mL / 30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | 1 | QL (120 gm / 30 days) |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 1 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 1 | QL (50 gm / 30 days) |
| HYDROCORT CRE 0.5% | 3 | |
| HYDROCORT CRE 1% | 3 | |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| <i>hydrocortisone (topical)</i> CREA .5%; OINT .5%; SOLN 1% | 3 | |
| <i>hydrocortisone-aloe vera cream</i> 0.5% | 3 | |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 1 | |
| <i>tgt anti-itch/aloe maximu</i> | 3 | |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | 1 | QL (454 gm / 30 days) |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>glydo</i> PRSY 2% | 1 | QL (60 mL / 30 days), PA |
| <i>lidocaine</i> OINT 5% | 1 | QL (50 gm / 30 days), PA |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------|
| <i>lidocaine</i> PTCH 5% | 1 | QL (3 patches / 1 day), PA |
| <i>lidocaine hcl</i> SOLN 4% | 1 | QL (50 mL / 30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | 1 | B/D, QL (30 gm / 30 days) |
| <i>lidocan</i> PTCH 5% | 1 | QL (3 patches / 1 day), PA |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | | |
|---|---|--|
| A + D PERSON LOT | 3 | |
| <i>a+d first aid</i> | 3 | |
| ABREVA CREA 10% | 3 | |
| <i>absorbine jr back patch</i> PTCH 5% | 3 | |
| ACNE-AID BAR | 3 | |
| ACNO CLEANSE LIQ | 3 | |
| ACTIMARIS GEL WOUND | 3 | |
| <i>advanced healing ointment</i> OINT 41% | 3 | |
| AGREE SHA EX CLEAN | 3 | |
| <i>ala seb</i> | 3 | |
| ALCOHOL SOL /WG 70% | 3 | |
| <i>alcohol, rubbing</i> SOLN 70% | 3 | |
| ALLCLENZ LIQ | 3 | |
| <i>aloe vesta 2-n-1 body was</i> | 3 | |
| ALOE VESTA 2-N-1 SKIN CON LOTN 3% | 3 | |
| <i>alphasoft</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| ALUMINUM CHLORIDE CRYSTALS 25% | 3 | |
| <i>amedia triple zero lanolin</i> | 3 | |
| <i>americerin</i> | 3 | |
| AMERIGEL LOT BARRIER | 3 | |
| <i>ameriphor</i> | 3 | |
| <i>amlactin</i> CREA 12% | 3 | |
| AMMENS MEDIC POW | 3 | |
| <i>amplify relief mm</i> | 3 | |
| <i>analgesia</i> CREA 10% | 3 | |
| ANALPRAM-HC LOT 2.5% | 3 | |
| <i>anecream</i> CREA 4% | 3 | |
| <i>anecream5</i> CREA 5% | 3 | |
| <i>anti-dandruff shampoo</i> SHAM 1% | 3 | |
| ANTI-ITCH LOT 1% LOTN 1% | 3 | |
| <i>anti-itch medication</i> | 3 | |
| ANTIPHLOGIST CRE | 3 | |
| <i>antiseptic</i> SOLN 10% | 3 | |
| <i>antiseptic skin cleanser</i> SOLN 4% | 3 | |
| <i>anusol-hc</i> SUPP 25mg | 3 | |
| AQUA CARE CREA 10% | 3 | |
| <i>aqua care</i> CREA 10%; LOTN 10% | 3 | |
| <i>aqua lube</i> | 3 | |
| <i>aqua net conditon norm</i> | 3 | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| AQUAPHILIC OIN | 3 | |
| AQUAPHOR 3 IN 1 DIAPER RA CREA 15% | 3 | |
| AQUASITE PAD 4"X4" | 3 | |
| <i>arctic relief pain reliev</i> | 3 | |
| <i>arctic relief roll-on pai</i> GEL 4% | 3 | |
| ARGLAES POW | 3 | |
| <i>arthritis pain relieving</i> CREA .075% | 3 | |
| ASPERCREME/ALOE CREA 10% | 3 | |
| AVEENO ANTI- LOT ITCH | 3 | |
| AVEENO BABY SOOTHING RELI CREA 13% | 3 | |
| AVEENO SKIN OIL RELIEF | 3 | |
| <i>baby ease</i> OINT 30% | 3 | |
| BABY EYELID PAD CLEANSER | 3 | |
| BABY MONKEY CRE 2-12% | 3 | |
| <i>baby vitamin a & d</i> | 3 | |
| BALMEX CREA 11.3%; STCK 11.3% | 3 | |
| BALMEX ADULT CARE CREA 11.3% | 3 | |
| BALMEX COMPLETE PROTECTIO CREA 11.3% | 3 | |
| BASIS FACIAL CRE MOIST | 3 | |
| BAZA CLEANSE & PROTECT LOTN 2% | 3 | |
| BENGAY CRE GREASLES | 3 | |
| <i>bengay pain relief/massag</i> GEL 2.5% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|------------------------------|
| BENZOIN CMPD TIN | 3 | |
| <i>benzoin compound tincture</i> | 3 | |
| BENZOIN TIN | 3 | |
| <i>benzoin tincture</i> | 3 | |
| BERRI-FREEZ PAIN RELIEVIN LIQD 10% | 3 | |
| BETADINE OINT 10%; SOLN 5%, 10% | 3 | |
| BETADINE PREPSTICK SWAB 10% | 3 | |
| BETADINE SCR SOL 7.5% SOLN 7.5% | 3 | |
| BETASAL SHA 3% SHAM 3% | 3 | |
| <i>betasept surgical scrub</i> LIQD 4% | 3 | |
| <i>bexarotene (topical)</i> GEL 1% | 2 | QL (60 gm / 30 days), NM, PA |
| <i>biofreeze</i> AERO 10.5%; LIQD 10% | 3 | |
| <i>bl cold & hot therapy bal</i> | 3 | |
| BL ISOPROPYL ALCOHOL SOLN 91%, 99% | 3 | |
| <i>bl isopropyl rubbing alco</i> SOLN 70% | 3 | |
| BL ISOPROPYL RUBBING ALCO SOLN 70% | 3 | |
| BL MINERAL OIL LIGHT | 3 | |
| <i>bl wart remover</i> LIQD 17% | 3 | |
| BL WITCH HAZ LIQ 86% | 3 | |
| <i>blue gel</i> GEL 2% | 3 | |
| BLUE STAR OIN | 3 | |
| BORIC ACID GRA | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---------------------------------------|-----------------------------|---------------------------|
| <i>boric acid granules</i> | 3 | |
| BOUDREAUXS BUTT PASTE OINT 16% | 3 | |
| BULL FROG SPR MOSQUITO | 3 | |
| BURN SPRAY AER | 3 | |
| CALAMINE LOT | 3 | |
| CALAMINE LOT PHENOLAT | 3 | |
| <i>*calamine lotion***</i> | 3 | |
| <i>*calamine phenolated lotion***</i> | 3 | |
| <i>calamine plus</i> | 3 | |
| CALAMINE POW | 3 | |
| <i>calamine powder</i> | 3 | |
| CALAZIME SKN PST PROTECT | 3 | |
| CAMPHOR CRY | 3 | |
| <i>camphor crystals</i> | 3 | |
| <i>capsaicin</i> CREA .025%, .075% | 3 | |
| CAPSAICIN POW | 3 | |
| CAPZASIN-HP CREA .1% | 3 | |
| CAPZASIN-P CRE 0.025% CREA .025% | 3 | |
| <i>carb-o-philic/20</i> CREA 20% | 3 | |
| CARMOL 10 LOTN 10% | 3 | |
| CARMOL 20 CREA 20% | 3 | |
| <i>cerave baby</i> LOTN 1% | 3 | |
| CLORPACTIN WCS-90 POWD 2gm | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| COATS ALOE CREME CREA .5% | 3 | |
| COATS ALOE GELLY GEL .5% | 3 | |
| COATS ALOE MOISTURIZING L LOTN .5% | 3 | |
| COLEMAN 100 MAX INSECT RE LIQD 98.11% | 3 | |
| COLEMAN INSECT REPELLENT/ AERO 25% | 3 | |
| COLEMN BOTAN LIQ INSECT | 3 | |
| COLEMN INSEC SPR SKINSMAR | 3 | |
| COMFEEL FILM MIS | 3 | |
| COMPOUND W LIQD 17% | 3 | |
| COMPOUND W MAXIMUM STRENG GEL 17% | 3 | |
| <i>constant-clens</i> | 3 | |
| <i>corn fix</i> SOLN 17% | 3 | |
| <i>cottontails diaper rash c</i> OINT 10% | 3 | |
| COZIMA CREA 24% | 3 | |
| CUTTER ALL FAMILY MOSQUIT SHEE 7.15% | 3 | |
| <i>cvs alcohol</i> SOLN 91% | 3 | |
| <i>cvs anti-itch</i> | 3 | |
| <i>cvs anti-itch sensitive s</i> LOTN 1% | 3 | |
| <i>cvs hydrogen peroxide</i> SOLN 3% | 3 | |
| <i>cvs muscle rub</i> | 3 | |
| <i>cvs wart remover gel pen</i> GEL 17% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| DAKINS SOLUTION FULL STRE SOLN .5% | 3 | |
| DAKINS SOLUTION HALF STRE SOLN .25% | 3 | |
| DAKINS SOLUTION QUARTER S SOLN .125% | 3 | |
| DERMAGRAN OIN | 3 | |
| <i>dermamed</i> | 3 | |
| <i>*dermatological products misc - aerosol**</i> | 3 | |
| DERMAZINC SPRAY LIQD .25% | 3 | |
| <i>desitin</i> CREA 13% | 3 | |
| DESITIN OINT 40% | 3 | |
| DESITIN CREAMY OINT 10% | 3 | |
| DESITIN MAXIMUM STRENGTH PSTE 40% | 3 | |
| <i>desitin rapid relief</i> CREA 13% | 3 | |
| DHS TAR SHAM .5% | 3 | |
| DHS ZINC SHA 2% SHAM 2% | 3 | |
| <i>diaper rash</i> CREA 10% | 3 | |
| <i>dibucaine (rectal)</i> OINT 1% | 3 | |
| <i>dickinsons witch hazel</i> | 3 | |
| <i>diclofenac sodium (topical)</i> GEL 1% | 1 | QL (1000 gm / 30 days) |
| <i>docosanol</i> CREA 10% | 3 | |
| DR SMITHS ADULT BARRIER OINT 10% | 3 | |
| DR SMITHS ADULT BARRIER S AERO 10% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| DRS CHOICE KIT CLOSURE | 3 | |
| DY-O-DERM VITILIGO STAIN SOLN 6.55% | 3 | |
| <i>e-oil</i> OIL 400unit/ml | 3 | |
| <i>eck a & d</i> | 3 | |
| ECK IODINE TIN 2% | 3 | |
| EHA LOTION 4% LOTN 4% | 3 | |
| ELA-MAX CREA 4% | 3 | |
| ELA-MAX 5 CREA 5% | 3 | |
| ELTA SEAL MOISTURE BARRIE CREA 6% | 3 | |
| <i>*emollient - cream**</i> | 3 | |
| ENEGEL GEL | 3 | |
| <i>eq hygienic cleansing wip</i> | 3 | |
| <i>eq1 aloe after sun</i> | 3 | |
| ETHY ALCOHOL SOL 70% | 3 | |
| <i>fluorouracil (topical)</i> CREA 5% | 1 | QL (40 gm / 30 days) |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | 1 | QL (10 mL / 30 days) |
| FORAXA EMU | 3 | |
| <i>formaldehyde</i> SOLN 37% | 3 | |
| FORMALDEHYDE SOLN 37% | 3 | |
| <i>formulation r</i> | 3 | |
| FP ANTI-ITCH CRE MEDICATE | 3 | |
| FREEZE IT GEL 0.2-3.5% | 3 | |
| <i>fv iodine tincture</i> | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>geri-hydrolac</i> LOTN 5% | 3 | |
| <i>glycerin topical liquid</i> | 3 | |
| <i>glycolic acid</i> SOLN 70% | 3 | |
| <i>gnp arthritis pain relief</i> CREA .1% | 3 | |
| <i>gnp isopropyl alcohol</i> SOLN 99% | 3 | |
| GOLD BOND POW | 3 | |
| <i>gold bond rapid relief</i> | 3 | |
| GOLD DUST POW WOUND | 3 | |
| GOODSENSE CAPSAICIN ARTHR LIQD .15% | 3 | |
| <i>goodsense hemorrhoidal</i> | 3 | |
| <i>goodsense hemorrhoidal oi</i> | 3 | |
| <i>grx dyne swab</i> SWAB 10% | 3 | |
| <i>grx wound</i> | 3 | |
| <i>h-chlor 12</i> SOLN .125% | 3 | |
| <i>hca alcohol swabs</i> | 3 | |
| HCA GLYCERIN LIQ | 3 | |
| HCA HEMORRHO OIN | 3 | |
| <i>hemorrhoid</i> | 3 | |
| <i>hemorrhoidal</i> | 3 | |
| <i>hemorrhoidal cooling</i> | 3 | |
| <i>hemorrhoidal suppositorie</i> | 3 | |
| HEMORROID SUP 3% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| HIBICLENS LIQ 4% LIQD 4% | 3 | |
| HIBICLENS SOL 4% SOLN 4% | 3 | |
| HUGGIES DIAPER RASH CREAM CREA 10% | 3 | |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5% | 1 | |
| <i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i> | 3 | |
| HYDROGEN PEROXIDE SOLN 3% | 3 | |
| <i>hysept</i> SOLN .25%, .5% | 3 | |
| ICY HOT PAIN RELIEVING GE GEL 2.5% | 3 | |
| <i>imiquimod</i> CREA 5% | 1 | QL (24 packets / 30 days) |
| INSTACLEAN LIQ | 3 | |
| IODINE TIN 2% MILD | 3 | |
| IODINE TIN STRONG | 3 | |
| <i>*iodine tincture strong**</i> | 3 | |
| IODOFLEX PADS .9% | 3 | |
| IODOSORB GEL .9% | 3 | |
| <i>ionil-t</i> SHAM 1% | 3 | |
| <i>isopropyl alcohol 70%</i> | 3 | |
| ISOPROPYL ALCOHOL WIPES MISC 70% | 3 | |
| JESSNERS SOL | 3 | |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 1 | |
| LACTICARE LOT 5% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>lidocaine pain relief pat</i> PTCH 4% | 3 | |
| <i>*liniments & rubs - cream**</i> | 3 | |
| <i>*liniments & rubs - ointment**</i> | 3 | |
| LMX 4 CREA 4% | 3 | |
| LUXAMEND CRE | 3 | |
| 3M DURABLE CRE MOISTURI | 3 | |
| MEDERMA CRE SPF 30 | 3 | |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75% | 1 | QL (45 gm / 30 days) |
| <i>metronidazole (topical)</i> LOTN .75% | 1 | QL (59 mL / 30 days) |
| MOISTURE BARRIER CREA 5% | 3 | |
| <i>moisturel therapeutic</i> LOTN 3% | 3 | |
| <i>moisturizing lotion</i> LOTN 1.5% | 3 | |
| MUSCLE RUB CRE ULT STR | 3 | |
| MUSCLE RUB OIN | 3 | |
| 4-N-1 CREA 1% | 3 | |
| NATRAPEL LIQD 20% | 3 | |
| NATRAPEL 12-HOUR TICK & I AERO 20% | 3 | |
| <i>nitroglycerin (intra-anal)</i> OINT .4% | 1 | QL (30 gm / 30 days) |
| <i>noble formula</i> LIQD .25% | 3 | |
| NUPERCAINAL OINT 1% | 3 | |
| OCUSOFT LID AER ORIGINAL | 3 | |
| OPERAND CHLORHEXIDINE GLU LIQD 2% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| OXIPOR VHC LOT | 3 | |
| PANRETIN GEL .1% | 2 | QL (60 gm / 30 days), PA |
| PETROLATUM OIN | 3 | |
| PHARMABASE BARRIER OINT 9.38% | 3 | |
| PHENOL LIQ | 3 | |
| <i>phenol liquid</i> | 3 | |
| <i>phenylephrine in hard fat</i> | 3 | |
| <i>podofilox SOLN .5%</i> | 1 | QL (7 mL / 28 days) |
| POLAR FROST GEL 4% | 3 | |
| <i>povidone-iodine OINT 10%; SOLN 5%, 7.5%</i> | 3 | |
| POVIDONE-IODINE PREP PAD PADS 10% | 3 | |
| <i>powders POWD .1%</i> | 3 | |
| <i>pramoxine hcl (rectal) FOAM 1%</i> | 3 | |
| PREDATOR CREA 4% | 3 | |
| PREPARATIO H CRE TOTABLE | 3 | |
| PREPARATIO H GEL | 3 | |
| PREPARATION OIN H | 3 | |
| PROCORT CRE | 3 | |
| <i>procto-med hc CREA 2.5%</i> | 1 | |
| PROCTOCORT SUPP 30mg | 3 | |
| PROCTOFOAM AER HC 1% | 3 | |
| PROCTOFOAM AER NS 1% FOAM 1% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>proctosol hc</i> CREA 2.5% | 1 | |
| <i>proctozone-hc</i> CREA 2.5% | 1 | |
| <i>psoriasin</i> LIQD 3% | 3 | |
| PSORIASIS MEDICATED SKIN LIQD 3% | 3 | |
| <i>pyrithione zinc</i> SHAM 2% | 3 | |
| <i>ra body powder medicated</i> | 3 | |
| <i>ra medicated first aid sp</i> | 3 | |
| RECTIV OINT .4% | 2 | QL (30 gm / 30 days) |
| REMEDY CLEANSING BODY LOT LOTN 1.5% | 3 | |
| REMEDY PST CALAZIME | 3 | |
| REMEDY SKIN REPAIR CREA 1.5% | 3 | |
| REPEL SPORTSMEN MAX LOTN 40% | 3 | |
| RISAMINE OIN | 3 | |
| SARNA LOT | 3 | |
| <i>*scar treatment products - cream**</i> | 3 | |
| <i>scholls for her cracked s</i> CREA 1.5% | 3 | |
| SCYTERA FOAM 2% | 3 | |
| SEBULEX SHA | 3 | |
| SECURA EXTRA PROTECTIVE CREA 30.6% | 3 | |
| SELSUN BLUE LOTN 1% | 3 | |
| 2ND SKIN PAD MST BURN | 3 | |
| SKIN PROTECTANT MOISTURE CREA 12% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|----------------------------------|
| <i>*skin protectants misc - PSTE 49.8%</i> | 3 | |
| <i>sm anti-dandruff coal tar SHAM .5%</i> | 3 | |
| <i>*soap & cleansers - bar***</i> | 3 | |
| SOOTH-IT PAD PADS 50% | 3 | |
| STIMULEN LOT | 3 | |
| STOPAIN LIQD 8% | 3 | |
| SWEEN CRE | 3 | |
| <i>tacrolimus (topical) OINT .03%, .1%</i> | 1 | QL (100 gm / 30 days) |
| TANNIC ACID POW | 3 | |
| <i>tannic acid powder</i> | 3 | |
| <i>tgt hemorrhoidal supposit</i> | 3 | |
| THERAPLEX T SHAM 1% | 3 | |
| THERASEAL LOTN 1% | 3 | |
| TRIPLE PASTE OINT 12.8% | 3 | |
| VALCHLOR GEL .016% | 2 | QL (60 gm / 30 days), NM, LA, PA |
| VITAMIN A&D OIN | 3 | |
| WART OFF SOL 17% SOLN 17% | 3 | |
| <i>white petrolatum topical gel</i> | 3 | |
| WOUN'DRES GEL | 3 | |
| <i>*wound dressings - pads***</i> | 3 | |
| Z-BUM CREA 22% | 3 | |
| ZIKS ARTHRIT CRE RELIEF | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| ZINC OXIDE PSTE 25% | 3 | |
| <i>zinc oxide (topical)</i> OINT 20%, 40%; PSTE 25% | 3 | |
| ZOSTRIX NATURAL PAIN RELI CREA .033% | 3 | |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>a-200</i> AERO .5% | 3 | |
| <i>a-200 maximum strength</i> | 3 | |
| <i>bl permethrin</i> LIQD 1% | 3 | |
| <i>complete lice treatment k</i> | 3 | |
| <i>cvs permethrin</i> LOTN 1% | 3 | |
| END LICE M/S LIQ | 3 | |
| <i>hca lice shampoo</i> | 3 | |
| <i>malathion</i> LOTN .5% | 1 | QL (59 mL / 30 days) |
| NIX COMPLETE KIT LICE 1% | 3 | |
| NIX CREME LIQ RINSE 1% LIQD 1% | 3 | |
| <i>permethrin</i> CREA 5% | 1 | QL (60 gm / 30 days) |
| PERMETHRIN LOT 1% | 3 | |
| PRONTO SHA 0.33-4% | 3 | |
| <i>pyrethrins-piperonyl butoxide liq</i> 0.3-3% | 3 | |
| RID AERO .5% | 3 | |
| RID COMPLETE KIT LICE | 3 | |
| RID ESS LICE KIT 0.33-4% | 3 | |
| RID LIQ | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>DERMATOLOGY, WOUND CARE AGENTS</i> | | |
| REGRANEX GEL .01% | 2 | QL (30 gm / 30 days), PA |
| SANTYL OINT 250unit/gm | 2 | QL (180 gm / 30 days) |
| <i>sodium chloride (gu irrigant) SOLN .9%</i> | 1 | |
| <i>water for irrigation, sterile irrigation soln</i> | 1 | |
| <i>MOUTH/THROAT/DENTAL AGENTS</i> | | |
| ACTISEP SOL | 3 | |
| ACTISEP SPR | 3 | |
| <i>allevacaine SOLN 20%</i> | 3 | |
| ANBESOL GEL 10%; LIQD 10% | 3 | |
| <i>anbesol cold sore therapy</i> | 3 | |
| ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20% | 3 | |
| <i>*artificial saliva - solution***</i> | 3 | |
| ASTRING-O-SO LIQ MTHWASH | 3 | |
| BABY ANBESOL GEL 7.5% | 3 | |
| <i>baby oral pain GEL 7.5%</i> | 3 | |
| <i>baby teething GEL 7.5%</i> | 3 | |
| <i>baby teething pain medici GEL 7.5%</i> | 3 | |
| <i>benz-o-sthetic GEL 20%; LIQD 20%; SOLN 20%</i> | 3 | |
| BENZ-O-STHETIC SWAB 20% | 3 | |
| <i>benzodent CREA 20%</i> | 3 | |
| BLISTEX OIN MEDICATE | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--------------------------------------|-----------------------------|---------------------------|
| CAPHOSOL SOL | 3 | |
| <i>cavarest</i> GEL 1.1% | 3 | |
| CEPACOL LOZG 2mg | 3 | |
| CEPACOL DUAL SPR RELIEF | 3 | |
| CEPACOL FIZZLERS TBDP 6mg | 3 | |
| CEPACOL LOZ 15-2.3MG | 3 | |
| CEPACOL LOZ 15-20MG | 3 | |
| CEPACOL LOZ EXTRA ST | 3 | |
| CEPACOL LOZ INSTAMAX | 3 | |
| CEPACOL MAX LOZ NUMBING | 3 | |
| CEPACOL REGULAR STRENGTH LOZG 3mg | 3 | |
| CEPACOL SORE LOZ 10-2.1MG | 3 | |
| CEPACOL SORE LOZ 15-3.6MG | 3 | |
| CEPACOL SORE LOZ THRT MAX | 3 | |
| CEPACOL SORE SPR 0.1-33% | 3 | |
| CEPACOL SORE THROAT LOZG 5.4mg | 3 | |
| CEPACOL SORE THROAT/POST LOZG 5.4mg | 3 | |
| <i>cevimeline hcl</i> CAPS 30mg | 1 | |
| CHERACOL SORE THROAT LIQD 1.4% | 3 | |
| <i>cherry cough drops</i> | 3 | |
| <i>chloraseptic gargle</i> LIQD 1.4% | 3 | |
| CHLORASEPTIC LOZ 6-10MG | 3 | |

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| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|-----------------------------|
| CHLORASEPTIC LOZ CHERRY | 3 | |
| CHLORASEPTIC LOZ CITRUS | 3 | |
| CHLORASEPTIC LOZ HONY LEM | 3 | |
| CHLORASEPTIC LOZ MAX | 3 | |
| CHLORASEPTIC LOZ MENTHOL | 3 | |
| CHLORASEPTIC MIS | 3 | |
| CHLORASEPTIC MIS KIDS | 3 | |
| <i>chloraseptic warming sore</i> LOZG 15mg | 3 | |
| CHLORASEPTIC WARMING SORE LOZG 15mg | 3 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg | 1 | QL (150 lozenges / 30 days) |
| CONTROL DENT CRE ADHESIVE | 3 | |
| COUGH DROPS LOZG 2.7mg | 3 | |
| <i>cough drops</i> LOZG 3.1mg, 5mg, 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg, 7.6mg, 8mg, 8.4mg, 10mg | 3 | |
| <i>cough drops menthol</i> | 3 | |
| <i>cough drops sugar free</i> LOZG 5.8mg, 7.6mg | 3 | |
| <i>cvs baby teething oral pa</i> GEL 7.5% | 3 | |
| <i>cvs cherry menthol drops</i> | 3 | |
| <i>cvs cough drops sugar fre</i> LOZG 5.8mg, 7.6mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|--|-----------------------------|---------------------------|
| <i>cv's honey lemon drops</i> | 3 | |
| <i>cv's menthol drops</i> | 3 | |
| <i>cv's oral anesthetic maxim</i> GEL 20% | 3 | |
| <i>cv's oral pain reliever</i> PSTE 20% | 3 | |
| <i>cv's oral pain reliever ma</i> CREA 20%; PSTE 20% | 3 | |
| <i>cv's sore throat</i> | 3 | |
| <i>cv's sore throat maximum s</i> | 3 | |
| CVS SORE THROAT RELIEF PO LPOP 20mg | 3 | |
| <i>cv's throat relief pops ch</i> LPOP 10mg | 3 | |
| DADS MENTHOL THROAT DROP LOZG 3.5mg | 3 | |
| <i>dent-o-kain/20</i> LIQD 20% | 3 | |
| DENTIVA LOZ | 3 | |
| DENTS TOOTHACHE GUM GUM 20% | 3 | |
| <i>*denture care products - cream***</i> | 3 | |
| DIABETIC TUSSIN COUGH DRO LOZG 6mg | 3 | |
| DUAL RELIEF LIQ | 3 | |
| EFFERDENT PAK PWR CLN | 3 | |
| EFFERDENT TAB PLUS | 3 | |
| <i>eq cough drops sugar free</i> LOZG 5.8mg | 3 | |
| <i>eq'l cough drops</i> LOZG 5.8mg, 7.5mg, 7.6mg | 3 | |
| EZO CUSHIONS MIS LOW REG | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| FIRST-MOUTHW SUS BLM | 3 | |
| FRUIT FROSTERS LOZG 7mg | 3 | |
| G-BUCAL-C SOL 0.15-0.1 | 3 | |
| GILTUSS SPR BUCALSEP | 3 | |
| <i>gnp cough drops</i> LOZG 6.5mg, 7mg | 3 | |
| <i>gnp herbal</i> LOZG 4.8mg | 3 | |
| <i>gnp oral pain relief</i> LIQD 20% | 3 | |
| <i>gnp throat drops</i> LOZG 2.8mg | 3 | |
| <i>goodsense oral pain relie</i> GEL 20% | 3 | |
| GUMSOL LIQ | 3 | |
| GUMSOL SPR | 3 | |
| HURRICAINA AERO 20%; SOLN 20% | 3 | |
| <i>hurricane</i> GEL 20% | 3 | |
| HURRICAINA ONE SOLN 20% | 3 | |
| HURRICAINA SNAP-N-GO SWAB 20% | 3 | |
| HURRIPAK STARTER KIT KIT 20% | 3 | |
| <i>instant oral pain relief</i> GEL 20% | 3 | |
| <i>intense toothache pain re</i> GEL 20% | 3 | |
| <i>kank-a mouth pain</i> SOLN 20% | 3 | |
| <i>kourzeq</i> PSTE .1% | 1 | |
| <i>larynex</i> | 3 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 1 | |
| LITTLE COLDS COLD RELIEF LPOP 19mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| LITTLE COLDS SOOTHING THR STRP 19mg | 3 | |
| LITTLE TEETH GEL 7.5% | 3 | |
| <i>lollicaine</i> GEL 20% | 3 | |
| LUDENS DUAL LOZ RELIEF | 3 | |
| LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg | 3 | |
| <i>medikoff drops</i> LOZG 7.6mg | 3 | |
| <i>menthol cough drops</i> LOZG 5mg | 3 | |
| <i>*mouthwashes - liquid**</i> | 3 | |
| MUCINEX LIQ INSTASOO | 3 | |
| <i>natural herb cough drops</i> LOZG 3mg | 3 | |
| <i>nycoff</i> | 3 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | 1 | |
| ORA-FILM STRP 6% | 3 | |
| <i>oral analgesic maximum st</i> GEL 20%; LIQD 20%; PSTE 20% | 3 | |
| <i>oral anesthetic maximum s</i> PSTE 20% | 3 | |
| ORAMAGIC PLUS SUSR 10% | 3 | |
| ORASEP SPR | 3 | |
| <i>orastat maximum strength</i> GEL 20% | 3 | |
| <i>periogard</i> SOLN .12% | 1 | |
| PERMA-GRIP POW | 3 | |
| <i>perox-a-mint</i> SOLN 1.5% | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | 1 | |
| POLIGRIP MIS COMFORT | 3 | |
| POLIGRIP SUP CRE STRNG FR | 3 | |
| <i>qc cough drops</i> LOZG 5.8mg | 3 | |
| <i>qc sore throat</i> | 3 | |
| <i>ra cough drops</i> LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg | 3 | |
| <i>ra mouth pain anesthetic</i> LIQD 20% | 3 | |
| RICOLA CHERRY HERB SUGAR LOZG 2.6mg | 3 | |
| RICOLA CHERRY HONEY HERB LOZG 2mg | 3 | |
| <i>ricola honey lemon w/echi</i> LOZG 3.5mg | 3 | |
| RICOLA HONEY-HERB LOZG 2mg | 3 | |
| RICOLA LEMON MINT LOZG 1.5mg | 3 | |
| RICOLA LEMON MINT HERB SU LOZG 1.1mg | 3 | |
| RICOLA LOZ | 3 | |
| <i>ricola mountain herb suga</i> LOZG 4.8mg | 3 | |
| <i>ricola natural herb</i> LOZG 4.8mg | 3 | |
| SALESE LOZ | 3 | |
| SEA BOND BRI GEL CLEANSER | 3 | |
| SEA BOND WAF | 3 | |
| <i>sm cough drops</i> LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg | 3 | |
| <i>sm fruit coolers</i> LOZG 7mg | 3 | |

| Nombre del Medicamento | Nivel de medicamento | Requisitos/Límites |
|---|-----------------------------|---------------------------|
| <i>sm natural herb cough dro</i> LOZG 4.8mg | 3 | |
| <i>sore throat</i> | 3 | |
| SORE THROAT LOLLIPOPS LPOP 10mg | 3 | |
| <i>sore throat lozenges</i> | 3 | |
| SUCRETS SORE THROAT LOZG 2mg | 3 | |
| <i>tgt cough drops</i> LOZG 9.1mg | 3 | |
| <i>throat discs</i> | 3 | |
| <i>*throat lozenges - lozenges**</i> | 3 | |
| TOOTHACHE GEL 20-0.26% | 3 | |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1% | 1 | |
| <i>ultra throat lozenges</i> | 3 | |
| VICKS VAPODROPS LOZG 1.7mg, 3.3mg | 3 | |
| ZILACTIN BABY GEL 10% | 3 | |
| <i>zilactin-b</i> GEL 10% | 3 | |
| ZINC W/A&C LOZ | 3 | |
| OTIC | | |
| <i>antiseptic cleanser</i> SOLN 10% | 3 | |
| <i>auraphene-b</i> SOLN 6.5% | 3 | |
| <i>auro-dri</i> LIQD 95% | 3 | |
| HCA EAR WAX SOL 6.5% OT | 3 | |
| SWIM EAR LIQD 95% | 3 | |

Índice de medicamentos

| | |
|---|-----|
| * | |
| *artificial saliva - solution*** | 231 |
| *bacitracin-polymyxin b oint*** | 210 |
| *b-complex vitamin cap** | 167 |
| *b-complex vitamin elixir** | 167 |
| *b-complex vitamin sublingual liquid** | 167 |
| *b-complex w/ c & e + zn tab*** | 167 |
| *b-complex w/ c cap** | 167 |
| *b-complex w/ c tab er** | 167 |
| *b-complex w/ c tab** | 167 |
| *b-complex w/ folic acid tab** | 167 |
| *b-complex w/ minerals ta | 167 |
| *bioflavonoid products cap** | 168 |
| *bioflavonoid products chew tab** | 168 |
| *bioflavonoid products tab er** | 168 |
| *bioflavonoid products tab** | 168 |
| *bone meal w/ vitamin d tab*** | 148 |
| *calamine lotion*** | 220 |
| *calamine phenolated lotion*** | 220 |
| *calcium carbonate-vit d | 151 |
| *calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit** | 151 |
| *calcium carb-vit d w/ minerals chew tab 600 mg-400 unit*** | 150 |
| *camphor-eucalyptus-menthol - oint*** | 192 |
| *cobalamin combination sl tab*** | 169 |
| *cobalamin combination tab*** | 169 |
| *cod liver oil cap*** | 169 |
| *cod liver oil*** | 169 |
| *denture care products - cream*** | 234 |
| *dermatological products misc - aerosol** | 222 |
| *emollient - cream** | 223 |
| *flaxseed (linseed) cap 1200 mg*** | 161 |
| *flaxseed (linseed) oral oil*** | 161 |
| *flaxseed (linseed) oral powder*** | 161 |
| *glucosamine-chondroitin- | 161 |
| *iodine tincture strong** | 225 |
| *iron combination elixir* | 128 |
| *iron w/ vitamin liq** | 173 |
| *lactobacillus acidophilus-pectin cap** | 110 |
| *lactobacillus chew tab** | 110 |
| *lancets misc.*** | 102 |
| *lancets*** | 102 |
| *liniments & rubs - cream** | 226 |
| *liniments & rubs - ointment** | 226 |
| *mouthwashes - liquid** | 236 |
| *multiple minerals tab** | 156 |
| *multiple urine test strips*** | 103 |
| *multiple vitamin cap** | 174 |
| *multiple vitamin tab** | 174 |
| *multiple vitamins w/ calcium tab** | 174 |
| *multiple vitamins w/ min | 174 |
| *multiple vitamins w/ minerals tab** | 174 |
| *nutritional supplement liquid** | 162 |
| *omega-3 fatty acids cap 435 mg** | 163 |
| *oral electrolyte for soln*** | 144 |
| *oral electrolyte solution*** | 144 |
| *oral vehicles*** | 142 |
| *pediatric multiple vitam. | 175 |
| *pediatric multiple vitamin w/ minerals & c chew tab 60 mg** | 175 |
| *pediatric multiple vitamins w/ iron chew tab 12 mg** | 175 |
| *pediatric multiple vitamins w/ iron chew tab** | 175 |
| *scar treatment products - cream** | 228 |
| *skin protectants misc - | 229 |
| *soap & cleansers - bar*** | 229 |
| *sodium bicarbonate powder** | 108 |
| *throat lozenges - lozenges** | 238 |
| *vitamin mixture tab** | 178 |
| *vitamins a & d cap*** | 178 |
| *vitamins a & d tab*** | 178 |
| *vitamins w/ lipotropics cap** | 178 |
| *wound dressings - pads*** | 229 |
| 1 | |
| 12 hour cold | 197 |
| 1ST CHOICE MIS LANCETS | 101 |
| 1ST TIER UNI MIS 31GX5MM | 103 |
| 1ST TIER UNI MIS 31GX6MM | 103 |
| 1ST TIER UNI MIS 31GX8MM | 103 |
| 1ST TIER UNI MIS 32GX4MM | 104 |
| 2 | |
| 20/20 artificial tears | 182 |
| 24hr allergy relief | 188 |
| 2ND SKIN PAD MST BURN | 228 |

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| | |
|--|-----|
| 3 | |
| 3M AIR WARM MIS MASK | 197 |
| 3M DURABLE CRE MOISTURI | 226 |
| 4 | |
| 4-N-1 | 226 |
| 4-way fast acting | 204 |
| 4X PROBIOTIC TAB | 110 |
| 5 | |
| 50+ adult eye health | 165 |
| 6 | |
| 600+d3 plus minerals | 153 |
| 666 cold | 193 |
| 666 cold preparation..... | 193 |
| A | |
| A + D PERSON LOT | 216 |
| A + D PERSON MIS CARE WIP..... | 122 |
| a thru z advantage | 164 |
| a thru z select..... | 164 |
| a.r.m..... | 189 |
| A/BETA CAROT TAB 25000UNT | 164 |
| a/f pain relief | 10 |
| a+d first aid | 216 |
| a-10000 | 164 |
| A1C NOW KIT | 100 |
| a-200 | 230 |
| a-200 maximum strength..... | 230 |
| abacavir sulfate | 25 |
| abacavir sulfate-lamivudine tab 600-300 mg..... | 27 |
| abatinex..... | 108 |
| abatron af | 126 |
| ABATRON LIQ..... | 126 |
| ABC COMPLETE TAB WOMEN..... | 164 |
| abc-z -tr..... | 164 |
| abdek..... | 164 |
| ABDEK CAP..... | 164 |
| abdek pediatric | 164 |
| ABELCET | 24 |
| ABILIFY MAINTENA..... | 70 |
| abiraterone acetate | 37 |
| ABREVA..... | 216 |
| ABRYSVO..... | 135 |
| absorbine jr | 211 |
| absorbine jr back patch | 216 |

| | |
|---|---------|
| ACACIA POW | 138 |
| acacia powder..... | 138 |
| acamprosate calcium | 87 |
| acarbose..... | 89 |
| ACCU-CHECK TES COMFORT | 100 |
| ACCU-CHEK KIT FASTCLIX | 100 |
| accutane..... | 209 |
| acebutolol hcl | 60 |
| acephen..... | 10 |
| ACEROLA C-500 | 164 |
| acetadryl..... | 87, 189 |
| aceta-gesic..... | 189 |
| ACETAMIN POW | 138 |
| acetaminophen..... | 10 |
| acetaminophen junior stre..... | 10 |
| acetaminophen w/ codeine soln 120-12 mg/5ml..... | 18 |
| acetaminophen w/ codeine tab 300-15 mg | 18 |
| acetaminophen w/ codeine tab 300-30 mg | 18 |
| acetaminophen w/ codeine tab 300-60 mg | 18 |
| acetazolamide..... | 62 |
| acetic acid | 122 |
| ACETIC ACID | 138 |
| acetic acid (otic) | 185 |
| acetylcysteine | 204 |
| acid controller..... | 112 |
| acid gone | 106 |
| acid reducer..... | 121 |
| acid relief..... | 106 |
| ACIDOPHILUS | 108 |
| ACIDOPHILUS CAP..... | 108 |
| ACIDOPHILUS/ TAB CIT PECT | 109 |
| acitretin | 213 |
| acne 10..... | 209 |
| acne foaming wash | 209 |
| ACNE MEDICATION..... | 209 |
| acne medication 5..... | 209 |
| ACNE MEDICATION 5..... | 209 |
| ACNE-AID BAR..... | 216 |
| ACNEFREE KIT SEVERE..... | 209 |
| ACNO CLEANSE LIQ..... | 216 |
| acta-tabs pe | 190 |
| ACTHIB INJ | 135 |
| ACTICON SOL 1-30..... | 190 |
| ACTICON TAB 2-60MG | 190 |
| ACTIDOGESIC TAB 1-500MG..... | 190 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|-----|---|-----|
| <i>actidose/sorbitol</i> | 100 | AFTATE ATHLE POW FOOT 1%..... | 211 |
| <i>actifed cold/sinus</i> | 190 | <i>aftate athlete's foot</i> | 211 |
| ACTIFLOVIT TAB EAR HEAL..... | 164 | <i>af-tussin dm</i> | 190 |
| ACTIMARIS GEL WOUND..... | 216 | AGREE SHA EX CLEAN..... | 216 |
| ACTIMMUNE..... | 134 | AHIST..... | 186 |
| ACTINEL LIQ..... | 190 | AIMOVIG..... | 83 |
| ACTINEL LIQ PEDIATRI..... | 190 | AIRBORNE LOZ..... | 165 |
| ACTISEP SOL..... | 231 | AIRZONE PEAK MIS FLOW MTR..... | 190 |
| ACTISEP SPR..... | 231 | AKEEGA TAB 100/500..... | 37 |
| ACTITROM CAP..... | 164 | AKEEGA TAB 50/500MG..... | 37 |
| ACTIVE 55 LIQ PLUS..... | 165 | <i>ak-rinse</i> | 182 |
| ACTIVESSENT PAK..... | 165 | AKWA TEARS OIN OP..... | 182 |
| <i>acyclovir</i> | 29 | <i>ala seb</i> | 216 |
| <i>acyclovir sodium</i> | 29 | <i>ala-cort</i> | 213 |
| ADACEL INJ..... | 135 | ALAHIST CF TAB 10-2-20..... | 190 |
| ADALIMUMAB-AACF (2 PEN)..... | 130 | ALAHIST DM LIQ 7.5-2-15..... | 190 |
| <i>addaprin</i> | 15 | ALA-HIST IR..... | 186 |
| <i>added strength pain relie</i> | 10 | ALA-HIST PE TAB 2-10MG..... | 190 |
| <i>adefovir dipivoxil</i> | 29 | <i>alamag-plus</i> | 106 |
| ADEKS PEDIAT DRO..... | 165 | <i>alavert</i> | 186 |
| ADEMPAS..... | 64 | <i>alavert allergy/sinus</i> | 190 |
| ADJ LANCING MIS DEVICE..... | 100 | ALAVERT SYP..... | 186 |
| ADLT ONE DLY CHW GUMMIES..... | 165 | <i>alaway</i> | 181 |
| ADMELOG..... | 93 | <i>alba-3</i> | 210 |
| ADMELOG SOLOSTAR..... | 93 | ALBA-LYBE NR LIQ..... | 158 |
| <i>adprin b</i> | 10 | <i>albendazole</i> | 20 |
| ADRENAL TAB CALM..... | 165 | <i>albuterol sulfate</i> | 189 |
| <i>adsorbonac</i> | 182 | <i>alclometasone dipropionate</i> | 213 |
| <i>adult aspirin regimen</i> | 10 | ALCOHOL SOL /WG 70%..... | 216 |
| ADULT DISPOS MIS MOUTHPIE..... | 190 | ALCOHOL SOL DENATURE..... | 138 |
| ADULT OMEGA CHW PLUS DHA..... | 158 | <i>alcohol, rubbing</i> | 216 |
| ADVAIR HFA AER 115/21..... | 208 | ALCON SALINE SOL SEN EYES..... | 182 |
| ADVAIR HFA AER 230/21..... | 208 | <i>aldroxicon i</i> | 106 |
| ADVAIR HFA AER 45/21..... | 208 | ALDURAZYME..... | 100 |
| ADVANCED CA/ TAB D/MAGNES..... | 165 | ALECENSA..... | 41 |
| <i>advanced healing ointment</i> | 216 | <i>alendronate sodium</i> | 96 |
| ADVERA LIQ CHOCOLAT..... | 158 | <i>aler-cap</i> | 186 |
| ADVIL COLD/ TAB SINUS..... | 190 | ALEVAZOL..... | 211 |
| <i>advil junior strength</i> | 15 | ALEVE..... | 15 |
| ADVIL PM TAB 200-38MG..... | 87 | ALEVE COLD & TAB SINUS..... | 190 |
| <i>af-aspirin childrens</i> | 10 | <i>alfuzosin hcl</i> | 122 |
| <i>af-dibromm</i> | 190 | <i>aliskiren fumarate</i> | 63 |
| <i>af-dibromm dm</i> | 190 | ALIVE MULTI-VITAMIN CHILD..... | 165 |
| <i>af-ibup sinus</i> | 190 | ALKA SELTZER TAB HEARTBRN..... | 106 |
| <i>af-miconazole 7</i> | 123 | <i>alka-seltzer anti-gas</i> | 119 |
| <i>af-pseudoephedrine hcl</i> | 190 | ALKA-SELTZER CHW 750-80MG..... | 106 |
| <i>afrin saline nasal mist</i> | 204 | <i>alka-seltzer plus night c</i> | 190 |
| AFRIN SPR 0.05%..... | 190 | ALKA-SELTZER TAB 325MG..... | 10 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|-----|--|-----|
| ALKA-SELTZER TAB 500MG | 10 | <i>altazine moisture relief</i> | 181 |
| ALKA-SELTZER TAB GOLD..... | 106 | <i>altorex</i> | 126 |
| ALKA-SELTZER TAB PLS COLD | 190 | <i>alum (ammonium) powder</i> | 138 |
| <i>alkets</i> | 106 | ALUM AMMONIU POW..... | 138 |
| <i>all day allergy childrens</i> | 186 | ALUMINUM CHLORIDE..... | 217 |
| <i>all day allergy d-12</i> | 191 | ALUMINUM HYDROXIDE..... | 106 |
| <i>all day pain relief</i> | 15 | <i>aluminum hydroxide gel</i> | 106 |
| <i>all day pain relief sinus</i> | 191 | <i>aluminum hydroxide gel su</i> | 106 |
| ALLANTOIN POW | 138 | ALUNBRIG | 41 |
| ALLBEE-T TAB..... | 165 | ALUNBRIG PAK | 41 |
| ALLCLENZ LIQ | 216 | ALVAIZ..... | 129 |
| <i>aller-chlor</i> | 186 | ALVESCO..... | 207 |
| <i>aller-ease</i> | 187 | <i>amantadine hcl</i> | 68 |
| <i>aller-ease childrens</i> | 187 | <i>ambi 10peh/400gfn</i> | 191 |
| <i>allerest</i> | 191 | <i>ambi 10peh/400gfn/20dm</i> | 191 |
| <i>allergy</i> | 187 | <i>ambi 12.5cpd/1dcpm/30pse</i> | 191 |
| <i>allergy childrens</i> | 187 | <i>ambi 40pse/400gfn</i> | 191 |
| <i>allergy cream</i> | 212 | AMBI 60PSE/ TAB 400GFN..... | 191 |
| <i>allergy multi-symptom</i> | 191 | <i>ambitussin ac</i> | 191 |
| <i>allergy multi-symptom nig</i> | 191 | <i>ambizine</i> | 110 |
| <i>allergy rapid melts child</i> | 187 | <i>ambrisentan</i> | 64 |
| <i>allergy relief maximum st</i> | 212 | <i>ameda triple zero lanolin</i> | 217 |
| ALLERGY/SINU TAB HEADACHE | 191 | <i>americerin</i> | 217 |
| <i>allevacaine</i> | 231 | AMERIGEL LOT BARRIER..... | 217 |
| ALLFEN | 191 | <i>ameriphor</i> | 217 |
| <i>allfen dm</i> | 191 | <i>amikacin sulfate</i> | 20 |
| <i>all-nite multi-symptom co</i> | 191 | <i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i> | 62 |
| <i>allopurinol</i> | 10 | <i>amiloride hcl</i> | 62 |
| <i>almond oil (sweet)</i> | 138 | AMINO-MIN-D CAP..... | 165 |
| ALOE VESTA 2-N-1 ANTIFUNG | 211 | <i>amiodarone hcl</i> | 57 |
| <i>aloe vesta 2-n-1 body was</i> | 216 | <i>amitriptyline hcl</i> | 66 |
| ALOE VESTA 2-N-1 SKIN CON | 216 | <i>amlactin</i> | 217 |
| ALOE VESTA LIQ WHIRLBTH | 191 | <i>amlodipine besylate</i> | 61 |
| <i>alophen</i> | 113 | <i>amlodipine besylate-benazepril hcl cap 10-</i> <i>20 mg</i> | 52 |
| <i>alose tron hcl</i> | 119 | <i>amlodipine besylate-benazepril hcl cap 10-</i> <i>40 mg</i> | 52 |
| ALP HIGH3 CAP 600MG | 158 | <i>amlodipine besylate-benazepril hcl cap 2.5-</i> <i>10 mg</i> | 52 |
| <i>alpha betic</i> | 158 | <i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i> | 52 |
| ALPHA LIPOIC ACID | 158 | <i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i> | 52 |
| ALPHA-LIPOIC ACID..... | 158 | <i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i> | 52 |
| <i>alpha-lipoic acid (thioctic acid)</i> | 158 | <i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i> | 54 |
| <i>alphasoft</i> | 216 | | |
| <i>alph-e-mixed</i> | 165 | | |
| <i>alph-e-mixed 1000</i> | 165 | | |
| <i>alprazolam</i> | 65 | | |
| ALREX..... | 180 | | |
| <i>altalube</i> | 182 | | |
| <i>altarussin</i> | 191 | | |
| <i>altarussin dm</i> | 191 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 242
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | | | |
|---|-----|---|-----|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 54 | <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 81 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 10 mg</i> | 81 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 81 |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 15 mg</i> | 81 |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 20 mg</i> | 81 |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 30 mg</i> | 81 |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 54 | <i>amphetamine-dextroamphetamine tab 5 mg</i> | 81 |
| AMMENS MEDIC POW..... | 217 | <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 81 |
| AMMONIUM GRA CHLORIDE..... | 138 | <i>amphotericin b</i> | 24 |
| <i>amnesteem</i> | 209 | <i>amphotericin b liposome</i> | 24 |
| <i>amoxapine</i> | 66 | <i>ampicillin</i> | 34 |
| <i>amoxicillin</i> | 33 | <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 34 |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 33 | <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 34 |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 33 | <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 34 |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 33 | <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 34 |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 33 | <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 34 |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 33 | <i>ampicillin sodium</i> | 34 |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 34 | <i>amplify relief mm</i> | 217 |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 34 | <i>anacin</i> | 10 |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 34 | ANACIN TAB 400-30MG..... | 11 |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 34 | ANACIN TAB MAX STR..... | 11 |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 34 | <i>anagrelide hcl</i> | 129 |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 81 | <i>analgesia</i> | 217 |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 81 | ANALPRAM-HC LOT 2.5%..... | 217 |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 81 | <i>anastrozole</i> | 38 |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 81 | ANBESOL..... | 231 |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 81 | <i>anbesol cold sore therapy</i> | 231 |
| | | ANBESOL MAXIMUM STRENGTH..... | 231 |
| | | <i>anecream</i> | 217 |
| | | <i>anecream5</i> | 217 |
| | | <i>animal chewable multiple</i> | 165 |
| | | <i>animal chews</i> | 165 |
| | | ANIMAL SHAPE CHW IRON..... | 165 |
| | | <i>animal shapes plus extra</i> | 165 |
| | | ANISE FLAVOR OIL..... | 138 |
| | | ANORO ELLIPT AER 62.5-25..... | 185 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|-----|---|-----|
| <i>antacid</i> | 106 | AQUASOL E CAP 400IU | 166 |
| ANTACID..... | 106 | <i>aquavit-e</i> | 166 |
| <i>antacid double strength</i> | 106 | ARALAST NP | 204 |
| <i>antacid extra strength</i> | 106 | ARCALYST..... | 134 |
| <i>antacid ultra strength</i> | 106 | <i>arctic relief pain relief</i> | 218 |
| <i>anti gas</i> | 119 | <i>arctic relief roll-on pai</i> | 218 |
| ANTIBIOTIC CRE | 210 | AREXVY..... | 135 |
| <i>anti-dandruff shampoo</i> | 217 | <i>arginine</i> | 158 |
| <i>anti-diarrheal</i> | 109 | ARGININE | 158 |
| <i>antifungal</i> | 211 | ARGININE CAP 500 MG | 158 |
| ANTI HIST NAS TAB DECONGES | 191 | ARGININE2000 | 158 |
| ANTI-ITCH LOT 1% | 217 | ARGLAES POW | 218 |
| <i>anti-itch medication</i> | 217 | <i>aripiprazole</i> | 70 |
| ANTIMINTH SUS 250/5ML | 20 | ARISTADA..... | 70 |
| ANTIOXIDANT CAP | 165 | ARISTADA INITIO..... | 70 |
| ANTIOXIDANT CHW VITAMINS..... | 165 | <i>armodafinil</i> | 86 |
| <i>antioxidant pack</i> | 165 | ARNUITY ELLIPTA..... | 207 |
| ANTIPHLOGIST CRE | 217 | <i>arthritis pain reliever</i> | 11 |
| <i>antiseptic</i> | 217 | <i>arthritis pain relieving</i> | 218 |
| <i>antiseptic cleanser</i> | 238 | <i>arthx ds</i> | 158 |
| <i>antiseptic skin cleanser</i> | 217 | <i>artificial tears</i> | 182 |
| ANTITUSS CG/ SYP CODEINE | 191 | <i>ascarel</i> | 20 |
| <i>anusol-hc</i> | 217 | ASCENSIA MIS AUTODISC..... | 100 |
| APACET CHW 80MG | 11 | ASCOCID POW..... | 166 |
| APATATE LIQ..... | 165 | ASCOCID-1000 TAB | 166 |
| APETEX ELX..... | 165 | ASCORBIC ACD POW | 138 |
| APETIGEN TAB PLUS..... | 165 | <i>ascorbic acid</i> | 166 |
| APETIGEN-PLS SOL..... | 166 | <i>ascorbic acid oral crystals</i> | 166 |
| <i>apetonic</i> | 166 | ASCRIPITIN TAB..... | 11 |
| AP-HIST DM LIQ 7.5-4-15..... | 191 | <i>asenapine maleate</i> | 70 |
| APPEAREX | 166 | <i>aspercreme arthritis pain</i> | 11 |
| <i>aprepitant</i> | 110 | ASPERCREME/ALOE | 218 |
| <i>aprepitant capsule therapy pack 80 & 125</i> <i>mg</i> | 110 | <i>aspirin</i> | 11 |
| APTIOM | 74 | ASPIRIN | 11 |
| APTIVUS | 25 | <i>aspirin 81</i> | 11 |
| <i>aqua care</i> | 217 | <i>aspirin adult low dose</i> | 11 |
| AQUA CARE | 217 | <i>aspirin adult low strengt</i> | 11 |
| <i>aqua lube</i> | 217 | <i>aspirin buffered tab 500 mg</i> | 11 |
| <i>aqua net conditon norm</i> | 217 | <i>aspirin ec low dose</i> | 11 |
| AQUABASE OIN..... | 138 | <i>aspirin enteric coated ad</i> | 11 |
| AQUA-E | 166 | <i>aspirin low dose</i> | 11 |
| AQUANAZ TAB..... | 191 | <i>aspirin powder</i> | 11 |
| AQUAPHILIC OIN..... | 218 | <i>aspirin regimen</i> | 11 |
| AQUAPHOR 3 IN 1 DIAPER RA | 218 | <i>aspirin-caffeine tab 400-32 mg</i> | 11 |
| AQUASITE PAD 4..... | 218 | <i>aspirin-dipyridamole cap er 12hr 25-200</i> <i>mg</i> | 130 |
| AQUASOL E..... | 166 | <i>aspir-low</i> | 11 |
| AQUASOL E CAP 100IU..... | 166 | ASSURE ID MIS 30GX3/16 | 101 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 244
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | |
|--|--------|
| ASSURE ID MIS 30GX5/16..... | 101 |
| ASTAGRAF XL..... | 134 |
| <i>asthmanefrin refill</i> | 204 |
| ASTRING-O-SO LIQ MTHWASH..... | 231 |
| <i>atazanavir sulfate</i> | 25 |
| <i>atenolol</i> | 60 |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 60 |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> ... | 60 |
| <i>athletes foot powder spra</i> | 211 |
| <i>atomoxetine hcl</i> | 81, 82 |
| <i>atorvastatin calcium</i> | 58 |
| <i>atovaquone</i> | 20 |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 25 |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 25 |
| ATROPINE SULFATE..... | 182 |
| <i>atropine sulfate (ophthalmic)</i> | 183 |
| ATROVENT HFA..... | 186 |
| AUGTYRO..... | 41 |
| <i>auraphene-b</i> | 238 |
| <i>auro-dri</i> | 238 |
| AUSTEDO..... | 84 |
| AUSTEDO XR..... | 84 |
| AUSTEDO XR TAB TITR KIT..... | 84 |
| AUTOLET PLAT MIS 1.8MM..... | 101 |
| AUVELITY TAB 45-105MG..... | 66 |
| AVAIL TAB..... | 166 |
| AVEENO ANTI- LOT ITCH..... | 218 |
| AVEENO BABY SOOTHING RELI..... | 218 |
| AVEENO SKIN OIL RELIEF..... | 218 |
| <i>ayr nasal drops</i> | 204 |
| AYR NASAL DROPS..... | 204 |
| AYR NASAL MIST ALLERGY &..... | 204 |
| AYR SALINE KIT NETI RNS..... | 204 |
| <i>ayr saline nasal</i> | 204 |
| AYVAKIT..... | 41 |
| <i>azacitidine</i> | 36 |
| <i>azathioprine</i> | 134 |
| <i>azelastine hcl</i> | 187 |
| <i>azelastine hcl (ophth)</i> | 181 |
| <i>azithromycin</i> | 32 |
| <i>azo dine</i> | 122 |
| <i>azo dine maximum strength</i> | 122 |
| <i>azo d-mannose</i> | 158 |
| AZOLEN TINCTURE..... | 211 |
| <i>aztreonam</i> | 20 |

B

| | |
|---|-----|
| <i>b complete</i> | 166 |
| B COMPLEX +C TAB TR..... | 166 |
| <i>b complex maxi</i> | 166 |
| B COMPLEX TAB FORM #1..... | 166 |
| B COMPLEX/FO TAB..... | 166 |
| B-1..... | 166 |
| <i>b-100</i> | 167 |
| B-100 COMPLX TAB..... | 167 |
| <i>b-100 tr</i> | 167 |
| B-12..... | 167 |
| B-12 DOTS..... | 167 |
| B-12 DUAL SPECTRUM..... | 167 |
| <i>b12 fast dissolve</i> | 166 |
| B-12 QUICK DISSOLVE..... | 167 |
| B-12 SUB 1000MCG..... | 167 |
| B-12 SUPER STRENGTH..... | 167 |
| <i>b-12 tr</i> | 167 |
| B-6..... | 166 |
| BABY ANBESOL..... | 231 |
| BABY DARLNG POW PED ELEC..... | 144 |
| BABY DDROPS..... | 167 |
| <i>baby ease</i> | 218 |
| BABY EYELID PAD CLEANSER..... | 218 |
| BABY MONKEY CRE 2-12%..... | 218 |
| <i>baby oral pain</i> | 231 |
| <i>baby super daily d3</i> | 167 |
| <i>baby teething</i> | 231 |
| <i>baby teething pain medici</i> | 231 |
| <i>baby vitamin</i> | 168 |
| <i>baby vitamin a & d</i> | 218 |
| <i>baby vitamin/iron</i> | 168 |
| BACIGUENT..... | 210 |
| <i>bacitracin (ophthalmic)</i> | 179 |
| <i>bacitracin (topical)</i> | 210 |
| <i>bacitracin zinc</i> | 210 |
| <i>bacitracin-polymyxin b ophth oint</i> | 179 |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 178 |
| BACK PAINOFF TAB..... | 11 |
| <i>baclofen</i> | 86 |
| BAFIERTAM..... | 85 |
| BALANCE B-50 TAB..... | 168 |
| BALMEX..... | 218 |
| BALMEX ADULT CARE..... | 218 |
| BALMEX COMPLETE PROTECTIO..... | 218 |
| <i>balsalazide disodium</i> | 113 |
| BALVERSA..... | 41 |

| | | | |
|---|-----|--|-------------|
| <i>banophen</i> | 187 | BENZOIN TIN | 219 |
| BARACLUDE..... | 29 | <i>benzoin tincture</i> | 219 |
| BASAGLAR KWIKPEN | 93 | <i>benzonatate</i> | 192 |
| BASIS FACIAL CRE MOIST..... | 218 | <i>benz-o-sthetic</i> | 231 |
| <i>bayer aspirin ec low dose</i> | 11 | BENZ-O-STHETIC | 231 |
| <i>bayer chewable low dose</i> | 12 | <i>benzoyl peroxide</i> | 209 |
| <i>bayer low dose</i> | 12 | <i>benzoyl peroxide cleanser</i> | 209 |
| BAYER PLUS TAB 500MG..... | 12 | BENZOYL PEROXIDE CLEANSER..... | 209 |
| BAYER PM TAB 38.3-500..... | 87 | <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 209 |
| BAYER WOMENS TAB 81-300MG | 12 | <i>benztropine mesylate</i> | 68 |
| BAZA CLEANSE & PROTECT | 218 | BENZYL ALC LIQ | 138 |
| BC FAST PAIN POW RELIEF..... | 12 | BERINERT | 129 |
| BC FAST PAIN POW RLF ARTH | 12 | BERRI-FREEZ PAIN RELIEVIN | 219 |
| BCG VACCINE..... | 135 | BESIVANCE..... | 179 |
| BD ALCOHOL SWABS | 94 | BESREMI | 39 |
| BD GLUCOSE | 99 | BETA CAROTEN CAP 25000UNT..... | 168 |
| BD PEN NEEDL MIS 29GX12.7 | 101 | <i>beta carotene</i> | 168 |
| BD PEN NEEDL MIS 32GX6MM..... | 101 | BETADINE..... | 219 |
| BEELITH TAB..... | 148 | BETADINE PREPSTICK | 219 |
| BELL-ANS TAB 650MG | 106 | BETADINE SCR SOL 7.5%..... | 219 |
| BENADRYL ALLERGY | 187 | <i>betaine powder for oral solution</i> | 101 |
| BENADRYL CAP 25MG | 187 | <i>betamethasone dipropionate (topical)</i> | 213, 214 |
| BENADRYL CRE 2% EX ST..... | 212 | <i>betamethasone dipropionate augmented</i> | 214 |
| BENADRYL MAXIMUM STRENGTH..... | 213 | <i>betamethasone valerate</i> | 214 |
| BENADRYL SPR 2-0.1%..... | 213 | BETASAL SHA 3% | 219 |
| BENADRYL TAB 25MG | 187 | <i>betasept surgical scrub</i> | 219 |
| BENADRYL TAB ALL/COLD..... | 191 | BETASERON..... | 85 |
| <i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> | 52 | <i>betaxolol hcl</i> | 60 |
| <i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> | 52 | <i>betaxolol hcl (ophth)</i> | 181 |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 52 | <i>bethanechol chloride</i> | 122 |
| <i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i> | 52 | BETOPTIC-S..... | 181 |
| <i>benazepril hcl</i> | 53 | BEVESPI AER 9-4.8MCG | 185 |
| BENDEKA..... | 36 | <i>bexarotene</i> | 40 |
| <i>benefiber on the go</i> | 113 | <i>bexarotene (topical)</i> | 219 |
| BENEFIBER POW | 113 | BEXSERO INJ | 135 |
| BENGAY CRE GREASLES | 218 | <i>bicalutamide</i> | 38 |
| <i>bengay pain relief/massag</i> | 218 | BICARSIM | 119 |
| BENLYSTA | 134 | BICARSIM FORTE..... | 119 |
| BENYLIN SYP 15MG/5ML..... | 192 | BICILLIN L-A | 34 |
| BENYLIN-DME LIQ | 192 | <i>bidex</i> | 192 |
| BENZEDREX INH | 192 | BIFERA TAB 28MG..... | 126 |
| <i>benzodent</i> | 231 | BIKTARVY TAB 30-120-15 MG | 27 |
| BENZOIN CMPD TIN..... | 219 | BIKTARVY TAB 50-200-25 MG | 27 |
| <i>benzoin compound tincture</i> | 219 | BILI-LABSTIX TES STRIPS | 101 |
| | | <i>bio t pres</i> | 192 |
| | | BIO-D-MULSION | 168 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 246
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | | | |
|--|-----|---|--------|
| BIO-D-MULSION FORTE | 168 | <i>bl mineral oil</i> | 114 |
| <i>biofed</i> | 192 | BL MINERAL OIL LIGHT | 219 |
| BIOFLAVINOID POW LEMON | 138 | BL MOTION SI TAB 25MG | 110 |
| BIOFLAVONOID POW CITRUS | 138 | <i>bl natural fiber</i> | 114 |
| BIO-FLAX | 158 | <i>bl niacin tr</i> | 168 |
| <i>biofreeze</i> | 219 | <i>bl permethrin</i> | 230 |
| <i>bioginkgo 24/6</i> | 158 | BL PETROLEUM OIN JELLY | 139 |
| <i>biolle gel tears</i> | 183 | <i>bl prenatal vitamins</i> | 168 |
| <i>biolle tears</i> | 183 | <i>bl wart remover</i> | 219 |
| <i>biotin</i> | 168 | BL WITCH HAZ LIQ 86% | 219 |
| BIOTIN | 168 | BLENDED SUSP SUS COMPOUND | 139 |
| BIOTIN FORTE TAB | 168 | BLINK TEARS LUBRICATING E | 183 |
| BIOTIN FORTE TAB /ZINC | 168 | BLISTEX OIN MEDICATE | 231 |
| BIOVOL SYP | 168 | <i>blue gel</i> | 219 |
| <i>bisac-evac</i> | 113 | BLUE STAR OIN | 219 |
| BISMUTH POW SUBNITRA | 139 | B-NATAL | 167 |
| BISMUTH SUBC POW | 139 | BONE MEAL TAB | 148 |
| <i>bismuth subcarbonate powder</i> | 139 | <i>bonine</i> | 110 |
| <i>bismuth subnitrate powder</i> | 139 | BOOSTRIX INJ | 135 |
| <i>bismuth subsalicylate</i> | 109 | BORIC ACID GRA | 219 |
| <i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i> | 60 | <i>boric acid granules</i> | 220 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i> | 60 | <i>boric acid powder</i> | 139 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i> | 60 | <i>bortezomib</i> | 41 |
| <i>bisoprolol fumarate</i> | 60 | BOORTEZOMIB | 41 |
| BIVIGAM | 133 | <i>bosentan</i> | 64 |
| BL BORIC ACI POW | 139 | BOSULIF | 41, 42 |
| <i>bl brewers yeast</i> | 168 | BOUDREAUXS BUTT PASTE | 220 |
| <i>bl calcium 500/d</i> | 148 | BPROTECT PED DRO TRI-VITE | 168 |
| <i>bl calcium 600 + d</i> | 148 | BRAFTOVI | 42 |
| <i>bl calcium citrate+d</i> | 148 | BREO ELLIPTA INH 100-25 | 208 |
| <i>bl calcium/magnesium/zinc</i> | 148 | BREO ELLIPTA INH 200-25 | 208 |
| <i>bl cold & hot therapy bal</i> | 219 | BREO ELLIPTA INH 50-25MCG | 208 |
| <i>bl epsom salt</i> | 113 | BREZTRI AERO AER SPHERE | 186 |
| <i>bl flax seed oil</i> | 158 | BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 186 |
| BL GLUCOSE | 100 | BRILINTA | 130 |
| BL GLYCERIN LIQ | 139 | <i>brimonidine tartrate</i> | 181 |
| <i>bl headache pm</i> | 87 | <i>brinzolamide</i> | 181 |
| <i>bl iron</i> | 126 | BRIVIACT | 74, 75 |
| BL ISOPROPYL ALCOHOL | 219 | BROHIST D TAB 4-10MG | 192 |
| <i>bl isopropyl rubbing alco</i> | 219 | <i>bromfed dm</i> | 192 |
| BL ISOPROPYL RUBBING ALCO | 219 | <i>bromfenac sodium (ophth)</i> | 180 |
| <i>bl laxative pills</i> | 114 | <i>bromocriptine mesylate</i> | 69 |
| <i>bl magnesium</i> | 148 | BROMSITE | 180 |
| <i>bl magnesium citrate</i> | 114 | <i>bronchial mist</i> | 204 |
| <i>bl miconazole 3</i> | 124 | BRONCHITOL | 205 |
| | | <i>broncho saline</i> | 192 |
| | | BROTAPP DM LIQ 15-1-5/5 | 192 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 247
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | |
|---|-----|
| BRUKINSA..... | 42 |
| BUBBLE GUM SYP..... | 139 |
| <i>budesonide</i> | 113 |
| <i>budesonide (inhalation)</i> | 207 |
| <i>buffered salt</i> | 144 |
| BUFFERIN AF TAB NITETIME..... | 87 |
| <i>bufferin extra strength</i> | 12 |
| BUFFERIN TAB 325MG..... | 12 |
| BUFFERIN TAB 500MG..... | 12 |
| BULL FROG SPR MOSQUITO..... | 220 |
| <i>bumetanide</i> | 62 |
| <i>buprenorphine</i> | 17 |
| <i>buprenorphine hcl</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 87 |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 87 |
| <i>bupropion hcl</i> | 66 |
| <i>bupropion hcl (smoking deterrent)</i> | 87 |
| BURN SPRAY AER..... | 220 |
| <i>buspirone hcl</i> | 65 |
| <i>butenafine hcl</i> | 211 |
| <i>butorphanol tartrate</i> | 18 |
| BYDUREON BCISE..... | 89 |
| BYETTA..... | 89 |
| c | |
| CA GLUCONATE TAB 50MG..... | 149 |
| CA HI-CAL/D TAB 500MG..... | 149 |
| CA PHOS DIHY POW DIBASIC..... | 149 |
| CA/MG TAB..... | 149 |
| CA/MG/ZN TAB..... | 149 |
| <i>cabergoline</i> | 101 |
| CABOMETYX..... | 42 |
| CAL CIT MAL/ TAB VITAMIND..... | 149 |
| CAL/MAG TAB CHEW..... | 149 |
| CAL/MAG/VITD TAB..... | 149 |
| CALAMINE LOT..... | 220 |
| CALAMINE LOT PHENOLAT..... | 220 |
| <i>calamine plus</i> | 220 |
| CALAMINE POW..... | 220 |

| | |
|---|----------|
| <i>calamine powder</i> | 220 |
| CALAZIME SKN PST PROTECT..... | 220 |
| CALC CHEWABL CHW 600 PLUS..... | 149 |
| CALC CIT+D3 TAB 250-200..... | 149 |
| CALC/MAGNES TAB 333-167..... | 149 |
| CALC/VIT D3 CHW 200-200..... | 149 |
| CALC/VIT D3 CHW DISNEY..... | 149 |
| <i>calcarb 600</i> | 149 |
| <i>calcarb 600/vitamin d</i> | 149 |
| CALCET CHW BITES..... | 149 |
| CALCET PETIT TAB 200-250..... | 149 |
| <i>calci-chew</i> | 149 |
| CALCI-CHEW..... | 149 |
| <i>calcidol</i> | 169 |
| CALCI-MAX CAP..... | 169 |
| CALCI-MIX..... | 150 |
| <i>calcio del mar</i> | 150 |
| <i>calcipotriene</i> | 213 |
| <i>calcitonin (salmon) spray</i> | 96 |
| <i>calcitrate</i> | 150 |
| CAL-CITRATE..... | 168 |
| CAL-CITRATE TAB PLUS D..... | 149 |
| <i>calcitrene</i> | 213 |
| <i>calcitriol</i> | 105 |
| <i>calcitriol (oral)</i> | 105 |
| <i>calcium</i> | 150 |
| CALCIUM 1000 TAB + D..... | 150 |
| <i>calcium 1200+d3</i> | 150 |
| <i>calcium 500/d</i> | 150 |
| <i>calcium 500+d high potenc</i> | 150 |
| <i>calcium 600 + d</i> | 150 |
| <i>calcium 600 mg w/ vitamin d tab</i> | 150 |
| <i>calcium 600 with vitamin</i> | 150 |
| <i>calcium 600-d</i> | 150 |
| CALCIUM ACETATE..... | 150 |
| <i>calcium acetate (phosphate binder)</i> | 104 |
| <i>calcium ascorbate</i> | 169 |
| CALCIUM CARB POW..... | 150 |
| CALCIUM CARB TAB 600MG..... | 150 |
| <i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i> | 150 |
| <i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i> | 150 |
| <i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i> | 150 |
| <i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i> | 150 |
| CALCIUM CARBONATE..... | 106, 151 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|----------|
| <i>calcium carbonate (antacid)</i> | 106, 151 |
| <i>calcium carbonate powder</i> | 151 |
| <i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i> | 151 |
| <i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i> | 151 |
| <i>calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)</i> | 151 |
| CALCIUM CIT/ TAB VIT D..... | 151 |
| CALCIUM CITR TAB + D | 151 |
| CALCIUM CITRATE..... | 151 |
| <i>calcium citrate + d3</i> | 151 |
| <i>calcium citrate plus</i> | 169 |
| <i>calcium citrate-vitamin d tab 1500 mg-200 unit</i> | 151 |
| <i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i> | 151 |
| <i>calcium gluconate</i> | 151 |
| CALCIUM GLUCONATE | 151 |
| <i>calcium gluconate powder</i> | 151 |
| <i>calcium gummies</i> | 151 |
| <i>calcium hydroxide powder</i> | 139 |
| <i>calcium lactate</i> | 152 |
| CALCIUM LACTATE | 152 |
| <i>calcium liquid caps</i> | 152 |
| <i>calcium pantothenate</i> | 169 |
| <i>calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)</i> | 152 |
| CALCIUM PLUS CAP VIT D | 152 |
| <i>calcium polycarbophil</i> | 114 |
| CALCIUM POW SACCHARA | 139 |
| CALCIUM SOFT CHW CARAMEL..... | 152 |
| CALCIUM TAB 600MG | 152 |
| CALCIUM TAB FORMULA..... | 152 |
| <i>calcium w/ magnesium tab 333-167 mg</i> 152 | |
| <i>calcium w/ magnesium tab 500-250 mg</i> 152 | |
| <i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i> | 152 |
| CALCIUM/C/D CHW 500MG..... | 152 |
| CALCIUM/D TAB 600/200 | 152 |
| CALCIUM/D3 CAP 600-2500 | 152 |
| CALCIUM/MAGN TAB 250-155 | 152 |
| CALCIUM/VITD CAP 600-400 | 152 |
| <i>calcium-carb 600 + d</i> | 152 |
| <i>calcium-magnesium-zinc tab 333-133-8.3 mg</i> | 152 |
| <i>calcium-magnesium-zinc tab 334-134-5 mg</i> | 152 |

| | |
|---|-----|
| <i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i> | 152 |
| CAL-LAC | 149 |
| CAL-MAG COMP TAB | 149 |
| CALQUENCE..... | 42 |
| CAL-QUICK LIQ 500-400 | 149 |
| CALTRATE + D TAB 300-800 | 153 |
| CALTRATE +D3 TAB 600-800 | 153 |
| CALTRATE 600 CHW +D PLUS | 153 |
| CALTRATE 600 CHW 600-800 | 153 |
| CALTRATE+D TAB 600-800..... | 153 |
| <i>calvite p&d</i> | 153 |
| CAMPHOR CRY..... | 220 |
| <i>camphor crystals</i> | 220 |
| <i>candesartan cilexetil</i> | 57 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 55 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 55 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 55 |
| CAPHOSOL SOL..... | 232 |
| CAPLYTA..... | 71 |
| CAPMIST DM TAB | 192 |
| CAPRELSA..... | 42 |
| CAPRON DM LIQ | 192 |
| CAPRON DMT TAB 30-30MG | 192 |
| <i>capsaicin</i> | 220 |
| CAPSAICIN POW | 220 |
| <i>captopril</i> | 53 |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 52 |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 52 |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 52 |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 52 |
| CAPZASIN-HP..... | 220 |
| CAPZASIN-P CRE 0.025%..... | 220 |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 69 |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 69 |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 69 |
| <i>carbamazepine</i> | 75 |
| CARBAPHEN CH SUS..... | 192 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 69 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|----------|--|--------|
| <i>carbidopa & levodopa tab 25-100 mg</i> | 69 | <i>cefprozil</i> | 31 |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 69 | <i>ceftazidime</i> | 32 |
| <i>carbidopa & levodopa tab er 25-100 mg</i> .. | 69 | <i>ceftriaxone sodium</i> | 32 |
| <i>carbidopa & levodopa tab er 50-200 mg</i> .. | 69 | <i>cefuroxime axetil</i> | 32 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 69 | <i>cefuroxime sodium</i> | 32 |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 69 | <i>celecoxib</i> | 15, 16 |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 69 | CELLOTHYL TAB 500MG..... | 114 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 69 | <i>centrum kids complete</i> | 169 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 69 | CENTRUM SPEC PAK PRENATAL..... | 169 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 69 | CEO-TWO SUP | 114 |
| CARBOMER POW 1342..... | 139 | CEPACOL..... | 232 |
| <i>carb-o-philic/20</i> | 220 | CEPACOL DUAL SPR RELIEF | 232 |
| <i>carboplatin</i> | 36 | CEPACOL FIZZLERS | 232 |
| CARDIOTEK TAB..... | 169 | CEPACOL LOZ 15-2.3MG | 232 |
| CAREFINE MIS 32GX5MM | 101 | CEPACOL LOZ 15-20MG..... | 232 |
| <i>carglumic acid</i> | 101 | CEPACOL LOZ EXTRA ST | 232 |
| <i>carisoprodol</i> | 86 | CEPACOL LOZ INSTAMAX..... | 232 |
| CARMOL 10..... | 220 | CEPACOL MAX LOZ NUMBING | 232 |
| CARMOL 20..... | 220 | CEPACOL REGULAR STRENGTH | 232 |
| <i>carteolol hcl (ophth)</i> | 182 | CEPACOL SORE LOZ 10-2.1MG..... | 232 |
| <i>cartia xt</i> | 61 | CEPACOL SORE LOZ 15-3.6MG..... | 232 |
| <i>carvedilol</i> | 60 | CEPACOL SORE LOZ THRT MAX..... | 232 |
| <i>caspofungin acetate</i> | 24 | CEPACOL SORE SPR 0.1-33% | 232 |
| <i>castellani paint</i> | 211 | CEPACOL SORE THROAT..... | 232 |
| <i>castor oil</i> | 139 | CEPACOL SORE THROAT/POST | 232 |
| CASTOR OIL..... | 114, 139 | <i>cephalexin</i> | 32 |
| <i>castor oil stimulant laxa</i> | 114 | CERALYTE 50 LIQ..... | 144 |
| CATEMINE TAB..... | 169 | CERASPORT SOL..... | 144 |
| <i>cavarest</i> | 232 | <i>cerave baby</i> | 220 |
| CAYSTON..... | 20 | CERDELGA..... | 101 |
| C-BUFF POW | 168 | CEREZYME..... | 101 |
| <i>cefaclor</i> | 31 | <i>cetirizine hcl</i> | 187 |
| CEFACTOR ER | 31 | CETYL ALCOHO GRA..... | 139 |
| <i>cefadroxil</i> | 31 | <i>cevimeline hcl</i> | 232 |
| CEFAZOLIN | 31 | <i>charcoal activated powder</i> | 101 |
| CEFAZOLIN INJ 1GM/50ML | 31 | CHARCOAL POW..... | 101 |
| <i>cefazolin sodium</i> | 31 | CHELATED CALCIUM | 153 |
| CEFAZOLIN SOLN 2GM/100ML-4%..... | 31 | CHELATED MG TAB 100MG..... | 153 |
| <i>cefdinir</i> | 31 | CHELATED MUL TAB MINERAL..... | 153 |
| <i>cefepime hcl</i> | 31 | CHEMET..... | 97 |
| <i>cefixime</i> | 31 | CHEMSTRIP TES UGK..... | 101 |
| <i>cefoxitin sodium</i> | 31 | CHEMSTRIP-UG TES..... | 101 |
| <i>cefpodoxime proxetil</i> | 31 | CHERACOL SORE THROAT | 232 |
| | | CHERRY CON | 139 |
| | | <i>cherry cough drops</i> | 232 |
| | | <i>cherry syrup</i> | 139 |
| | | <i>chest congestion & pain r</i> | 192 |
| | | <i>chest congestion relief d</i> | 192 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 250

| | | | |
|---|-----|---|-----|
| CHEW Q..... | 158 | CIPRO..... | 33 |
| CHEW Q CHW 100MG..... | 158 | <i>ciprofloxacin 200 mg/100ml in d5w</i> | 33 |
| CHEW Q CHW 600MG..... | 159 | <i>ciprofloxacin 400 mg/200ml in d5w</i> | 33 |
| <i>childrens acetaminophen</i> | 12 | <i>ciprofloxacin hcl</i> | 33 |
| CHILDRENS ADVIL..... | 16 | <i>ciprofloxacin hcl (ophth)</i> | 179 |
| CHILDRENS CHW COMPLETE..... | 169 | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 185 |
| <i>childrens ibuprofen</i> | 16 | <i>cisplatin</i> | 36 |
| CHILDRENS MOTRIN JUNIOR S..... | 16 | <i>citalopram hydrobromide</i> | 66 |
| <i>childrens plus multi-symp</i> | 192 | CITRACAL CAL CHW GUMMIES..... | 153 |
| <i>childrens pseuphedrin</i> | 192 | CITRACAL CAL TAB +D SLOW..... | 153 |
| CHILDRENS SUS PLUS CLD..... | 192 | CITRACAL TAB MAXIMUM..... | 153 |
| <i>childs allergy cold/cough</i> | 192 | CITRACAL TAB VIT D..... | 153 |
| CHLD NON-ASA TAB 80MG..... | 12 | CITRACAL+D3 CHW 250-500..... | 153 |
| CHLO HIST SOL..... | 192 | CITRIC ACID GRA..... | 139 |
| CHLO TUSS LIQ..... | 193 | <i>citric acid granules</i> | 139 |
| <i>chloraseptic gargle</i> | 232 | <i>citric acid powder</i> | 139 |
| CHLORASEPTIC LOZ 6-10MG..... | 232 | CITRUCEL POW ORANGE..... | 114 |
| CHLORASEPTIC LOZ CHERRY..... | 233 | CL PRENATAL TAB 28-0.8MG..... | 169 |
| CHLORASEPTIC LOZ CITRUS..... | 233 | <i>claravis</i> | 209 |
| CHLORASEPTIC LOZ HONY LEM..... | 233 | <i>clarithromycin</i> | 32 |
| CHLORASEPTIC LOZ MAX..... | 233 | CLARITIN..... | 187 |
| CHLORASEPTIC LOZ MENTHOL..... | 233 | CLEAN START TAB VAPORIZE..... | 193 |
| CHLORASEPTIC MIS..... | 233 | CLEAR COUGH LIQ PM..... | 193 |
| CHLORASEPTIC MIS KIDS..... | 233 | <i>clearlax</i> | 114 |
| <i>chloraseptic warming sore</i> | 233 | <i>clindamycin hcl</i> | 21 |
| CHLORASEPTIC WARMING SORE..... | 233 | <i>clindamycin palmitate hydrochloride</i> | 21 |
| CHLORELLA CAP..... | 169 | <i>clindamycin phosphate</i> | 21 |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 233 | <i>clindamycin phosphate (topical)</i> | 209 |
| CHLOROFORM SOL..... | 139 | <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 21 |
| <i>chloroform soln</i> | 139 | <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 21 |
| <i>chloroquine phosphate</i> | 25 | <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 21 |
| <i>chlorpromazine hcl</i> | 71 | <i>clindamycin phosphate vaginal</i> | 124 |
| <i>chlorthalidone</i> | 62 | CLINDMYC/NAC INJ 300/50ML..... | 21 |
| CHLOR-TRIMETON..... | 187 | CLINDMYC/NAC INJ 600/50ML..... | 21 |
| CHLOR-TRIMETON REPETABS..... | 187 | CLINDMYC/NAC INJ 900/50ML..... | 21 |
| <i>chocolated laxative</i> | 114 | CLINIMIX INJ 4.25/D10..... | 147 |
| <i>cholecalciferol</i> | 169 | CLINIMIX INJ 4.25/D5W..... | 147 |
| <i>cholestyramine</i> | 59 | CLINIMIX INJ 5%/D15W..... | 147 |
| <i>cholestyramine light</i> | 59 | CLINIMIX INJ 5%/D20W..... | 147 |
| CHROMIUM PIC TAB 500MCG..... | 169 | CLINIMIX INJ 6/5..... | 147 |
| <i>ciclopirox olamine</i> | 211 | CLINIMIX INJ 8/10..... | 148 |
| <i>cidaflex</i> | 159 | CLINIMIX INJ 8/14..... | 148 |
| <i>cidatine</i> | 159 | <i>clinisol sf 15%</i> | 148 |
| <i>cilostazol</i> | 129 | CLINI-TEK MIS..... | 101 |
| CILOXAN..... | 179 | | |
| CIMDUO TAB 300-300..... | 27 | | |
| <i>cimetidine tab 200 mg</i> | 112 | | |
| <i>cinacalcet hcl</i> | 101 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 251
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | | | |
|---|-----|--|-----|
| CLINOLIPID EMU 20% | 148 | <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 10 |
| <i>clobazam</i> | 75 | <i>cold & flu relief nightti</i> | 193 |
| <i>clobetasol propionate</i> | 214 | <i>cold head congestion day/</i> | 193 |
| <i>clobetasol propionate e</i> | 214 | <i>cold head congestion dayt</i> | 193 |
| CLOFERA LIQ | 193 | <i>cold relief plus</i> | 193 |
| <i>clomipramine hcl</i> | 66 | COLEMAN 100 MAX INSECT RE | 221 |
| <i>clonazepam</i> | 75 | COLEMAN INSECT REPELLENT/..... | 221 |
| <i>clonidine</i> | 63 | COLEMN BOTAN LIQ INSECT | 221 |
| <i>clonidine hcl</i> | 63 | COLEMN INSEC SPR SKINSMAR | 221 |
| <i>clopidogrel bisulfate</i> | 130 | <i>colesevelam hcl</i> | 59 |
| <i>clorazepate dipotassium</i> | 75 | <i>colestipol hcl</i> | 59 |
| CLORPACTIN WCS-90 | 220 | <i>colistimethate sodium</i> | 21 |
| <i>clotrimazole</i> | 233 | <i>collodion flexible</i> | 140 |
| <i>clotrimazole (topical)</i> | 211 | COLLODION LIQ FLEXIBLE..... | 140 |
| CLOTRIMAZOLE CRE 2%..... | 124 | COLLYRIUM SOL OP..... | 183 |
| <i>clotrimazole vaginal</i> | 124 | COMBIGAN SOL 0.2/0.5% | 182 |
| <i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i> | 211 | COMBIVENT AER 20-100..... | 186 |
| <i>clove oil</i> | 140 | COMETRIQ (60MG DOSE) | 42 |
| CLOVE OIL | 140 | COMETRIQ KIT 100MG | 42 |
| CLOVERINE OIN SALVE | 211 | COMETRIQ KIT 140MG | 42 |
| <i>clozapine</i> | 71 | COMFEEL FILM MIS..... | 221 |
| CNTC CLD/FLU TAB DAY/NGHT | 193 | COMFORT EZ MIS 33GX4MM | 101 |
| CO Q10 | 159 | COMMIT..... | 87 |
| CO Q-10..... | 159 | COMPLERA TAB | 27 |
| COARTEM TAB 20-120MG..... | 25 | <i>complete lice treatment k</i> | 230 |
| COATS ALOE CREME..... | 221 | <i>complex b-100</i> | 169 |
| COATS ALOE GELLY | 221 | COMPOUND W | 221 |
| COATS ALOE MOISTURIZING L..... | 221 | COMPOUND W MAXIMUM STRENG | 221 |
| <i>cocoa butter</i> | 140 | <i>compoz</i> | 88 |
| COCOA BUTTER LOT | 140 | <i>compro</i> | 110 |
| <i>coconut oil</i> | 140 | COMTRES CLD/ PAK CGH D/NT | 193 |
| COD LIVER OIL | 169 | COMTRES COLD TAB & COUGH | 193 |
| <i>codar gf</i> | 193 | <i>comtrex severe cold & sin</i> | 193 |
| CODITUSSIN LIQ AC..... | 193 | CONCEPTIONXR MIS MOTILITY | 169 |
| CODITUSSIN LIQ DAC..... | 193 | <i>constant-clens</i> | 221 |
| COENZYME Q10 | 159 | <i>constulose</i> | 114 |
| COENZYME Q-10 | 159 | <i>contac cold+flu maximum s</i> | 193 |
| <i>coenzyme q10 (ubidecarenone)</i> | 159 | <i>contac-d</i> | 193 |
| CO-ENZYME WAF Q10/E..... | 159 | CONTROL DENT CRE ADHESIVE | 233 |
| COLACE..... | 114 | COPIKTRA..... | 42 |
| <i>colace 2-in-1</i> | 114 | COPPER SULF CRY..... | 148 |
| <i>colace adult</i> | 114 | COQ-10 TR..... | 159 |
| COLACE CAP 100MG | 114 | COQ10/VIT E CAP 100-10..... | 159 |
| COLACE LIQ 150/15ML | 114 | COQ10/VIT E CAP 200-200 | 159 |
| <i>colace pediatric</i> | 114 | CORAL CALCIU CAP | 153 |
| COLACE SYP 60/15ML..... | 114 | CORAL CALCIU CAP 1000MG | 153 |
| <i>colchicine</i> | 10 | CORAL CAP CALCIUM..... | 153 |
| | | <i>corfen-dm</i> | 193 |

| | | | |
|--|-----|---|-----|
| CORICIDN HBP TAB 2-325MG..... | 193 | <i>cv</i> s advanced 3-in-1 exfol..... | 209 |
| CORICIDN HBP TAB CGH&COLD | 193 | <i>cv</i> s af spray powder | 211 |
| CORLANOR..... | 63 | <i>cv</i> s alcohol..... | 221 |
| <i>corn fix</i> | 221 | <i>cv</i> s allergy relief d..... | 194 |
| COROMEGA EMU OMEGA 3 | 159 | <i>cv</i> s antacid multi-symptom | 106 |
| COROMEGA MIS | 159 | <i>cv</i> s anti-diarrheal | 109 |
| CORTIZONE-10 CRE 1% | 214 | <i>cv</i> s anti-itch..... | 221 |
| <i>cortizone-10 eczema</i> | 214 | <i>cv</i> s anti-itch sensitive s..... | 221 |
| CORTIZONE-10 OIN 1%..... | 214 | <i>cv</i> s aspirin adult low str..... | 12 |
| CORTIZONE-10 SOL SCALP 1% | 214 | <i>cv</i> s aspirin ec | 12 |
| COTELLIC | 42 | <i>cv</i> s aspirin low dose | 12 |
| COTTONSEED OIL..... | 140 | <i>cv</i> s aspirin low strength..... | 12 |
| <i>cottontails diaper rash c</i> | 221 | <i>cv</i> s b-12 | 170 |
| <i>cough & chest congestion</i> | 193 | CVS B12..... | 170 |
| <i>cough & cold</i> | 194 | <i>cv</i> s baby teething oral pa..... | 233 |
| <i>cough cold & sore throat</i> | 194 | <i>cv</i> s bismuth | 109 |
| <i>cough drops</i> | 233 | <i>cv</i> s cherry menthol drops..... | 233 |
| COUGH DROPS..... | 233 | CVS CHEST CONGESTION CHIL..... | 194 |
| <i>cough drops menthol</i> | 233 | <i>cv</i> s chest congestion plus..... | 194 |
| <i>cough drops sugar free</i> | 233 | <i>cv</i> s chest rub medicated..... | 194 |
| <i>cough suppressant long-ac</i> | 194 | <i>cv</i> s childrens vitamin d f..... | 170 |
| <i>coughtab</i> | 194 | <i>cv</i> s cold & cough children..... | 194 |
| COZIMA..... | 221 | <i>cv</i> s cold & cough nighttim..... | 194 |
| CRAMP TAB..... | 12 | <i>cv</i> s cold & flu bp | 194 |
| CRANBERRY (VACCINIUM MACR..... | 159 | <i>cv</i> s cold & sinus multi-sy..... | 194 |
| <i>cranberry (vaccinium macrocarpon)</i> | 159 | <i>cv</i> s cough drops sugar fre..... | 233 |
| CREON CAP 12000UNT | 121 | <i>cv</i> s d3..... | 170 |
| CREON CAP 24000UNT | 121 | <i>cv</i> s daily fiber..... | 114 |
| CREON CAP 3000UNIT | 121 | CVS DAIRY RELIEF EXTRA ST..... | 112 |
| CREON CAP 36000UNT | 121 | <i>cv</i> s diclofenac sodiium..... | 12 |
| CREON CAP 6000UNIT | 121 | <i>cv</i> s diclofenac sodium..... | 12 |
| <i>critic-aid clear af</i> | 211 | <i>cv</i> s digestive probiotic | 109 |
| <i>cromolyn sodium</i> | 205 | <i>cv</i> s disposable douche med..... | 122 |
| <i>cromolyn sodium (mastocytosis)</i> | 119 | <i>cv</i> s e oil | 170 |
| <i>cromolyn sodium (nasal)</i> | 205 | <i>cv</i> s enema disposable..... | 114 |
| <i>cromolyn sodium (ophth)</i> | 181 | CVS EPSOM GRA SALT | 114 |
| CROTON OIL | 140 | <i>cv</i> s fiber | 115 |
| CRUEX CRE 1%..... | 211 | <i>cv</i> s fiber laxative..... | 115 |
| <i>crush vitamin c drops</i> | 169 | <i>cv</i> s flu & severe cold nig..... | 194 |
| CRYSTAL LAKE LIQ WATER | 140 | <i>cv</i> s gas relief drops extr | 119 |
| CULTURELLE..... | 109 | <i>cv</i> s gas relief extra stre | 119 |
| CULTURELLE CAP | 109 | <i>cv</i> s gentle lubricant eye..... | 183 |
| CULTURELLE CHW DIGESTIV | 109 | <i>cv</i> s glucose..... | 100 |
| CULTURELLE CHW KIDS | 109 | CVS GLUCOSE CHW FRUIT | 100 |
| CULTURELLE KIDS | 109 | <i>cv</i> s glucose liquid shot | 159 |
| CUTTER ALL FAMILY MOSQUIT | 221 | <i>cv</i> s honey lemon drops | 234 |
| <i>cv</i> s acidophilus probiotic | 109 | <i>cv</i> s hydrogen peroxide | 221 |
| <i>cv</i> s acne cleansing bar..... | 209 | <i>cv</i> s iron..... | 126 |

| | |
|---|-----|
| <i>cvs lactase</i> | 112 |
| <i>cvs laxative dietary supp</i> | 115 |
| <i>cvs l-lysine</i> | 159 |
| <i>cvs lubricant eye drops</i> | 183 |
| <i>cvs lubricant gel drops</i> | 183 |
| <i>cvs magnesium citrate</i> | 153 |
| <i>cvs menthol drops</i> | 234 |
| <i>cvs miconazole 3</i> | 124 |
| <i>cvs mineral oil</i> | 115 |
| <i>cvs mini enema kids</i> | 115 |
| <i>cvs muscle rub</i> | 221 |
| CVS NASAL MIST | 205 |
| <i>cvs nat fiber laxative</i> | 115 |
| <i>cvs natural fiber supplem</i> | 115 |
| <i>cvs natural fish oil</i> | 159 |
| <i>cvs niacin</i> | 170 |
| <i>cvs niacin flush free</i> | 170 |
| <i>cvs nicotine</i> | 88 |
| <i>cvs nicotine polacrilex</i> | 88 |
| <i>cvs nighttime cough</i> | 194 |
| <i>cvs olopatadine hydrochlo</i> | 181 |
| <i>cvs oral anesthetic maxim</i> | 234 |
| <i>cvs oral pain reliever</i> | 234 |
| <i>cvs oral pain reliever ma</i> | 234 |
| <i>cvs permethrin</i> | 230 |
| CVS PRENATAL TAB 27-0.8MG | 170 |
| <i>cvs quality sleep</i> | 159 |
| <i>cvs selenium</i> | 153 |
| <i>cvs selenium natural</i> | 153 |
| <i>cvs senna</i> | 115 |
| <i>cvs sore throat</i> | 234 |
| <i>cvs sore throat maximum s</i> | 234 |
| CVS SORE THROAT RELIEF PO | 234 |
| <i>cvs stuffy nose & cold ch</i> | 194 |
| <i>cvs throat relief pops ch</i> | 234 |
| <i>cvs wart remover gel pen</i> | 221 |
| <i>cvs zinc</i> | 153 |
| <i>cyanocobalamin</i> | 170 |
| <i>cyclobenzaprine hcl</i> | 86 |
| <i>cyclophosphamide</i> | 36 |
| CYCLOPHOSPHAMIDE..... | 36 |
| CYCLOPHOSPHAMIDE MONOHYDR..... | 36 |
| <i>cycloserine</i> | 29 |
| <i>cyclosporine</i> | 134 |
| <i>cyclosporine modified (for microemulsion)</i> | 134 |
| <i>cyproheptadine hcl</i> | 187 |
| CYSTADROPS..... | 183 |

| | |
|--|-----|
| CYSTAGON | 101 |
| CYSTARAN | 183 |
| <i>cytarabine</i> | 37 |
| <i>cyto arg</i> | 160 |
| CYTO B2..... | 170 |
| CYTO-Q..... | 160 |
| CYTO-Q MAX..... | 160 |
| D | |
| <i>d 1000</i> | 170 |
| <i>d 2000</i> | 170 |
| <i>d 400</i> | 170 |
| D10W/NACL INJ 0.2%..... | 144 |
| D2.5W/NACL INJ 0.45%..... | 144 |
| D3 DOTS..... | 170 |
| <i>d3 maximum strength</i> | 170 |
| <i>d3 vitamin</i> | 170 |
| <i>d3-50</i> | 170 |
| D5W/LYTES INJ #48 | 144 |
| DADS MENTHOL THROAT DROP | 234 |
| DAILY MULTI TAB VIT/IRON | 170 |
| <i>dairy digestive ultra</i> | 112 |
| DAKINS SOLUTION FULL STRE | 222 |
| DAKINS SOLUTION HALF STRE..... | 222 |
| DAKINS SOLUTION QUARTER S | 222 |
| DAKRINA SOL 2.7-2%..... | 183 |
| <i>dalfampridine</i> | 85 |
| <i>danazol</i> | 97 |
| <i>dantrolene sodium</i> | 86 |
| <i>dapsone</i> | 21 |
| DAPTACEL INJ..... | 135 |
| <i>daptomycin</i> | 21 |
| DAPTOMYCIN | 21 |
| <i>darunavir</i> | 25 |
| DAURISMO | 42 |
| DAY TIME CAP COLD/FLU..... | 194 |
| <i>daytime multi-symptom col</i> | 194 |
| DAYVIGO..... | 82 |
| D-BIOTIN CAP 10MG..... | 170 |
| DDROPS | 171 |
| DECARA..... | 171 |
| DECONEX DMX TAB..... | 194 |
| DECONEX IR TAB 10-385MG | 194 |
| <i>deferasirox</i> | 97 |
| DEKAS CAP ESSENTIA..... | 171 |
| DEKAS LIQ ESSENTIA..... | 171 |
| DEKAS PLUS LIQ..... | 171 |
| DELBASE OIN COMPOUND..... | 140 |

| | | | |
|--|-----|---|---------|
| DELSTRIGO TAB..... | 27 | <i>dextrose 5% w/ sodium chloride 0.3% ...</i> | 145 |
| DELSYM..... | 194 | <i>dextrose 5% w/ sodium chloride 0.45% .</i> | 145 |
| DENGVAXIA SUS | 136 | <i>dextrose 5% w/ sodium chloride 0.9% ...</i> | 145 |
| DENTIVA LOZ | 234 | DEXTROSE GRA ANHYDROU | 160 |
| <i>dent-o-kain/20</i> | 234 | DHS TAR | 222 |
| DENTS TOOTHACHE GUM..... | 234 | DHS ZINC SHA 2% | 222 |
| <i>depo-testosterone</i> | 89 | DIABETIC TUS LIQ DM | 195 |
| DERMAGRAN OIN..... | 222 | DIABETIC TUS LIQ EX | 195 |
| <i>dermamed</i> | 222 | DIABETIC TUS LIQ MAX STR | 195 |
| DERMAZINC SPRAY | 222 | DIABETIC TUSSIN COUGH DRO | 234 |
| DESCOVY TAB 120-15MG..... | 27 | DIABETISWEET POW..... | 160 |
| DESCOVY TAB 200/25MG..... | 27 | DIACOMIT..... | 75 |
| DESENEK MAX..... | 211 | <i>dialyvite 800</i> | 171 |
| <i>desipramine hcl</i> | 66 | DIALYVITE WAF PLUS D..... | 171 |
| <i>desitin</i> | 222 | DIALYVITE/ TAB ZINC | 171 |
| DESITIN | 222 | <i>diaper rash</i> | 222 |
| DESITIN CREAMY | 222 | DIASENSE MAGNESIUM..... | 153 |
| DESITIN MAXIMUM STRENGTH | 222 | <i>diazepam</i> | 75, 76 |
| <i>desitin rapid relief</i> | 222 | <i>diazepam (anticonvulsant)</i> | 76 |
| <i>desmopressin acetate</i> | 102 | <i>diazepam inj</i> | 76 |
| <i>desmopressin acetate spray</i> | 102 | <i>diazepam intensol</i> | 76 |
| <i>desmopressin acetate spray refrigerated</i> | 102 | <i>diazoxide</i> | 100 |
| <i>despec</i> | 194 | <i>dibucaine (rectal)</i> | 222 |
| <i>desvenlafaxine succinate</i> | 67 | <i>dickinsons witch hazel</i> | 222 |
| DEWEES CARMINATIVE | 107 | <i>diclofenac potassium</i> | 16 |
| DEX4 | 100 | <i>diclofenac sodium</i> | 16 |
| DEX4 FAST ACTING GLUCOSE..... | 100 | <i>diclofenac sodium (ophth)</i> | 180 |
| <i>dexamethasone</i> | 99 | <i>diclofenac sodium (topical)</i> | 12, 222 |
| DEXAMETHASONE INTENSOL..... | 99 | <i>dicloxacillin sodium</i> | 34 |
| <i>dexamethasone sodium phosphate</i> | 99 | <i>dicyclomine hcl</i> | 111 |
| <i>dexamethasone sodium phosphate (ophth)</i> | 180 | <i>dietary fiber laxative</i> | 115 |
| <i>dexbrompheniramine-phenylephrine tab 2-</i> | 195 | DIFICID | 32 |
| <i>10 mg</i> | 195 | <i>diflunisal</i> | 16 |
| <i>dexmethylphenidate hcl</i> | 82 | <i>digoxin</i> | 63 |
| <i>dextromethorphan hbr</i> | 195 | <i>dihydroergotamine mesylate</i> | 83 |
| <i>dextromethorphan-guaifene</i> | 195 | DILANTIN..... | 76 |
| <i>dextromethorphan-guaifenesin syrup 10-</i> | 195 | DILANTIN INFATABS | 76 |
| <i>100 mg/5ml</i> | 195 | DILANTIN-125 | 76 |
| <i>dextrose</i> | 148 | <i>diltiazem hcl</i> | 61 |
| <i>dextrose (diabetic use)</i> | 100 | <i>diltiazem hcl coated beads</i> | 61 |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 145 | <i>diltiazem hcl extended release beads</i> | 61 |
| | 145 | <i>dilt-xr</i> | 61 |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 145 | <i>dimenhydrinate</i> | 110 |
| | 145 | DIMETAPP CLD ELX /ALLERGY | 195 |
| <i>dextrose 5% in lactated ringers</i> | 145 | DIMETAPP ELX 1-15/5ML | 195 |
| <i>dextrose 5% w/ sodium chloride 0.2% ...</i> | 145 | DIMETAPP LIQ CHILD | 195 |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 145 | DINO-LIFE CHW IRON-ZIN..... | 171 |
| | 145 | <i>diecto</i> | 115 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|--|-----|
| DIP/TET PED INJ 25-5LFU | 136 |
| <i>diphenhydramine hcl</i> | 187 |
| <i>diphenhydramine hcl (sleep)</i> | 88 |
| <i>diphenhydramine hcl (topical)</i> | 213 |
| DIPHENHYDRAMINE HYDROCHLO | 187 |
| <i>diphenhydramine-zinc acetate cream 2-0.1%</i> | 213 |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 119 |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 119 |
| <i>dipyridamole</i> | 130 |
| <i>disopyramide phosphate</i> | 57 |
| <i>disulfiram</i> | 88 |
| <i>divalproex sodium</i> | 76 |
| DL-MENTHOL CRY | 140 |
| DL-METHIONIN POW | 160 |
| D-MANNOSE..... | 160 |
| DOANS EXTRA STRENGH | 12 |
| <i>docetaxel</i> | 40 |
| DOCETAXEL..... | 40 |
| <i>docosanol</i> | 222 |
| <i>doculase</i> | 115 |
| <i>docusate calcium</i> | 115 |
| <i>docusate sodium</i> | 115 |
| DOCUSOL KIDS ENE 100MG/5M | 115 |
| <i>docusol mini</i> | 115 |
| <i>docusol plus mini-enema</i> | 115 |
| <i>dofetilide</i> | 57 |
| DOLOGEN TAB..... | 195 |
| <i>donepezil hydrochloride</i> | 65 |
| DOPTelet | 129 |
| DORCOL LIQ DECONGES | 195 |
| <i>dorzolamide hcl</i> | 182 |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 182 |
| <i>dotti</i> | 98 |
| DOVATO TAB 50-300MG | 27 |
| <i>doxazosin mesylate</i> | 54 |
| <i>doxepin hcl</i> | 67 |
| <i>doxepin hcl (sleep)</i> | 82 |
| <i>doxorubicin hcl</i> | 36 |
| <i>doxorubicin hcl liposomal</i> | 36 |
| <i>doxy 100</i> | 35 |
| <i>doxycycline (monohydrate)</i> | 35 |
| <i>doxycycline hyclate</i> | 35 |
| <i>doxylamine succinate (sleep)</i> | 88 |
| <i>doxylamine-phenylephrine tab 7.5-10 mg</i> | 195 |

| | |
|--|-----|
| DR SMITHS ADULT BARRIER | 222 |
| DR SMITHS ADULT BARRIER S | 222 |
| DRISDOL..... | 171 |
| <i>dronabinol</i> | 110 |
| DROXIA | 129 |
| <i>droxidopa</i> | 63 |
| DRS CHOICE KIT CLOSURE | 223 |
| <i>dry e-synthetic</i> | 171 |
| DUAL RELIEF LIQ..... | 234 |
| DULCOLAX..... | 115 |
| <i>dulcolax milk of magnesia</i> | 115 |
| DULERA AER 100-5MCG | 208 |
| DULERA AER 200-5MCG | 208 |
| DULERA AER 50-5MCG | 208 |
| <i>duloxetine hcl</i> | 67 |
| DUPIXENT..... | 130 |
| DURAFLU TAB | 195 |
| DURAVENT DM TAB | 195 |
| <i>dutasteride</i> | 122 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 122 |
| D-VI-SOL | 170 |
| D-VITAMIN E POW SUCCINAT | 140 |
| DY-O-DERM VITILIGO STAIN..... | 223 |

E

| | |
|--|-----|
| <i>e.e.s. 400</i> | 32 |
| E600 | 171 |
| <i>eck a & d</i> | 223 |
| ECK HI-CAL TAB 500MG | 154 |
| ECK IODINE TIN 2% | 223 |
| <i>eck soluble fiber</i> | 115 |
| <i>ec-naproxen</i> | 16 |
| <i>ecotrin low strength</i> | 12 |
| ECOTRIN LOW TAB 81MG EC..... | 12 |
| ECOTRIN MAXIMUM STRENGTH | 13 |
| ECOTRIN REGULAR STRENGTH | 13 |
| ED A-HIST DM TAB 10-4-10 | 195 |
| ED A-HIST LIQ 4-10/5ML..... | 195 |
| ED BRON GP LIQ..... | 195 |
| ED CHLORPED..... | 187 |
| ED CHLORPED DRO D..... | 195 |
| EDURANT | 25 |
| <i>efavirenz</i> | 25 |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 28 |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 28 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|----------|
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 28 |
| EFFERDENT PAK PWR CLN..... | 234 |
| EFFERDENT TAB PLUS..... | 234 |
| EHA LOTION 4%..... | 223 |
| ELA-MAX..... | 223 |
| ELA-MAX 5..... | 223 |
| ELIGARD..... | 38 |
| ELIQUIS..... | 124, 125 |
| ELIQUIS STARTER PACK..... | 125 |
| ELLENCE..... | 36 |
| ELTA SEAL MOISTURE BARRIE..... | 223 |
| EMETROL SOL..... | 119 |
| EMSAM..... | 67 |
| <i>emtricitabine</i> | 25 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 28 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 28 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 28 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 28 |
| EMTRIVA..... | 26 |
| <i>emulsified omega-3</i> | 160 |
| EMVERM..... | 21 |
| <i>enalapril maleate</i> | 53 |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 53 |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 53 |
| ENBREL..... | 130 |
| ENBREL MINI..... | 130 |
| ENBREL SURECLICK..... | 131 |
| END LICE M/S LIQ..... | 230 |
| ENDARI..... | 129 |
| <i>endocet tab 10-325mg</i> | 18 |
| <i>endocet tab 2.5-325mg</i> | 18 |
| <i>endocet tab 5-325mg</i> | 18 |
| <i>endocet tab 7.5-325mg</i> | 18 |
| <i>endur-acin</i> | 171 |
| ENDURACIN TAB 500MG SR..... | 171 |
| <i>endur-amide</i> | 171 |
| ENDUR-AMIDE..... | 171 |
| ENEGEL GEL..... | 223 |
| ENFAMIL MIS EXPECTA..... | 171 |
| ENGERIX-B..... | 136 |
| <i>enoxaparin sodium</i> | 125 |
| ENSTILAR AER..... | 214 |

| | |
|--|---------|
| <i>entacapone</i> | 69 |
| <i>entecavir</i> | 29 |
| ENTRESTO TAB 24-26MG..... | 55 |
| ENTRESTO TAB 49-51MG..... | 55 |
| ENTRESTO TAB 97-103MG..... | 55 |
| <i>enulose</i> | 115 |
| <i>e-oil</i> | 223 |
| EPCLUSA PAK 150-37.5..... | 29 |
| EPCLUSA PAK 200-50MG..... | 29 |
| EPCLUSA TAB 200-50MG..... | 29 |
| EPCLUSA TAB 400-100..... | 29 |
| EPIDIOLEX..... | 76 |
| <i>epinephrine (anaphylaxis)</i> | 63, 205 |
| EPINEPHRINE AER MIST..... | 205 |
| <i>epitol</i> | 76 |
| <i>eplerenone</i> | 54 |
| EPRONTIA..... | 76 |
| EPSOM SALT GRA..... | 115 |
| EPSOM SALT POW..... | 115 |
| <i>eq antacid & anti-gas max</i> | 107 |
| <i>eq arthritis pain</i> | 13 |
| <i>eq arthritis pain relieve</i> | 13 |
| <i>eq artificial tears</i> | 183 |
| <i>eq aspirin adult low dose</i> | 13 |
| <i>eq calcium 500+d</i> | 154 |
| <i>eq calcium 600+d+minerals</i> | 154 |
| <i>eq cold & cough dm child</i> | 195 |
| <i>eq cough drops sugar free</i> | 234 |
| <i>eq hygienic cleansing wip</i> | 223 |
| <i>eq ibuprofen</i> | 16 |
| <i>eq lubricant eye drops hi</i> | 183 |
| <i>eq sleep-aid nighttime</i> | 88 |
| <i>eq tussin dm cough/chest</i> | 195 |
| <i>eql air protector</i> | 171 |
| <i>eql aloe after sun</i> | 223 |
| <i>eql antibiotic + pain rel</i> | 210 |
| <i>eql antifungal</i> | 212 |
| <i>eql anti-itch maximum str</i> | 214 |
| <i>eql aspirin low dose</i> | 13 |
| <i>eql b complex</i> | 171 |
| EQL CALCIUM CAP VIT D..... | 154 |
| <i>eql calcium gummies</i> | 154 |
| <i>eql calcium soft chews</i> | 154 |
| <i>eql carbonyl iron</i> | 126 |
| <i>eql cough drops</i> | 234 |
| <i>eql flu & severe cold mul</i> | 195 |
| <i>eql gummies childrens</i> | 171 |
| <i>eql ibuprofen pm</i> | 88 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|-----|
| <i>eql lutein</i> | 160 |
| <i>eql naproxen sodium</i> | 16 |
| <i>eql niacin flush free</i> | 171 |
| EQL OMEGA 3 CAP 1400MG | 160 |
| <i>eql omega 3 fish oil</i> | 160 |
| <i>eql sleep aid nighttime</i> | 88 |
| <i>eql tussin dm cough/chest</i> | 196 |
| EQUALACTIN | 116 |
| <i>ergocalciferol</i> | 171 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 83 |
| ERIVEDGE | 43 |
| ERLEADA | 38 |
| <i>erlotinib hcl</i> | 43 |
| <i>ertapenem sodium</i> | 21 |
| <i>ery</i> | 209 |
| <i>ery-tab</i> | 32 |
| ERYTHROCIN LACTOBIONATE..... | 32 |
| <i>erythrocine stearate</i> | 32 |
| <i>erythromycin (acne aid)</i> | 209 |
| <i>erythromycin (ophth)</i> | 179 |
| <i>erythromycin base</i> | 32 |
| <i>erythromycin ethylsuccinate</i> | 32 |
| <i>erythromycin lactobionate</i> | 32 |
| <i>escitalopram oxalate</i> | 67 |
| <i>esomeprazole magnesium</i> | 121 |
| <i>estradiol</i> | 98 |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 98 |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 98 |
| <i>estradiol vaginal</i> | 98 |
| <i>estradiol valerate</i> | 98 |
| ESTROFACTORS TAB | 172 |
| ESTROVEN TAB ENERGY | 160 |
| <i>eszopiclone</i> | 82 |
| <i>ethambutol hcl</i> | 29 |
| <i>ethosuximide</i> | 76 |
| ETHY ALCOHOL SOL 70%..... | 223 |
| <i>etodolac</i> | 16 |
| <i>etoposide</i> | 40 |
| <i>etravirine</i> | 26 |
| EULEXIN | 38 |
| <i>euthyrox</i> | 105 |
| EVAC POW | 116 |
| <i>everolimus</i> | 43 |
| <i>everolimus (immunosuppressant)</i> | 135 |
| EVOTAZ TAB 300-150 | 28 |
| EXCEDRIN SIN TAB HEADACHE | 196 |

| | |
|---|-----|
| EXCEDRIN TAB | 13 |
| <i>exemestane</i> | 38 |
| EXKIVITY | 43 |
| EX-LAX..... | 116 |
| EX-LAX MILK SUS OF MAGNE..... | 116 |
| <i>extra strength bayer arth</i> | 13 |
| <i>eye allergy itch relief</i> | 181 |
| <i>eye allergy itch/redness</i> | 181 |
| EYE STREAM SOL OP..... | 183 |
| EYSUVIS..... | 180 |
| <i>ezetimibe</i> | 59 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 59 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 59 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 59 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 59 |
| EZFE 200 | 126 |
| EZFE FORTE CAP..... | 172 |
| EZO CUSHIONS MIS LOW REG | 234 |

F

| | |
|---|-----|
| <i>fa-8</i> | 172 |
| FABRAZYME | 102 |
| <i>famciclovir</i> | 30 |
| <i>famotidine</i> | 112 |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 112 |
| FANAPT | 71 |
| FANAPT PAK..... | 71 |
| FARXIGA | 89 |
| FASENRA..... | 205 |
| FASENRA PEN | 205 |
| <i>fast acting dairy aid</i> | 112 |
| FATIGUE REL TAB COMPLEX | 160 |
| FATTYBLEND MIS | 140 |
| FD&C BLUE #2 POW..... | 140 |
| FD&C RED 40 POW | 140 |
| FDC BLUE 1 POW AL LAKE..... | 140 |
| FDC RED #40 POW AL LAKE | 140 |
| FDC YELLOW 5 POW AL LAKE..... | 140 |
| <i>fe c</i> | 126 |
| <i>fe c tab plus</i> | 126 |
| FE SULFATE POW..... | 126 |
| <i>fe tabs</i> | 126 |
| <i>felbamate</i> | 76 |
| <i>felodipine</i> | 61 |
| <i>fenofibrate</i> | 58 |
| <i>fenofibrate micronized</i> | 58 |
| <i>fentanyl</i> | 17 |

| | | | |
|--|-----|--|-----|
| <i>fentanyl citrate</i> | 18 | FLAREX | 180 |
| FEOSOL..... | 126 | FLAVOR CONC LIQ GRAPE | 140 |
| FERGON | 127 | FLAX SEED CAP 1300MG | 160 |
| FERGON TAB 320MG..... | 127 | FLAXSEED OIL | 161 |
| FER-IN-SOL..... | 126 | FLEBOGAMMA DIF..... | 133 |
| <i>fer-iron</i> | 126 | <i>flecainide acetate</i> | 57 |
| FERRETTS..... | 127 | FLEET BISACODYL..... | 116 |
| FERRETTS IPS | 127 | FLEET ENE | 116 |
| FERRIC POW SUBSULFA..... | 140 | FLEET ENE PED..... | 116 |
| FERRIMIN 150 | 127 | FLEET LIQUID GLYCERIN SUP | 116 |
| <i>ferrocite</i> | 127 | FLINTSTONES CHW COMPLETE..... | 172 |
| FERRO-SEQUEL TAB 65-25MG..... | 127 | FLINTSTONES CHW TODDLER..... | 172 |
| <i>ferrous fumarate</i> | 127 | FLONASE SENSIMIST..... | 207 |
| FERROUS FUMARATE..... | 127 | <i>flora assist</i> | 109 |
| <i>ferrous gluconate</i> | 127 | FLORAJEN CAP ACIDOPHI..... | 109 |
| FERROUS GLUCONATE..... | 127 | FLORASTOR | 109 |
| <i>ferrous sulfate</i> | 127 | FLOWTUSS SOL 2.5-200 | 196 |
| FERROUS SULFATE..... | 127 | FLU & SORE POW THROAT..... | 196 |
| <i>ferrous sulfate dried</i> | 127 | <i>fluconazole</i> | 24 |
| <i>ferrous sulfate elixir 22</i> | 127 | <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 24 |
| FERROUS SULFATE ELIXIR 22 | 127 | <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 24 |
| <i>ferrous sulfate iron</i> | 127 | <i>flucytosine</i> | 24 |
| FETZIMA | 67 | <i>fludrocortisone acetate</i> | 99 |
| FETZIMA CAP TITRATIO | 67 | <i>flunisolide (nasal)</i> | 207 |
| FEVERALL JUNIOR STRENGTH | 13 | <i>fluocinolone acetonide</i> | 214 |
| FEVERALL SUP 80MG..... | 13 | <i>fluocinolone acetonide (otic)</i> | 185 |
| FIASP | 94 | <i>fluocinonide</i> | 215 |
| FIASP FLEXTOUCH..... | 94 | <i>fluocinonide emulsified base</i> | 215 |
| FIASP PENFILL..... | 94 | <i>fluorometholone (ophth)</i> | 180 |
| FIASP PUMPCART | 94 | <i>fluorouracil</i> | 37 |
| FIBER LAX POW 95% | 116 | <i>fluorouracil (topical)</i> | 223 |
| <i>fiber therapy</i> | 116 | <i>flouxetine hcl</i> | 67 |
| FIBERCON TAB 625MG | 116 | <i>fluphenazine decanoate</i> | 71 |
| <i>finasteride</i> | 122 | <i>fluphenazine hcl</i> | 71 |
| <i>ingolimod hcl</i> | 85 | <i>flurbiprofen</i> | 16 |
| FINTEPLA..... | 76 | <i>flurbiprofen sodium</i> | 180 |
| FIRMAGON | 38 | <i>fluticasone propionate</i> | 215 |
| FIRST-MOUTHW SUS BLM | 235 | <i>fluticasone propionate (nasal)</i> | 207 |
| <i>fish oil adult gummies</i> | 160 | <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 208 |
| FISH OIL CAP 1360MG..... | 160 | <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 208 |
| FISH OIL CAP 150MG | 160 | <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 208 |
| FISH OIL CAP 180MG | 160 | <i>flvoxamine maleate</i> | 65 |
| FISH OIL CAP 183.33MG..... | 160 | FOLGARD TAB..... | 172 |
| FISH OIL CAP 900MG | 160 | FOLIC + B12 TAB | 172 |
| FISH OIL CHW 875MG | 160 | | |
| <i>fish oil maximum strength</i> | 160 | | |
| <i>fish oil pearls</i> | 160 | | |
| <i>flac</i> | 185 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 259

| | |
|---|-----|
| <i>folic acid</i> | 172 |
| FOLIC ACID | 172 |
| FOLIC ACID TAB 400MCG..... | 172 |
| FOLITAB 500 TAB..... | 127 |
| FOLTABS 800..... | 172 |
| <i>fondaparinux sodium</i> | 125 |
| FORAXA EMU | 223 |
| <i>formaldehyde</i> | 223 |
| FORMALDEHYDE..... | 223 |
| <i>formulation r</i> | 223 |
| <i>fosamprenavir calcium</i> | 26 |
| <i>fosinopril sodium</i> | 53 |
| <i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i> | 53 |
| <i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i> | 53 |
| FOTIVDA..... | 43 |
| FP ANTI-ITCH CRE MEDICATE..... | 223 |
| FP DAIRY-REL TAB 3000UNIT | 112 |
| <i>fp fiber laxative</i> | 116 |
| FP FOMICON SUS..... | 107 |
| <i>fp glucosamine</i> | 161 |
| <i>fq breathable adult brief</i> | 122 |
| FREEZE IT GEL 0.2-3.5%..... | 223 |
| FRUIT C CHW 200MG | 172 |
| FRUIT FROSTERS | 235 |
| FRUZAQLA..... | 43 |
| <i>ft arthritis pain</i> | 13 |
| FULLERS POW EARTH..... | 140 |
| <i>fulvestrant</i> | 38 |
| FUNGOID TINCTURE | 212 |
| <i>furosemide</i> | 62 |
| <i>furosemide inj</i> | 62 |
| FUSION CAP..... | 127 |
| FUZEON | 26 |
| <i>fv iodine tincture</i> | 223 |
| FV MINERAL OIL HEAVY | 116 |
| FV VITAMIN E TAB 200IU | 172 |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 98 |
| <i>fyavolv tab 1mg-5mcg</i> | 98 |
| FYCOMPA..... | 77 |
| G | |
| <i>gabapentin</i> | 77 |
| <i>galantamine hydrobromide</i> | 65 |
| GAMASTAN INJ | 133 |
| GAMMAGARD LIQUID | 133 |
| GAMMAGARD S/D IGA LESS TH..... | 133 |

| | |
|---|-----|
| GAMMAKED..... | 134 |
| GAMMAPLEX | 134 |
| GAMUNEX-C..... | 134 |
| <i>ganciclovir sodium</i> | 30 |
| GARDASIL 9 INJ..... | 136 |
| GAS RELIEF CAP 125MG..... | 120 |
| GAS-X | 120 |
| GAS-X CAP PREVENT | 112 |
| GAS-X EXTRA STRENGTH..... | 120 |
| <i>gatifloxacin (ophth)</i> | 179 |
| GATTEX | 120 |
| GAUZE PADS 2 | 94 |
| <i>gavilyte-c</i> | 116 |
| <i>gavilyte-g</i> | 116 |
| GAVISCON CHW..... | 107 |
| GAVISCON CHW EX-STR | 107 |
| GAVISCON SUS..... | 107 |
| GAVRETO | 43 |
| G-BUCAL-C SOL 0.15-0.1 | 235 |
| <i>gefitinib</i> | 43 |
| GELUSIL CHW | 107 |
| <i>gemcitabine hcl</i> | 37 |
| <i>gemfibrozil</i> | 58 |
| GEMTESA | 123 |
| <i>generlac</i> | 116 |
| <i>gengraf</i> | 135 |
| GENOTROPIN | 102 |
| GENOTROPIN MINIQUICK | 102 |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 21 |
| <i>gentamicin in saline inj 1 mg/ml</i> | 21 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 21 |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 21 |
| <i>gentamicin in saline inj 2 mg/ml</i> | 21 |
| <i>gentamicin sulfate</i> | 22 |
| <i>gentamicin sulfate (ophth)</i> | 179 |
| <i>gentamicin sulfate (topical)</i> | 210 |
| GENTEAL GEL..... | 183 |
| GENTEAL MILD TO MODERATE | 183 |
| GENTEAL SEVERE..... | 183 |
| GENTEAL TEAR SOL MOD PF..... | 183 |
| GENVOYA TAB..... | 28 |
| GERIATRIC LIQ VITAMIN..... | 172 |
| <i>geri-hydrolac</i> | 224 |
| GERITOL LIQ TONIC..... | 172 |
| <i>geri-tussin dm</i> | 196 |
| GEVRABON LIQ | 172 |
| GILOTRIF | 43 |
| GILTUSS SPR BUCALSEP | 235 |

| | | | |
|---|----------|--|-----|
| GINKGO BILOB TAB PLUS..... | 161 | <i>gnp diclofenac sodium</i> | 13 |
| <i>ginkgo biloba</i> | 161 | GNP FISH OIL CAP 840MG | 161 |
| GINKGO BILOBA..... | 161 | <i>gnp herbal</i> | 235 |
| GINKGO PHYTOSOME..... | 161 | <i>gnp iron</i> | 127 |
| <i>glatiramer acetate</i> | 85 | <i>gnp isopropyl alcohol</i> | 224 |
| <i>glatopa</i> | 85 | <i>gnp niacin</i> | 172 |
| GLEN PE LIQ | 196 | <i>gnp olopatadine hydrochlo</i> | 181 |
| GLENAX PEB LIQ | 196 | <i>gnp oral pain relief</i> | 235 |
| GLENTUSS LIQ | 196 | GNP PETROLEU GEL JELLY | 141 |
| GLEOSTINE..... | 36 | <i>gnp throat drops</i> | 235 |
| <i>glimepiride</i> | 89 | <i>gnp vitamin b1</i> | 172 |
| <i>glipizide</i> | 89, 90 | <i>gnp vitamin d super stren</i> | 172 |
| <i>glipizide xl</i> | 90 | GOLD BOND POW | 224 |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> ... | 90 | <i>gold bond rapid relief</i> | 224 |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> ... | 90 | GOLD DUST POW WOUND | 224 |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 90 | GONAK..... | 183 |
| GLUCOSAMINE CAP CHONDROI..... | 161 | <i>gonioscopic prism</i> | 183 |
| GLUCOSE..... | 100 | <i>goodsense all day allergy</i> | 187 |
| GLUCOSE LIQ SHOT..... | 161 | <i>goodsense arthritis pain</i> | 13 |
| GLUCOSSIN-DM..... | 196 | <i>goodsense aspirin</i> | 13 |
| GLUTAMINE POW RAP RLS | 161 | <i>goodsense aspirin low dos</i> | 13 |
| <i>glutamine powder</i> | 161 | GOODSENSE CAPSAICIN ARTHR..... | 224 |
| <i>glycerin (laxative)</i> | 116 | <i>goodsense clearlax</i> | 116 |
| <i>glycerin adult</i> | 116 | <i>goodsense cold & head con</i> | 196 |
| GLYCERIN ADULT | 116 | <i>goodsense cough dm</i> | 196 |
| <i>glycerin liquid</i> | 140 | <i>goodsense day time cold &</i> | 196 |
| <i>glycerin topical liquid</i> | 224 | <i>goodsense fiber</i> | 116 |
| GLYCINE POW | 123 | <i>goodsense hemorrhoidal</i> | 224 |
| <i>glycolic acid</i> | 224 | <i>goodsense hemorrhoidal oi</i> | 224 |
| <i>glycolic acid crystals</i> | 141 | <i>goodsense lubricant eye d</i> | 183 |
| <i>glycopyrrolate</i> | 111, 112 | <i>goodsense nighttime cold</i> | 196 |
| <i>glydo</i> | 215 | <i>goodsense oral pain relie</i> | 235 |
| GLYXAMBI TAB 10-5 MG | 90 | GOODYS POW EX ST..... | 13 |
| GLYXAMBI TAB 25-5 MG | 90 | GOWEY TIN TINCTURE | 161 |
| <i>gnp 24 hour nasal allerg</i> | 207 | <i>granisetron hcl</i> | 111 |
| <i>gnp acid control 150 maxi</i> | 112 | GRAPE SEED OIL | 141 |
| <i>gnp acid control 75</i> | 112 | GREEN TEA EXTRACT..... | 141 |
| <i>gnp allergy & congestion</i> | 196 | <i>griseofulvin microsize</i> | 24 |
| <i>gnp allergy plus sinus he</i> | 196 | <i>griseofulvin ultramicrosize</i> | 24 |
| <i>gnp allergy sinus pe day</i> | 196 | <i>grx dyne swab</i> | 224 |
| <i>gnp arthritis pain</i> | 13 | GRX WHITE OIN PETROLAT..... | 141 |
| <i>gnp arthritis pain relief</i> | 224 | <i>grx wound</i> | 224 |
| <i>gnp aspirin</i> | 13 | <i>guaicon dms</i> | 196 |
| <i>gnp aspirin low dose</i> | 13 | <i>guaifenesin liquid 100 mg</i> | 196 |
| <i>gnp calcium 500 +d3</i> | 154 | GUAIFENESIN TAB 200 MG | 196 |
| <i>gnp calcium antacid child</i> | 107 | <i>guanfacine hcl</i> | 64 |
| <i>gnp cough drops</i> | 235 | <i>guanfacine hcl (adhd)</i> | 82 |
| GNP DAILY MIS PRENATAL..... | 172 | GUMMY BITES CHW | 154 |

| | |
|---------------------------|-----|
| GUMSOL LIQ | 235 |
| GUMSOL SPR | 235 |
| GVOKE HYOPEN 2-PACK | 100 |
| GVOKE KIT | 100 |
| GVOKE PFS | 100 |
| GYNE-LOTRIMIN | 124 |

H

| | |
|--|-----|
| HAEGARDA | 129 |
| <i>halobetasol propionate</i> | 215 |
| <i>haloperidol</i> | 71 |
| <i>haloperidol decanoate</i> | 71 |
| <i>haloperidol lactate</i> | 72 |
| HARD NAILS | 172 |
| HARVONI PAK 33.75-150MG | 30 |
| HARVONI PAK 45-200MG | 30 |
| HARVONI TAB 45-200MG | 30 |
| HARVONI TAB 90-400MG | 30 |
| HAVRIX | 136 |
| <i>hca alcohol swabs</i> | 224 |
| HCA BISACODY SUP 10MG | 116 |
| HCA EAR WAX SOL 6.5% OT | 238 |
| HCA ELEMENTA CAP MAGNESIU | 154 |
| <i>hca elemental magnesium</i> | 154 |
| HCA GLYCERIN LIQ | 224 |
| HCA HEMORRHO OIN | 224 |
| HCA IBUPROFE CAP SOFTGEL | 16 |
| HCA LAX-X TAB 25MG | 117 |
| <i>hca lice shampoo</i> | 230 |
| HCA MOT SICK TAB 50MG | 111 |
| HCA NIACIN TAB 250MG TR | 172 |
| HCA NON-ASA TAB PM | 88 |
| HCA SUPHEDRI TAB PLUS | 196 |
| HCA TEARS SOL PLUS | 183 |
| HCA TUSSIN LIQ CF | 196 |
| HCA VIT B12 TAB 500MCG | 172 |
| HCA VIT C CHW 250MG | 173 |
| HCA VIT C CHW 500MG | 173 |
| HCA ZINC GLU TAB 50MG | 154 |
| <i>h-chlor 12</i> | 224 |
| <i>heartburn treatment 24 ho</i> | 121 |
| <i>h-e-b aspirin</i> | 13 |
| <i>hematron</i> | 127 |
| HEMOCYTE | 128 |
| <i>hemorrhoid</i> | 224 |
| <i>hemorrhoidal</i> | 224 |
| <i>hemorrhoidal cooling</i> | 224 |
| <i>hemorrhoidal suppositorie</i> | 224 |

| | |
|--|-----|
| HEMORROID SUP 3% | 224 |
| HEP SOD/D5W INJ 20000UNT | 125 |
| HEP SOD/D5W INJ 25000UNT | 125 |
| HEP SOD/NACL INJ 12500UNT | 125 |
| HEP SOD/NACL INJ 25000UNT | 125 |
| <i>heparin sodium (porcine)</i> | 125 |
| <i>heparin sodium (porcine) lock flush</i> | 138 |
| HEPARIN/NACL INJ 25000UNT | 125 |
| HEPLISAV-B | 136 |
| HERCEP HYLEC SOL 60-10000 | 43 |
| HERCEPTIN | 43 |
| HERZUMA | 44 |
| HIBERIX | 136 |
| HIBICLENS LIQ 4% | 225 |
| HIBICLENS SOL 4% | 225 |
| HISTAFLEX TAB 325-25MG | 13 |
| HISTAGESIC TAB | 196 |
| HISTEX | 187 |
| HISTEX PD | 188 |
| HISTEX PDX | 188 |
| HISTEX-AC SYP | 197 |
| HISTEX-DM SYP | 197 |
| HISTEX-PE SYP 2.5-10/5 | 197 |
| <i>hm advanced antacid maxim</i> | 107 |
| <i>hm anti-nausea</i> | 120 |
| <i>hm aspirin ec low dose</i> | 14 |
| <i>hm calcium 600 & vitamin</i> | 154 |
| <i>hm eye allergy itch/redne</i> | 181 |
| <i>hm fiber</i> | 117 |
| HM FISH OIL CAP 554MG | 161 |
| HM IBUPROFEN SUS 100/5ML | 16 |
| <i>hm magnesium</i> | 107 |
| HM PAIN REL DRO 80/0.8ML | 14 |
| <i>hm potassium</i> | 144 |
| <i>hm probiotic digestive he</i> | 109 |
| <i>hm severe cold cough & fl</i> | 197 |
| <i>hm severe cold/cough/flu</i> | 197 |
| HONEY BEARS CHW | 173 |
| HUGGIES DIAPER RASH CREAM | 225 |
| HUMIBID CS TAB 20-400MG | 197 |
| HUMIBID MAXIMUM STRENGTH | 197 |
| HUMIRA | 131 |
| HUMIRA PEDIA INJ CROHNS | 131 |
| HUMIRA PEDIATRIC CROHNS D | 131 |
| HUMIRA PEN | 131 |
| HUMIRA PEN KIT PS/UV | 131 |
| HUMIRA PEN-CD/UC/HS START | 131 |
| HUMIRA PEN-PEDIATRIC UC S | 131 |

| | |
|--|-----|
| HUMIRA PEN-PS/UV STARTER | 131 |
| HUMULIN R U-500 (CONCENTR..... | 94 |
| HUMULIN R U-500 KWIKPEN..... | 94 |
| <i>hurricane</i> | 235 |
| HURRICAINA | 235 |
| HURRICAINA ONE | 235 |
| HURRICAINA SNAP-N-GO | 235 |
| HURRIPAK STARTER KIT | 235 |
| HYCOFENIX SOL..... | 197 |
| <i>hydralazine hcl</i> | 64 |
| <i>hydralife</i> | 144 |
| HYDROC/GUAIF SOL 2.5-200..... | 197 |
| <i>hydrochlorothiazide</i> | 62 |
| HYDROCIL INS POW 95%..... | 117 |
| <i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i> | 197 |
| <i>hydrocodone bitartrate</i> | 17 |
| <i>hydrocodone w/ homatropine syrup 5-1.5</i> <i>mg/5ml</i> | 197 |
| <i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i> | 18 |
| <i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i> | 19 |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 18 |
| <i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i> | 19 |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ... | 19 |
| HYDROCORT CRE 0.5% | 215 |
| HYDROCORT CRE 1% | 215 |
| <i>hydrocortisone</i> | 99 |
| <i>hydrocortisone (intra-rectal)</i> | 113 |
| <i>hydrocortisone (rectal)</i> | 225 |
| <i>hydrocortisone (topical)</i> | 215 |
| <i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 2.5-1%</i> | 225 |
| <i>hydrocortisone-aloe vera cream 0.5%</i> | 215 |
| HYDROGEN PEROXIDE..... | 225 |
| <i>hydromet</i> | 197 |
| <i>hydromorphone hcl</i> | 19 |
| HYDROPHILIC OIN PETROLAT | 141 |
| <i>hydrophilic ointment</i> | 141 |
| <i>hydroxocobalamin acetate</i> | 173 |
| <i>hydroxychloroquine sulfate</i> | 133 |
| <i>hydroxyurea</i> | 40 |
| <i>hydroxyzine hcl</i> | 188 |
| <i>hydroxyzine pamoate</i> | 188 |
| <i>hysept</i> | 225 |
| HYSINGLA ER..... | 17 |

| | |
|-------------------------------|-----|
| HYVEE ADVCD SUS ANTACID | 107 |
|-------------------------------|-----|

I

| | |
|--|-----|
| <i>ibandronate sodium</i> | 96 |
| IBRANCE | 44 |
| <i>ibu</i> | 16 |
| <i>ibuprofen</i> | 16 |
| ICAPS LUTEIN TAB ZEAXANTH..... | 173 |
| ICAR PEDIATRIC | 128 |
| ICAR-C TAB..... | 128 |
| <i>icatibant acetate</i> | 129 |
| ICLUSIG | 44 |
| ICY HOT PAIN RELIEVING GE | 225 |
| IDACIO (2 PEN)..... | 131 |
| IDACIO (2 SYRINGE) | 131 |
| IDACIO CROHN INJ DISEASE | 131 |
| IDACIO PLAQU INJ PSORIASIS | 132 |
| IDHIFA | 44 |
| <i>imatinib mesylate</i> | 44 |
| IMBRUVICA | 44 |
| <i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i> | 22 |
| <i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i> | 22 |
| <i>imipramine hcl</i> | 67 |
| <i>imiquimod</i> | 225 |
| <i>immune system booster</i> | 173 |
| IMODIUM A-D | 109 |
| IMODIUM A-D LIQ 1MG/5ML..... | 109 |
| IMODIUM ADV TAB | 109 |
| IMOVAX RABIES (H.D.C.V.) | 136 |
| INBRIJA | 69 |
| INCRELEX | 102 |
| INCRUSE ELLIPTA..... | 186 |
| <i>indapamide</i> | 62 |
| INDOLE-3- POW CARBINOL..... | 141 |
| INFANRIX INJ | 136 |
| INFLIXIMAB | 132 |
| INLYTA | 44 |
| INOSITOL POW HEXANICO | 141 |
| INQOVI TAB 35-100MG..... | 37 |
| INREBIC | 44 |
| INSTACLEAN LIQ | 225 |
| INSTA-GLUCOSE..... | 100 |
| <i>instant oral pain relief</i> | 235 |
| INSULIN PEN NEEDLES: BD/NOVO | 94 |
| INSULIN SAFETY NEEDLES | 94 |
| INSULIN SYRINGES: BD | 94 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|--|-----|
| INTEGRA CAP..... | 128 |
| INTELENCE | 26 |
| <i>intense toothache pain re</i> | 235 |
| INTRALIPID | 148 |
| INVEGA HAFYERA..... | 72 |
| INVEGA SUSTENNA..... | 72 |
| INVEGA TRINZA..... | 72 |
| <i>iodine (kelp)</i> | 154 |
| IODINE CRY..... | 141 |
| IODINE TIN 2% MILD..... | 225 |
| IODINE TIN STRONG..... | 225 |
| IODOFLEX..... | 225 |
| IODOSORB..... | 225 |
| <i>ionil-t</i> | 225 |
| IOSAT | 102 |
| IPOL INJ INACTIVE..... | 136 |
| <i>ipratropium bromide</i> | 186 |
| <i>ipratropium bromide (nasal)</i> | 186 |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 186 |
| <i>irbesartan</i> | 57 |
| <i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i> | 55 |
| <i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i> | 55 |
| <i>irinotecan hcl</i> | 40 |
| IRON | 128 |
| IRON 21/7 MIS..... | 128 |
| IRON CHEWS PEDIATRIC..... | 128 |
| <i>iron slow release</i> | 128 |
| IRON UP..... | 128 |
| IRO-PLEX LIQ..... | 128 |
| IRO-PLEX TAB 165-2MG..... | 128 |
| ISENTRESS..... | 26 |
| ISENTRESS HD..... | 26 |
| ISOLYTE-P INJ /D5W | 145 |
| ISOLYTE-S INJ | 145 |
| ISOLYTE-S INJ PH 7.4..... | 145 |
| <i>isoniazid</i> | 29 |
| <i>isopropyl alcohol 70%</i> | 225 |
| ISOPROPYL ALCOHOL WIPES..... | 225 |
| ISOPTO TEARS..... | 183 |
| <i>isosorbide dinitrate</i> | 64 |
| <i>isosorbide mononitrate</i> | 64 |
| <i>isotretinoin</i> | 210 |
| <i>isradipine</i> | 61 |
| ITCH RELIEF..... | 213 |
| <i>itraconazole</i> | 24 |

| | |
|-------------------------|-----|
| <i>ivermectin</i> | 22 |
| IWILFIN..... | 40 |
| IXCHIQ INJ..... | 136 |
| IXIARO INJ..... | 136 |

J

| | |
|-----------------------------------|--------|
| JAKAFI | 44 |
| <i>jantoven</i> | 125 |
| JANUMET TAB 50-1000 | 90 |
| JANUMET TAB 50-500MG | 90 |
| JANUMET XR TAB 100-1000..... | 90 |
| JANUMET XR TAB 50-1000 | 90 |
| JANUMET XR TAB 50-500MG | 90 |
| JANUVIA..... | 90 |
| JARDIANCE | 91 |
| <i>javygtor</i> | 102 |
| JAYPIRCA..... | 44, 45 |
| JENTADUETO TAB 2.5-1000..... | 91 |
| JENTADUETO TAB 2.5-500 | 91 |
| JENTADUETO TAB 2.5-850 | 91 |
| JENTADUETO TAB XR 2.5-1000MG..... | 91 |
| JENTADUETO TAB XR 5-1000MG..... | 91 |
| JESSNERS SOL | 225 |
| <i>jinteli</i> | 98 |
| JR NON-ASA TAB 160MG QM..... | 14 |
| JULUCA TAB 50-25MG | 28 |
| JYLAMVO | 133 |
| JYNNEOS..... | 136 |

K

| | |
|--|-----|
| <i>k 100</i> | 173 |
| KADCYLA..... | 45 |
| KALYDECO..... | 205 |
| KANJINTI | 45 |
| <i>kank-a mouth pain</i> | 235 |
| KAOLIN POW | 109 |
| <i>kaolin powder</i> | 109 |
| KAOPECTATE STOOL SOFTENER | 117 |
| KAOPECTATE SUS 262/15ML..... | 110 |
| KAOPECTATE SUS EX ST | 110 |
| KAOPECTATE TAB..... | 110 |
| <i>karaya gum</i> | 141 |
| KARAYA GUM..... | 141 |
| KC ALLERGY LIQ RELIEF..... | 188 |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 145 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 145 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 145 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|--|----------|
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 145 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 145 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 145 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 145 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 145 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 146 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 145 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 146 |
| KCL/D5W/NAACL INJ 0.3/0.9% | 146 |
| KERENDIA..... | 54 |
| KESIMPTA | 85 |
| <i>ketoconazole</i> | 24 |
| <i>ketoconazole (topical)</i> | 212, 213 |
| <i>ketorolac tromethamine (ophth)</i> | 180 |
| KEVZARA | 132 |
| KEY-E..... | 173 |
| KEYTRUDA | 45 |
| KINRIX INJ..... | 136 |
| KISQALI 200 DOSE | 45 |
| KISQALI 200 PAK FEMARA | 40 |
| KISQALI 400 DOSE | 45 |
| KISQALI 400 PAK FEMARA | 40 |
| KISQALI 600 DOSE | 45 |
| KISQALI 600 PAK FEMARA | 40 |
| <i>klayesta</i> | 212 |
| <i>klor-con</i> | 147 |
| <i>klor-con 10</i> | 147 |
| <i>klor-con 8</i> | 147 |
| <i>klor-con m10</i> | 147 |
| <i>klor-con m15</i> | 147 |
| <i>klor-con m20</i> | 147 |
| <i>kls acid controller compl</i> | 120 |
| <i>kls acid controller maxim</i> | 113 |
| <i>kls aller-flo</i> | 207 |
| <i>kls arthritis pain relief</i> | 14 |
| <i>kls aspirin low dose</i> | 14 |
| <i>kls diclofenac sodium</i> | 14 |
| KONSYL..... | 117 |
| KONSYL DAILY FIBER..... | 117 |
| KONSYL POW 100%..... | 117 |
| KONSYL-D..... | 117 |
| KORLYM | 102 |
| KOSELUGO..... | 45 |
| <i>kourzeq</i> | 235 |

| | |
|--|-----|
| <i>kp aspirin</i> | 14 |
| <i>kp calcium 600+d3</i> | 154 |
| <i>kp cetirizine hcl</i> | 188 |
| <i>kp ferrous gluconate</i> | 128 |
| <i>kp folic acid</i> | 173 |
| <i>kp glucosamine chondroiti</i> | 161 |
| <i>kp mag-oxide magnesium</i> | 154 |
| <i>kp melatonin</i> | 161 |
| <i>kp niacin</i> | 173 |
| <i>kp vitamin e</i> | 173 |
| KPN PRENATAL TAB..... | 173 |
| KRAZATI..... | 45 |

L

| | |
|--|-----|
| <i>labetalol hcl</i> | 60 |
| <i>lacosamide</i> | 77 |
| <i>lacosamide oral</i> | 77 |
| LACTAID FAST ACT | 112 |
| <i>lactated ringer's solution</i> | 146 |
| <i>lactic acid (ammonium lactate)</i> | 225 |
| LACTIC ACID SOL..... | 141 |
| LACTICARE LOT 5% | 225 |
| LACTINEX CHW | 110 |
| LACTINEX GRA | 110 |
| LACTINEX TAB..... | 110 |
| LACTOSE POW | 141 |
| <i>lactose powder</i> | 141 |
| <i>lactulose</i> | 117 |
| <i>lactulose (encephalopathy)</i> | 117 |
| LAMISIL ADVANCED | 212 |
| <i>lamivudine</i> | 26 |
| <i>lamivudine (hbv)</i> | 30 |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 28 |
| <i>lamotrigine</i> | 77 |
| <i>lansoprazole</i> | 121 |
| <i>lanthanum carbonate</i> | 104 |
| LANTUS | 94 |
| LANTUS SOLOSTAR | 94 |
| <i>lapatinib ditosylate</i> | 45 |
| L-ARGININE..... | 161 |
| L-ARGININE POW | 161 |
| <i>larynex</i> | 235 |
| <i>latanoprost</i> | 182 |
| <i>laxmar</i> | 117 |
| L-CARNITINE..... | 161 |
| L-CYSTINE POW | 162 |
| LECITHIN GRA | 162 |
| <i>leflunomide</i> | 133 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|----------|---|-----|
| <i>lenalidomide</i> | 39 | LIPOIL OIL..... | 141 |
| LENVIMA 10 MG DAILY DOSE | 45 | LIPOVAN BASE CRE | 141 |
| LENVIMA 12MG DAILY DOSE..... | 45 | LIQ-10 SYP..... | 162 |
| LENVIMA 20 MG DAILY DOSE | 45 | LIQSORB..... | 162 |
| LENVIMA 4 MG DAILY DOSE..... | 45 | LIQUI C LIQ 500/5ML | 173 |
| LENVIMA 8 MG DAILY DOSE..... | 45 | LIQUID C LIQ | 173 |
| LENVIMA CAP 14 MG | 46 | LIQUID CALCI CAP WITH D3..... | 154 |
| LENVIMA CAP 18 MG | 46 | <i>liqui-e</i> | 173 |
| LENVIMA CAP 24 MG | 46 | LIQUIFILM TEARS..... | 184 |
| <i>letrozole</i> | 38 | <i>lisinopril</i> | 53 |
| <i>leucovorin calcium</i> | 51 | <i>lisinopril & hydrochlorothiazide tab 10-12.5</i> | 53 |
| LEUKERAN..... | 36 | <i>mg</i> | 53 |
| <i>leuprolide acetate</i> | 38 | <i>lisinopril & hydrochlorothiazide tab 20-12.5</i> | 53 |
| <i>levabuterol hcl</i> | 189 | <i>mg</i> | 53 |
| <i>levabuterol tartrate</i> | 189 | <i>lisinopril & hydrochlorothiazide tab 20-25</i> | 53 |
| <i>levetiracetam</i> | 77 | <i>mg</i> | 53 |
| <i>levetiracetam in sodium chloride iv soln</i> | | L-ISOLEUCINE POW | 162 |
| 1000 mg/100ml..... | 77 | <i>lithium</i> | 84 |
| <i>levetiracetam in sodium chloride iv soln</i> | | <i>lithium carbonate</i> | 85 |
| 1500 mg/100ml..... | 78 | LITTLE COLDS COLD RELIEF..... | 235 |
| <i>levetiracetam in sodium chloride iv soln</i> | | LITTLE COLDS SOOTHING THR..... | 236 |
| 500 mg/100ml..... | 77 | LITTLE TEETH GEL 7.5% | 236 |
| <i>levobunolol hcl</i> | 182 | LITTLE TUMMY DRO 20/0.3ML | 120 |
| <i>levocarnitine (metabolic modifiers)</i> | 102 | LMX 4 | 226 |
| <i>levocetirizine dihydrochloride</i> | 188 | LOCALNESIUM TAB..... | 154 |
| <i>levofloxacin</i> | 33 | LOCALNESIUM TAB -C..... | 154 |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> . | 33 | LODRANE D CAP 4-60MG | 197 |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | | LOHIST-DM SYP 5-2-10MG..... | 197 |
| | 33 | <i>lohist-peb</i> | 197 |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | | LOKELMA..... | 97 |
| | 33 | LOLLIBASE POW | 141 |
| <i>levo-t</i> | 105 | <i>lollicaine</i> | 236 |
| <i>levothyroxine sodium</i> | 105 | <i>longs acid relief extra s</i> | 107 |
| <i>levoxyl</i> | 105 | LONSURF TAB 15-6.14 | 37 |
| <i>lexinal</i> | 173 | LONSURF TAB 20-8.19 | 37 |
| LEXIVA | 26 | <i>loperamide hcl</i> | 120 |
| <i>lidocaine</i> | 215, 216 | <i>lopinavir-ritonavir soln 400-100 mg/5ml</i> | |
| <i>lidocaine hcl</i> | 216 | (80-20 mg/ml)..... | 28 |
| <i>lidocaine hcl (local anesth.)</i> | 20 | <i>lopinavir-ritonavir tab 100-25 mg</i> | 28 |
| <i>lidocaine hcl (mouth-throat)</i> | 235 | <i>lopinavir-ritonavir tab 200-50 mg</i> | 28 |
| <i>lidocaine pain relief pat</i> | 226 | <i>loratadine</i> | 188 |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 216 | <i>lorazepam</i> | 65 |
| <i>lidocan</i> | 216 | <i>lorazepam intensol</i> | 65 |
| <i>linezolid</i> | 22 | LORBRENA..... | 46 |
| LINEZOLID INJ 2MG/ML | 22 | LORTUSS DM LIQ | 197 |
| LINZESS | 120 | LORTUSS EX LIQ | 197 |
| <i>liothyronine sodium</i> | 105 | LORTUSS LQ LIQ | 197 |
| LIP BALM OIN NATURAL..... | 141 | <i>losartan potassium</i> | 57 |
| LIPOIC ACID..... | 162 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 266

| | |
|---|-----|
| <i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i> | 55 |
| <i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i> | 55 |
| <i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i> | 55 |
| LOTEMAX | 180 |
| <i>loteprednol etabonate</i> | 180 |
| <i>lovastatin</i> | 58 |
| <i>loxapine succinate</i> | 72 |
| LOZIBASE MIS | 141 |
| L-TRYPTOPHAN TAB 500MG | 162 |
| L-TYROSINE POW | 162 |
| <i>lubricant eye drops</i> | 184 |
| <i>lubricant eye drops/dual-</i> | 184 |
| LUBRICNT GEL DRO 0.25-0.3 | 184 |
| LUDENS DUAL LOZ RELIEF | 236 |
| LUDENS THROAT DROPS | 236 |
| LUMAKRAS | 46 |
| LUMIGAN | 182 |
| LUMIZYME | 102 |
| LUPRON DEPOT (1-MONTH) | 38 |
| LUPRON DEPOT (3-MONTH) | 38 |
| LUPRON DEPOT-PED (1-MONTH) | 102 |
| LUPRON DEPOT-PED (3-MONTH) | 102 |
| LUPRON DEPOT-PED (6-MONTH) | 102 |
| <i>lurasidone hcl</i> | 72 |
| <i>lutein</i> | 162 |
| LUXAMEND CRE | 226 |
| L-VALINE POW | 162 |
| <i>lyllana</i> | 98 |
| LYNPARZA | 46 |
| LYSODREN | 38 |
| LYTGOBI (12 MG DAILY DOSE) | 46 |
| LYTGOBI (16 MG DAILY DOSE) | 46 |
| LYTGOBI (20 MG DAILY DOSE) | 46 |

M

| | |
|--|-----|
| MAALOX MAX CHW 1000-60 | 107 |
| MAALOX QUICK DISSOLVE MAX | 107 |
| MAG CARBONAT POW | 154 |
| MAG GLYCINATE | 154 |
| MAG-200 | 154 |
| MAG64 | 154 |
| MAG-AL LIQ | 107 |
| <i>magaldrate</i> | 107 |
| <i>magaldrate w/ simethicone susp 1080-30</i> <i>mg/5ml</i> | 107 |
| <i>magbee</i> | 155 |

| | |
|--|----------|
| <i>mag-caps</i> | 107 |
| <i>magdelay</i> | 155 |
| MAGDELAY | 155 |
| MAG-G | 154 |
| MAGINEX | 155 |
| MAGNEBIND TAB 200 | 155 |
| MAGNEBIND TAB 300 | 155 |
| <i>magnesium</i> | 155 |
| MAGNESIUM | 107, 155 |
| <i>magnesium chloride</i> | 155 |
| MAGNESIUM CITRATE | 155 |
| MAGNESIUM ELEMENTAL | 155 |
| <i>magnesium gluconate</i> | 155 |
| MAGNESIUM GLUCONATE | 155 |
| <i>magnesium glycinate</i> | 155 |
| MAGNESIUM GLYCINATE | 155 |
| <i>magnesium lactate</i> | 155 |
| <i>magnesium oxide</i> | 107 |
| MAGNESIUM OXIDE | 107, 155 |
| <i>magnesium oxide (mg supplement)</i> | 155 |
| <i>magnesium salicylate</i> | 14 |
| <i>magnesium sulfate</i> | 146 |
| MAGNESIUM SULFATE | 146, 155 |
| <i>magnesium sulfate granules</i> | 117 |
| <i>magnesium sulfate in dextrose 5% iv soln</i> <i>1 gm/100ml</i> | 146 |
| <i>magnesium tab 200 mg</i> | 156 |
| <i>magnesium tab 400 mg</i> | 156 |
| MAGONATE LIQ 1000/5ML | 156 |
| MAG-OX 400 TAB 400MG | 107 |
| MAG-SR PLUS TAB CALCIUM | 155 |
| MAG-TAB SR | 155 |
| <i>malathion</i> | 230 |
| MANNITOL POW | 141 |
| <i>maox</i> | 108 |
| MAPAP SINUS TAB PE | 198 |
| <i>maraviroc</i> | 26 |
| MAR-COF BP LIQ 30-2-7.5 | 198 |
| MAR-COF CG LIQ 225-7.5 | 198 |
| MARPLAN | 67 |
| <i>mar-zinc</i> | 156 |
| MATULANE | 40 |
| MAVYRET PAK 50-20MG | 30 |
| MAVYRET TAB 100-40MG | 30 |
| MAXIPHEN DM TAB | 198 |
| M-CLEAR WC LIQ 100-6.33 | 197 |
| <i>meclizine hcl</i> | 111 |
| MEDERMA CRE SPF 30 | 226 |

| | | | |
|--|---------|---|---------|
| MEDICATED OIN RUB..... | 198 | <i>metformin hcl</i> | 91 |
| MEDIFIN PE TAB 10-400MG..... | 198 | <i>methadone hcl</i> | 17 |
| <i>medikoff drops</i> | 236 | <i>methadone hydrochloride i</i> | 17 |
| MEDI-LYTE TAB..... | 144 | <i>methazolamide</i> | 62 |
| MEDI-TABS TAB 500MG..... | 14 | <i>methenamine hippurate</i> | 22 |
| <i>medi-tussin dm</i> | 198 | <i>methimazole</i> | 105 |
| <i>medroxyprogesterone acetate</i> | 104 | METHISCOL CAP..... | 173 |
| <i>mefloquine hcl</i> | 25 | <i>methocarbamol</i> | 86 |
| <i>megestrol acetate</i> | 38, 104 | <i>methotrexate sodium</i> | 37, 133 |
| <i>megestrol acetate (appetite)</i> | 104 | <i>methsuximide</i> | 78 |
| MEKINIST..... | 46 | METHYLCELLULOSE..... | 141 |
| MEKTOVI..... | 46 | <i>methylcellulose powder</i> | 142 |
| <i>melatonin</i> | 162 | <i>methylcobalamin</i> | 173 |
| MELATONIN..... | 162 | <i>methylphenidate hcl</i> | 82 |
| MELATONIN TAB 1-10MG..... | 162 | <i>methylprednisolone</i> | 99 |
| MELATONIN TAB 3-10MG..... | 162 | <i>methylprednisolone acetate</i> | 99 |
| <i>melatonin tr</i> | 162 | <i>methylprednisolone sod succ</i> | 99 |
| <i>melatonin-pyridoxine tab 3-10 mg</i> | 162 | <i>methyltestosterone</i> | 89 |
| <i>melatonin-pyridoxine tab 5-10 mg</i> | 162 | <i>metoclopramide hcl</i> | 111 |
| <i>meloxicam</i> | 16 | <i>metolazone</i> | 63 |
| <i>memantine hcl</i> | 65 | <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 60 |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 66 | <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 60 |
| MENACTRA INJ..... | 136 | <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 60 |
| M-END DMX LIQ..... | 198 | <i>metoprolol succinate</i> | 60 |
| M-END PE LIQ..... | 198 | <i>metoprolol tartrate</i> | 61 |
| <i>m-end wc</i> | 198 | <i>metronidazole</i> | 22 |
| MENQUADFI INJ..... | 136 | <i>metronidazole (topical)</i> | 226 |
| <i>menthol cough drops</i> | 236 | <i>metronidazole vaginal</i> | 124 |
| <i>menthol crystals</i> | 141 | <i>metyrosine</i> | 64 |
| MENVEO INJ..... | 136 | MG SO4/D5W INJ 10MG/ML..... | 146 |
| MENVEO SOL..... | 136 | <i>m-hist pd</i> | 188 |
| MEPHYTON..... | 173 | MI-ACID CHW..... | 108 |
| <i>mercaptopurine</i> | 37 | <i>miconazolin sodium</i> | 24 |
| <i>meropenem</i> | 22 | MICATIN..... | 212 |
| <i>mesalamine</i> | 113 | MICATIN CRE 2%..... | 212 |
| <i>mesalamine w/ cleanser</i> | 113 | MICATIN POW 2%..... | 212 |
| MESNEX..... | 52 | <i>miconazole 3 combination</i> | 124 |
| METAMUCIL..... | 117 | MICONAZOLE KIT 200MG/2%..... | 124 |
| <i>metamucil 3-in-1 daily fi</i> | 117 | <i>miconazole nitrate vaginal</i> | 124 |
| METAMUCIL 4-IN-1 FIBER..... | 117 | <i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i> | 124 |
| METAMUCIL POW 28% CIT..... | 117 | MICROSPACER MIS..... | 198 |
| METAMUCIL POW 48.57%..... | 117 | <i>midodrine hcl</i> | 64 |
| METAMUCIL POW 58.6 CIT..... | 117 | MIEBO..... | 184 |
| METAMUCIL POW 58.6%..... | 117 | <i>mifepristone (hyperglycemia)</i> | 102 |
| METAMUCIL POW 63%..... | 117 | | |
| METAMUCIL POW ORANGE..... | 117 | | |
| METAMUCIL WAF..... | 118 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|--|--------|---|-----|
| <i>miglustat</i> | 103 | MS COLD MIS DAY/NITE..... | 198 |
| MIL-A-MULSIO EMU | 173 | MTERYTI TAB | 173 |
| <i>milk of magnesia concentr</i> | 118 | MTERYTI TAB FOLIC 5 | 174 |
| <i>mimvey</i> | 98 | MUCINEX | 198 |
| MINERAL OIL | 118 | MUCINEX CAP DAY/NGHT | 198 |
| <i>mineral oil (bulk)</i> | 118 | MUCINEX CAP FAST-MAX..... | 198 |
| MINERAL OIL ENE | 118 | MUCINEX CGH GRA 5-100MG..... | 198 |
| MINERAL OIL LIGHT..... | 118 | MUCINEX CHLD LIQ MULTISYM | 198 |
| <i>mineral oil light (bulk)</i> | 118 | MUCINEX COLD LIQ /KIDS | 198 |
| <i>miniprin low dose</i> | 14 | MUCINEX COLD LIQ CHILD | 198 |
| <i>minocycline hcl</i> | 35 | MUCINEX COLD LIQ SINUS | 198 |
| <i>minoxidil</i> | 64 | MUCINEX D TAB 60-600MG..... | 198 |
| MIRALAX..... | 118 | MUCINEX D/N PAK FAST/MAX..... | 198 |
| <i>mirtazapine</i> | 67 | MUCINEX FAST MIS DAY/NGHT | 198 |
| <i>misoprostol</i> | 120 | MUCINEX FAST TAB 5-10-200..... | 199 |
| MITIGARE..... | 10 | <i>mucinex fast-max day time</i> | 199 |
| <i>mm aspirin</i> | 14 | MUCINEX LIQ INSTASOO | 236 |
| M-M-R II INJ | 136 | <i>mucinex sinus-max day/nig</i> | 199 |
| M-NATAL PLUS TAB..... | 147 | <i>mucus congestion & cough</i> | 199 |
| <i>modafinil</i> | 86, 87 | <i>mucus relief dm</i> | 199 |
| <i>moexipril hcl</i> | 53 | <i>mucus relief dm maximum s</i> | 199 |
| MOISTURE BARRIER | 226 | MULTAQ..... | 57 |
| MOISTURE EYE DRO | 184 | <i>multi-delyn</i> | 174 |
| <i>moisturel therapeutic</i> | 226 | MULTI-DELYN LIQ /IRON..... | 174 |
| <i>moisturizing lotion</i> | 226 | <i>multiple electrolytes ph 5.5</i> | 146 |
| <i>moisturizing lubricant ey</i> | 184 | <i>multiple electrolytes ph 7.4</i> | 146 |
| <i>molindone hcl</i> | 72 | <i>mupirocin</i> | 210 |
| <i>mometasone furoate</i> | 215 | MURO 128 | 184 |
| <i>monistat 1-day</i> | 124 | MUSCLE RUB CRE ULT STR | 226 |
| MONISTAT 3..... | 124 | MUSCLE RUB OIN..... | 226 |
| MONISTAT 3 KIT COMBINAT | 124 | MVW COMPLETE DRO PEDIATRI..... | 174 |
| MONISTAT 7..... | 124 | MYCITRACIN OIN..... | 210 |
| MONJUVI | 46 | <i>mycophenolate mofetil</i> | 135 |
| MONOCAL TAB 3-250 | 156 | <i>mycophenolate sodium</i> | 135 |
| <i>montelukast sodium</i> | 204 | MYLANTA CHW 400MG | 108 |
| MORE-DOPHILUS ACIDOPHILUS..... | 110 | MYLANTA SUS..... | 108 |
| <i>morphine sulfate</i> | 18, 19 | MYLANTA SUS SUPREME | 108 |
| MORPHINE SULFATE | 19 | MYRBETRIQ..... | 123 |
| MORPHINE SULFATE/SODIUM C | 19 | N | |
| <i>motrin arthritis pain</i> | 14 | <i>nabumetone</i> | 17 |
| MOTRIN MIGRA TAB 200MG | 17 | <i>nac</i> | 162 |
| MOUNJARO | 91 | NAC..... | 162 |
| MOVANTIK | 120 | <i>nadolol</i> | 61 |
| <i>moxifloxacin hcl</i> | 33 | <i>nafcillin sodium</i> | 34 |
| <i>moxifloxacin hcl (ophth)</i> | 179 | NAGLAZYME..... | 103 |
| <i>moxifloxacin hcl 400 mg/250ml in sodium</i> <i>chloride 0.8% inj</i> | 33 | <i>nalbuphine hcl</i> | 19 |
| <i>mp triple antibiotic plus</i> | 210 | <i>naloxone hcl</i> | 88 |

| | | | |
|---|-----|--|-----|
| <i>naltrexone hcl</i> | 88 | <i>nestrex</i> | 174 |
| NAMZARIC CAP 14-10MG | 66 | NEUPRO..... | 70 |
| NAMZARIC CAP 21-10MG | 66 | <i>nevirapine</i> | 26 |
| NAMZARIC CAP 28-10MG | 66 | NEXAFED SINS TAB + PAIN | 199 |
| NAMZARIC CAP 7-10MG | 66 | NEXAVAR | 47 |
| NAMZARIC CAP PACK | 66 | NEXLETOL..... | 59 |
| NANOVM POW 1-3 YRS..... | 174 | NEXLIZET TAB 180/10MG | 59 |
| NAPHCN-A SOL OP | 181 | <i>niacin</i> | 174 |
| <i>naproxen</i> | 17 | <i>niacin (antihyperlipidemic)</i> | 59 |
| <i>naproxen sodium</i> | 17 | NIACIN FLUSH-FREE EXTRA S..... | 174 |
| <i>naratriptan hcl</i> | 83 | <i>niacin tab cr 500 mg</i> | 174 |
| NASACORT ALR SPR 55MCG/AC | 207 | NIACIN TR | 174 |
| NASADROPS SALINE ON THE G | 205 | <i>niacinamide</i> | 174 |
| NASAL DECONGESTANT | 199 | NIACINOL | 174 |
| NASCOBAL | 174 | <i>nicardipine hcl</i> | 62 |
| NASOGEL GEL | 205 | NICE PURE POW BAK SODA | 142 |
| NASOPEN PE LIQ..... | 199 | NICOBID CAP 125MG CR..... | 174 |
| NATACYN | 179 | NICOBID CAP 250MG CR..... | 175 |
| <i>nateglinide</i> | 91 | NICOBID CAP 500MG CR..... | 175 |
| NATPARA | 96 | <i>nicotine polacrilex</i> | 14 |
| NATRAPEL | 226 | NICOTINE SYS KIT TRANSDER | 88 |
| NATRAPEL 12-HOUR TICK & I..... | 226 | NICOTROL INHALER | 88 |
| <i>nat-rul antioxidants c+e</i> | 174 | NICOTROL NS | 88 |
| <i>natural herb cough drops</i> | 236 | <i>nifedipine</i> | 62 |
| <i>natural vegetable fiber</i> | 118 | NIGHT TIME CAP COLD/FLU | 199 |
| NAYZILAM | 78 | <i>nighttime cold & flu</i> | 199 |
| <i>nebivolol hcl</i> | 61 | <i>nighttime sinus & congest</i> | 199 |
| <i>nefazodone hcl</i> | 67 | <i>nilutamide</i> | 38 |
| <i>neomycin sulfate</i> | 22 | <i>nimodipine</i> | 62 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 179 | NINJACOF LIQ..... | 199 |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 179 | NINJACOF-A LIQ | 199 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 178 | NINJACOF-XG LIQ 200-8/5 | 199 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 178 | NINLARO | 47 |
| <i>neomycin-polymyxin-hc ophth susp</i> | 178 | <i>nitazoxanide</i> | 22 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 185 | <i>nitisinone</i> | 103 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 185 | NITRO-BID | 64 |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 179 | <i>nitrofurantoin macrocrystal</i> | 22 |
| <i>neo-polycin hc ophth oint 1%</i> | 178 | <i>nitrofurantoin monohyd macro</i> | 22 |
| NEOQ10 | 162 | <i>nitroglycerin</i> | 64 |
| NEO-SYNEPHRINE..... | 199 | <i>nitroglycerin (intra-anal)</i> | 226 |
| NEPHRONEX LIQ 0.9/5ML..... | 174 | NIVANEX DMX TAB | 199 |
| NEPHRO-VITE TAB RX | 174 | NIX COMPLETE KIT LICE 1% | 230 |
| NERLYNX | 47 | NIX CREME LIQ RINSE 1% | 230 |
| | | <i>nizatidine</i> | 113 |
| | | <i>noble formula</i> | 226 |
| | | <i>non-asa severe allergy</i> | 199 |
| | | <i>norethindrone acetate</i> | 104 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 270

| | |
|---|-----|
| <i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i> | 98 |
| <i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i> | 98 |
| NORPACE CR..... | 58 |
| <i>nortriptyline hcl</i> | 67 |
| NORVIR..... | 26 |
| NOVAFERRUM 50..... | 128 |
| NOVAFERRUM LIQ 125..... | 128 |
| NOVAFERRUM PEDIATRIC DROP..... | 128 |
| NOVOLIN INJ 70/30..... | 94 |
| NOVOLIN INJ 70/30 FP..... | 94 |
| NOVOLIN N..... | 94 |
| NOVOLIN N FLEXPEN..... | 94 |
| NOVOLIN R..... | 94 |
| NOVOLIN R FLEXPEN..... | 94 |
| NOVOLOG..... | 95 |
| NOVOLOG FLEXPEN..... | 95 |
| NOVOLOG MIX INJ 70/30..... | 95 |
| NOVOLOG MIX INJ FLEXPEN..... | 95 |
| NOVOLOG PENFILL..... | 95 |
| NP-27..... | 212 |
| NP-27 SOL 1%..... | 212 |
| NUBEQA..... | 38 |
| NUDEXTA CAP 20-10MG..... | 85 |
| NULOJIX..... | 135 |
| NU-MAG TAB 71.5-119..... | 156 |
| NUPERCAINAL..... | 226 |
| NUPLAZID..... | 72 |
| NURTEC..... | 83 |
| NUTRILIPID..... | 148 |
| NUZYRA..... | 35 |
| <i>nyamyc</i> | 212 |
| <i>nycoff</i> | 236 |
| NYMALIZE..... | 62 |
| NYQUIL COUGH LIQ 6.25-15..... | 199 |
| NYQUIL SINEX CAP NT RELF..... | 199 |
| <i>nystatin</i> | 24 |
| <i>nystatin (mouth-throat)</i> | 236 |
| <i>nystatin (topical)</i> | 212 |
| <i>nystop</i> | 212 |
| o | |
| OBREDON SOL 2.5-200..... | 199 |
| OCEAN NASAL SPRAY..... | 205 |
| OCTAGAM..... | 134 |
| <i>octreotide acetate</i> | 103 |
| OCUSOFT LID AER ORIGINAL..... | 226 |

| | |
|--|-----|
| ODEFSEY TAB..... | 28 |
| ODOMZO..... | 47 |
| <i>odorless coated fish oil/</i> | 162 |
| OFEV..... | 205 |
| <i>ofloxacin (ophth)</i> | 179 |
| <i>ofloxacin (otic)</i> | 185 |
| OGIVRI..... | 47 |
| OGIVRI INJ 420MG..... | 47 |
| OGSIVEO..... | 47 |
| OJJAARA..... | 47 |
| <i>olanzapine</i> | 72 |
| <i>olmesartan medoxomil</i> | 57 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> | 55 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i> | 55 |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i> | 55 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i> | 55 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-12.5 mg</i> | 56 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-10-25 mg</i> | 56 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-12.5 mg</i> | 56 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 40-5-25 mg</i> | 56 |
| <i>olopatadine hcl</i> | 181 |
| OMEGA POWER CAP 1050MG..... | 163 |
| OMEGA-3 CAP 350MG..... | 163 |
| OMEGA-3 CAP FISH OIL..... | 163 |
| <i>omega-3 fatty acids</i> | 163 |
| OMEGA-3 IQ CHW 240MG..... | 163 |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 59 |
| OMEGAPURE CAP 780 EC..... | 163 |
| <i>omeprazole</i> | 122 |
| OMNIPOD 5 G6 KIT INTRO..... | 95 |
| OMNIPOD 5 G6 MIS PODS..... | 95 |
| OMNIPOD 5 G7 KIT INTRO..... | 95 |
| OMNIPOD 5 G7 MIS PODS..... | 95 |
| OMNIPOD DASH KIT INTRO..... | 95 |
| OMNIPOD DASH MIS PODS..... | 95 |
| OMNIPOD GO KIT 10UNT/DY..... | 95 |
| OMNIPOD GO KIT 15UNT/DY..... | 95 |
| OMNIPOD GO KIT 20UNT/DY..... | 95 |
| OMNIPOD GO KIT 25UNT/DY..... | 95 |
| OMNIPOD GO KIT 30UNT/DY..... | 95 |
| OMNIPOD GO KIT 35UNT/DY..... | 96 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|--------|
| OMNIPOD GO KIT 40UNT/DY | 96 |
| OMNIPOD MIS CLASSIC | 96 |
| <i>ondansetron</i> | 111 |
| <i>ondansetron hcl</i> | 111 |
| ONE A DAY CAP PRENATAL | 175 |
| ONTRUZANT | 47 |
| ONUREG | 37 |
| OPCON-A SOL OP | 181 |
| OPERAND CHLORHEXIDINE GLU | 226 |
| OPSUMIT | 64 |
| <i>optics mini drops</i> | 184 |
| OPTIMAL D3 M | 175 |
| ORA-FILM | 236 |
| ORA-HESIVE PST BASE | 142 |
| <i>oral analgesic maximum st</i> | 236 |
| <i>oral anesthetic maximum s</i> | 236 |
| ORAMAGIC PLUS | 236 |
| ORASEP SPR | 236 |
| <i>orastat maximum strength</i> | 236 |
| ORAZINC | 156 |
| ORGOVYX | 38 |
| <i>original ointment</i> | 212 |
| ORKAMBI GRA 100-125 | 205 |
| ORKAMBI GRA 150-188 | 205 |
| ORKAMBI GRA 75-94MG | 205 |
| ORKAMBI TAB 100-125 | 206 |
| ORKAMBI TAB 200-125 | 206 |
| ORSERDU | 38 |
| <i>os-cal</i> | 156 |
| OS-CAL | 156 |
| OS-CAL TAB 500 + D | 156 |
| OS-CAL ULTRA TAB | 156 |
| <i>osco natural fiber laxati</i> | 118 |
| <i>osco potassium gluconate</i> | 144 |
| <i>oseltamivir phosphate</i> | 30 |
| OSTEO-PORETI TAB | 156 |
| OTEZLA | 132 |
| OTEZLA TAB 10/20/30 | 132 |
| <i>oxacillin sodium</i> | 34 |
| OXALIC ACID CRY | 142 |
| <i>oxalic acid crystals</i> | 142 |
| <i>oxaliplatin</i> | 36 |
| <i>oxcarbazepine</i> | 78 |
| OXIPOR VHC LOT | 227 |
| <i>oxybutynin chloride</i> | 123 |
| <i>oxycodone hcl</i> | 19, 20 |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 20 |

| | |
|--|-----|
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 20 |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 20 |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 20 |
| OXYCONTIN | 18 |
| <i>oxymetazoline hcl</i> | 199 |
| <i>oyster shell</i> | 156 |
| OYSTER SHELL CALCIUM | 156 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | 91 |
| OZEMPIC (0.25 OR 0.5MG/DOSE) | 92 |
| OZEMPIC (1MG/DOSE) | 92 |
| OZEMPIC (2MG/DOSE) | 92 |
| P | |
| P D NATAL/FA TAB | 175 |
| <i>pacerone</i> | 58 |
| <i>paclitaxel</i> | 40 |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | 40 |
| PAIN RELIEF TAB | 14 |
| <i>painaid</i> | 14 |
| <i>paliperidone</i> | 72 |
| PALMITATE-A | 175 |
| <i>pamidronate disodium</i> | 97 |
| PAMIDRONATE DISODIUM | 97 |
| PANRETIN | 227 |
| <i>pantoprazole sodium</i> | 122 |
| PANZYGA | 134 |
| <i>paraplatin</i> | 36 |
| <i>paricalcitol</i> | 105 |
| <i>paroxetine hcl</i> | 67 |
| PARVA-CAL TAB 250-100 | 156 |
| PARVA-CAL TAB 500MG | 156 |
| PATADAY | 181 |
| PATADAY EXTRA STRENGTH | 181 |
| PAXLOVID TAB 150-100 | 30 |
| PAXLOVID TAB 300-100 | 30 |
| <i>pazopanib hcl</i> | 47 |
| PCCA MBK MIS FAT ACID | 142 |
| PEDIACARE INFANT | 200 |
| PEDIACARE LIQ CGH/COLD | 200 |
| PEDIA-LAX | 118 |
| PEDIARIX INJ 0.5ML | 136 |
| <i>pediatric enema</i> | 118 |
| PEDIATRIC MIS MASK | 200 |
| PEDIAVENT | 188 |
| PEDVAX HIB | 136 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|---|-----|---|-----|
| PEG 1000 LIQ..... | 142 | <i>phenylephrine w/ dm-gg liqd 10-18-200</i> | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 118 | <i>mg/15ml</i> | 200 |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 118 | <i>phenylephrine w/ dm-gg syrup 5-10-100</i> | |
| PEGASYS..... | 30 | <i>mg/5ml</i> | 200 |
| PEMAZYRE..... | 47 | <i>phenylephrine w/ dm-gg tab 10-17.5-385</i> | |
| <i>pemetrexed disodium</i> | 37 | <i>mg</i> | 200 |
| PEN GK/DEXTR INJ 40000/ML..... | 34 | <i>phenytek</i> | 78 |
| PEN GK/DEXTR INJ 60000/ML..... | 35 | <i>phenytoin</i> | 78 |
| PENBRAYA INJ..... | 136 | <i>phenytoin sodium</i> | 78 |
| <i>penicillamine</i> | 97 | <i>phenytoin sodium extended</i> | 78 |
| <i>penicillin g potassium</i> | 35 | PHESGO SOL..... | 47 |
| <i>penicillin g sodium</i> | 35 | PHILLIPS..... | 118 |
| <i>penicillin v potassium</i> | 35 | PHOS-NAK POW CONCENTR..... | 156 |
| PENTACEL INJ..... | 137 | PHOSPHATIDYL POW 20%..... | 142 |
| <i>pentamidine isethionate inh</i> | 22 | <i>phytonadione</i> | 175 |
| <i>pentamidine isethionate inj</i> | 22 | PIFELTRO..... | 26 |
| <i>pentoxifylline</i> | 129 | <i>pilocarpine hcl</i> | 182 |
| PEPCID AC..... | 113 | <i>pilocarpine hcl (oral)</i> | 237 |
| PEPCID CHW COMPLETE..... | 120 | <i>pimozide</i> | 73 |
| PEPTO-BISMOL TO-GO..... | 110 | <i>pindolol</i> | 61 |
| PERCOGESIC TAB 12.5-325..... | 200 | <i>pioglitazone hcl</i> | 92 |
| PERFECT IRON..... | 128 | <i>pioglitazone hcl-metformin hcl tab 15-500</i> | |
| <i>perindopril erbumine</i> | 53 | <i>mg</i> | 92 |
| <i>perio gard</i> | 236 | <i>pioglitazone hcl-metformin hcl tab 15-850</i> | |
| PERMA-GRIP POW..... | 236 | <i>mg</i> | 92 |
| <i>permethrin</i> | 230 | <i>piperacillin sod-tazobactam na for inj 3.375</i> | |
| PERMETHRIN LOT 1%..... | 230 | <i>gm (3-0.375 gm)</i> | 35 |
| <i>perox-a-mint</i> | 236 | <i>piperacillin sod-tazobactam sod for inj 13.5</i> | |
| <i>perphenazine</i> | 73 | <i>gm (12-1.5 gm)</i> | 35 |
| PERSERIS..... | 73 | <i>piperacillin sod-tazobactam sod for inj 2.25</i> | |
| PERUVIAN LIQ BALSAM..... | 142 | <i>gm (2-0.25 gm)</i> | 35 |
| PETROLATUM OIN..... | 227 | <i>piperacillin sod-tazobactam sod for inj 4.5</i> | |
| <i>petrolatum ointment</i> | 142 | <i>gm (4-0.5 gm)</i> | 35 |
| <i>petrolatum, hydrophilic ointment</i> | 142 | <i>piperacillin sod-tazobactam sod for inj 40.5</i> | |
| <i>pfizerpen</i> | 35 | <i>gm (36-4.5 gm)</i> | 35 |
| PHANATUSS SYP..... | 200 | PIQRAY 200MG DAILY DOSE..... | 47 |
| PHARMABASE BARRIER..... | 227 | PIQRAY 250MG TAB DOSE..... | 47 |
| PHAZYME..... | 120 | PIQRAY 300MG DAILY DOSE..... | 47 |
| PHAZYME MAXIMUM STRENGTH..... | 120 | <i>pirfenidone</i> | 206 |
| PHAZYME MS CAP 166MG..... | 120 | <i>piroxicam</i> | 17 |
| <i>phenelzine sulfate</i> | 68 | PLASMA-LYTE INJ -148..... | 146 |
| <i>phenobarbital</i> | 78 | PLASMA-LYTE INJ -A..... | 146 |
| <i>phenobarbital sodium</i> | 78 | <i>plenamine</i> | 148 |
| PHENOL LIQ..... | 227 | PLENVU SOL..... | 118 |
| <i>phenol liquid</i> | 227 | PLURONIC..... | 142 |
| <i>phenylephrine in hard fat</i> | 227 | <i>podofilox</i> | 227 |
| | | POLAR FROST..... | 227 |
| | | POLIGRIP MIS COMFORT..... | 237 |
| | | POLIGRIP SUP CRE STRNG FR..... | 237 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 273
1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y
abreviaturas de esta tabla en la página 7.

| | |
|---|----------|
| POLY HIST TAB 7.5-10MG | 200 |
| <i>poly-c</i> | 175 |
| <i>polycin ophth oint</i> | 179 |
| POLY-HIST DM LIQ 5-25-10 | 200 |
| POLY-HIST PD LIQ..... | 200 |
| <i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% | 180 |
| POLYSORBATE SOL 20..... | 142 |
| POLYSPORIN OIN..... | 210 |
| POLY-TUSSIN LIQ 10-4-10..... | 200 |
| POLY-VENT DM TAB | 200 |
| POLY-VENT IR TAB 60-380MG | 200 |
| POLY-VI-SOL SOL 50MG/ML..... | 175 |
| POLY-VI-SOL SOL IRON | 175 |
| POMALYST..... | 39 |
| <i>posaconazole</i> | 24 |
| POSTURE-D TAB 600MG..... | 156 |
| POSTURE-D TAB CALC/MAG | 156 |
| POT CHL 20MEQ/L IN NAACL 0.45% INJ... .. | 146 |
| POT CHL 20MEQ/L IN NAACL 0.9% INJ | 146 |
| POT CHL 40MEQ/L IN NAACL 0.9% INJ | 146 |
| POT GLUCONAT TAB 500MG..... | 144 |
| POT NITRATE GRA | 142 |
| POT SORBATE CRY | 142 |
| <i>potassium</i> | 144 |
| <i>potassium & sodium phosphates powder</i> <i>pack 280-160-250 mg</i> | 156 |
| <i>potassium chloride</i> | 146, 147 |
| POTASSIUM CHLORIDE | 146 |
| <i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i> | 146 |
| <i>potassium chloride microencapsulated</i> <i>crystals er</i> | 147 |
| <i>potassium citrate (alkalinizer)</i> | 123 |
| <i>potassium gluconate</i> | 144 |
| POTASSIUM GLUCONATE..... | 144 |
| POTASSIUM GLUCONATE ER..... | 144 |
| POTASSIUM HYDROXIDE | 142 |
| POTASSIUM IODIDE | 103 |
| POTASSIUM TAB CHELATED | 144 |
| <i>povidone-iodine</i> | 227 |
| POVIDONE-IODINE PREP PAD..... | 227 |
| <i>powders</i> | 227 |
| <i>pramipexole dihydrochloride</i> | 70 |
| <i>pramoxine hcl (rectal)</i> | 227 |
| <i>prasterone (dhea)</i> | 163 |
| PRASTERONE (DHEA) CAP 25 | 163 |
| <i>prasugrel hcl</i> | 130 |

| | |
|--|-----|
| <i>pravastatin sodium</i> | 58 |
| <i>praziquantel</i> | 22 |
| <i>prazosin hcl</i> | 54 |
| PREDATOR..... | 227 |
| <i>prednisolone</i> | 99 |
| <i>prednisolone acetate (ophth)</i> | 180 |
| PREDNISOLONE SODIUM PHOSP | 180 |
| <i>prednisolone sodium phosphate</i> | 99 |
| <i>prednisone</i> | 99 |
| PREDNISONE INTENSOL..... | 99 |
| <i>pregabalin</i> | 78 |
| PREHEVBRIO | 137 |
| PREMASOL SOL 10% | 148 |
| PRENAT MULTI CAP +DHA..... | 175 |
| PRENATAL CAP FORMULA..... | 175 |
| PRENATAL DHA PAK MULTI | 175 |
| PRENATAL FRM TAB A-FREE..... | 175 |
| PRENATAL GUM CHW 0.4-32.5 | 175 |
| PRENATAL TAB | 175 |
| PRENATAL TAB 27-1MG | 147 |
| PRENATAL TAB PLUS..... | 147 |
| PREPARATIO H CRE TOTABLE..... | 227 |
| PREPARATIO H GEL | 227 |
| PREPARATION OIN H | 227 |
| <i>prevalite</i> | 59 |
| PREVYMIS..... | 30 |
| PREZCOBIX TAB 800-150 | 28 |
| PREZISTA | 26 |
| PRIFTIN | 29 |
| PRIOSEC OTC | 122 |
| <i>primaquine phosphate</i> | 25 |
| PRIMAQUINE PHOSPHATE..... | 25 |
| <i>primidone</i> | 78 |
| PRIORIX INJ | 137 |
| PRIVIGEN..... | 134 |
| PRO NUTRIENT CAP OMEGA3 | 163 |
| <i>probenecid</i> | 10 |
| <i>prochlorperazine</i> | 111 |
| <i>prochlorperazine edisylate</i> | 111 |
| <i>prochlorperazine maleate</i> | 111 |
| PROCORT CRE..... | 227 |
| PROCRIT | 126 |
| PROCTOCORT..... | 227 |
| PROCTOFOAM AER HC 1%..... | 227 |
| PROCTOFOAM AER NS 1%..... | 227 |
| <i>procto-med hc</i> | 227 |
| <i>proctosol hc</i> | 228 |
| <i>proctozone-hc</i> | 228 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|--|----------|
| PROFE..... | 128 |
| PROFERRIN ES TAB 12 MG..... | 128 |
| <i>progesterone</i> | 104 |
| PROGRAF..... | 135 |
| PROLASTIN-C..... | 206 |
| PROLENSA..... | 180 |
| PROLIA..... | 97 |
| PROMACTA..... | 129, 130 |
| <i>promethazine hcl</i> | 111 |
| <i>promethazine vc/codeine</i> | 200 |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 200 |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 200 |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | 200 |
| PRONTO SHA 0.33-4%..... | 230 |
| <i>propafenone hcl</i> | 58 |
| <i>proparacaine hcl</i> | 184 |
| <i>propranolol hcl</i> | 61 |
| PROPYLENE GL SOL..... | 142 |
| <i>propylene glycol</i> | 142 |
| <i>propylthiouracil</i> | 105 |
| PROQUAD INJ..... | 137 |
| PRO-RED AC SYP 5-1-9/5..... | 200 |
| PROSOL INJ 20%..... | 148 |
| PROTO-CHOL CAP 1000MG..... | 163 |
| <i>protriptyline hcl</i> | 68 |
| <i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i> | 200 |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | 201 |
| <i>pseudoephedrine hcl</i> | 201 |
| <i>psoriasis</i> | 228 |
| PSORIASIS MEDICATED SKIN..... | 228 |
| <i>psyllium</i> | 118 |
| PULMOZYME..... | 206 |
| PURE L-CITRULLINE..... | 163 |
| PURIXAN..... | 37 |
| <i>px enteric aspirin</i> | 14 |
| <i>px fish oil</i> | 163 |
| <i>pyrazinamide</i> | 29 |
| <i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> | 230 |
| <i>pyridostigmine bromide</i> | 85 |
| <i>pyridoxine hcl</i> | 176 |
| PYRILAMIN/PE TAB 25-10MG..... | 201 |
| <i>pyrithione zinc</i> | 228 |

Q

| | |
|--|-----|
| <i>qc 3 day vaginal cream</i> | 124 |
| <i>qc anti-diarrheal advance</i> | 110 |
| <i>qc aspirin low dose</i> | 14 |
| <i>qc b-complex + vitamin c</i> | 176 |
| <i>qc cough drops</i> | 237 |
| <i>qc diclofenac sodiium</i> | 14 |
| <i>qc sore throat</i> | 237 |
| Q-GEL..... | 163 |
| QINLOCK..... | 47 |
| <i>q-tussin dm</i> | 201 |
| QUADRACEL INJ..... | 137 |
| QUADRACEL INJ 0.5ML..... | 137 |
| <i>quetiapine fumarate</i> | 73 |
| <i>quinapril hcl</i> | 53 |
| <i>quinidine sulfate</i> | 58 |
| <i>quinine sulfate</i> | 25 |
| QULIPTA..... | 84 |
| <i>qunol coq10/ubiquinol/meg</i> | 163 |
| <i>q-up</i> | 163 |

R

| | |
|--|-----|
| <i>ra allergy</i> | 188 |
| <i>ra antacid pain relief</i> | 14 |
| <i>ra antibiotic/pain relief</i> | 210 |
| <i>ra antifungal foot care</i> | 212 |
| <i>ra aspirin ec</i> | 14 |
| <i>ra aspirin ec adult low s</i> | 14 |
| <i>ra body powder medicated</i> | 228 |
| RA CA/BORON TAB..... | 156 |
| <i>ra calcium 600</i> | 157 |
| <i>ra cleaning/disinfecting</i> | 184 |
| <i>ra cough drops</i> | 237 |
| <i>ra day/night maximum stre</i> | 201 |
| <i>ra ginkgo biloba</i> | 163 |
| RA HIGH POTENCY IRON..... | 128 |
| <i>ra l-arginine</i> | 163 |
| <i>ra laxative extra strengt</i> | 118 |
| <i>ra medicated first aid sp</i> | 228 |
| <i>ra mouth pain anesthetic</i> | 237 |
| RA OYS SHL/D TAB 500MG..... | 157 |
| <i>ra potassium/magnesium as</i> | 157 |
| <i>ra severe cold/night time</i> | 201 |
| <i>ra slow release iron</i> | 128 |
| RA TRUEPLUS GLUCOSE..... | 100 |
| <i>ra tussin cough dm sugar</i> | 201 |
| RA VITAMIN B-1..... | 176 |
| RA VITAMIN B-12..... | 176 |

| | | | |
|--|--------|--|--------|
| RABAVERT INJ..... | 137 | REXULTI..... | 73 |
| <i>rabeprazole sodium</i> | 122 | REYATAZ..... | 26 |
| <i>raloxifene hcl</i> | 103 | REZLIDHIA..... | 48 |
| <i>ramipril</i> | 54 | REZUROCK..... | 135 |
| <i>ranolazine</i> | 64 | RHINARIS..... | 206 |
| <i>rasagiline mesylate</i> | 70 | RHOPRESSA..... | 182 |
| <i>raspberry syrup</i> | 142 | <i>ribavirin (hepatitis c)</i> | 30 |
| RAYALDEE..... | 105 | <i>riboflavin</i> | 176 |
| RECOMBIVAX HB..... | 137 | RIBOFLAVIN..... | 176 |
| RECTIV..... | 228 | RICOLA CHERRY HERB SUGAR..... | 237 |
| RED YEAST POW RICE..... | 142 | RICOLA CHERRY HONEY HERB..... | 237 |
| REESES PINWORM MEDICINE..... | 23 | <i>ricola honey lemon w/echi</i> | 237 |
| REFENESEN TAB CHST CNG..... | 201 | RICOLA HONEY-HERB..... | 237 |
| REFRESH DRO OP..... | 184 | RICOLA LEMON MINT..... | 237 |
| REFRESH GEL OPTIVE..... | 184 | RICOLA LEMON MINT HERB SU..... | 237 |
| REFRESH LIQUIGEL..... | 184 | RICOLA LOZ..... | 237 |
| REFRESH OPTI DRO 0.5-0.9%..... | 184 | <i>ricola mountain herb suga</i> | 237 |
| REFRESH PLUS..... | 184 | <i>ricola natural herb</i> | 237 |
| REFRESH SOL OPTIVE..... | 184 | RID..... | 230 |
| REGRANEX..... | 231 | RID COMPLETE KIT LICE..... | 230 |
| <i>relcof c</i> | 201 | RID ESS LICE KIT 0.33-4%..... | 230 |
| RELENZA DISKHALER..... | 30 | RID LIQ..... | 230 |
| RELION ALL- MIS IN-ONE..... | 103 | <i>rifabutin</i> | 29 |
| RELISTOR..... | 120 | <i>rifampin</i> | 29 |
| REMEDY CLEANSING BODY LOT..... | 228 | <i>riluzole</i> | 85 |
| <i>remedy phytoplex antifung</i> | 212 | RI-MAG..... | 108 |
| REMEDY PST CALAZIME..... | 228 | RI-MAG PLUS SUS..... | 108 |
| REMEDY SKIN REPAIR..... | 228 | <i>rimantadine hydrochloride</i> | 30 |
| REMICADE..... | 132 | RINVOQ..... | 132 |
| RENFLEXIS..... | 132 | RISACAL-D TAB..... | 157 |
| <i>repaglinide</i> | 92 | RISAMINE OIN..... | 228 |
| REPATHA..... | 59 | <i>risedronate sodium</i> | 97 |
| REPATHA PUSHTRONEX SYSTEM..... | 59 | <i>risperidone</i> | 73 |
| REPATHA SURECLICK..... | 60 | <i>risperidone microspheres</i> | 73, 74 |
| REPEL SPORTSMEN MAX..... | 228 | <i>ritonavir</i> | 26 |
| REPLACE TAB SR..... | 144 | <i>rivastigmine</i> | 66 |
| REPLESTA..... | 176 | <i>rivastigmine tartrate</i> | 66 |
| REPLESTA CHILDRENS..... | 176 | <i>rizatriptan benzoate</i> | 84 |
| RESCON TAB 2-60MG..... | 201 | <i>robafen dm clear</i> | 201 |
| RESCON-DM SYP..... | 201 | <i>robafen dm cough clear</i> | 201 |
| RESPIRE-30 CAP..... | 201 | ROBITUSSIN COUGHGELS..... | 201 |
| RESTASIS..... | 184 | ROBITUSSIN LIQ CGH/CLD..... | 201 |
| RESTASIS MULTIDOSE..... | 184 | ROBITUSSIN SYP 100/5ML..... | 201 |
| RESTORE PAK..... | 110 | ROCKLATAN DRO..... | 182 |
| RETAINÉ HPMC..... | 184 | <i>roflumilast</i> | 206 |
| RETAINÉ MGD EMU 0.5-0.5%..... | 184 | ROLAIDS CHW..... | 108 |
| RETEVMO..... | 47, 48 | ROLAIDS CHW EX ST..... | 108 |
| REVLIMID..... | 39 | ROLAIDS MULT CHW SYMPTOM..... | 108 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 276

| | |
|--|-----|
| <i>ropinirole hydrochloride</i> | 70 |
| <i>rosuvastatin calcium</i> | 58 |
| ROTARIX SUS | 137 |
| ROTATEQ SOL | 137 |
| <i>roweepira</i> | 78 |
| ROZLYTREK | 48 |
| RUBRACA..... | 48 |
| <i>rufinamide</i> | 79 |
| RUKOBIA | 26 |
| RYBELSUS | 92 |
| RYDAPT | 48 |
| RYDEX LIQ | 201 |
| RYMED TAB 2-10MG | 201 |
| s | |
| S2..... | 206 |
| <i>sajazir</i> | 130 |
| SALESE LOZ | 237 |
| SALMON CAP 200MG | 163 |
| SANDIMMUNE..... | 135 |
| SANTYL | 231 |
| <i>sapropterin dihydrochloride</i> | 103 |
| SARNA LOT..... | 228 |
| <i>saw palmetto (serenoa repens)</i> | 163 |
| SAW PALMETTO CAP 450MG | 163 |
| <i>sb anti-gas</i> | 120 |
| <i>sb aspirin</i> | 14 |
| <i>sb aspirin adult low stre</i> | 14 |
| <i>sb childrens ibuprofen</i> | 17 |
| <i>sb cough control</i> | 201 |
| <i>sb cough control cf</i> | 201 |
| <i>sb cough relief</i> | 202 |
| <i>sb lactase</i> | 112 |
| <i>sb low dose asa ec</i> | 15 |
| SCEMBLIX | 48 |
| <i>scholls for her cracked s</i> | 228 |
| SCOOBY-DOO CHW | 176 |
| <i>scopolamine</i> | 111 |
| SCYTERA..... | 228 |
| SE PLUS PROTEIN | 157 |
| SEA BOND BRI GEL CLEANSER | 237 |
| SEA BOND WAF | 237 |
| SEBULEX SHA..... | 228 |
| SECUADO | 74 |
| SECURA EXTRA PROTECTIVE | 228 |
| <i>selegiline hcl</i> | 70 |
| <i>selenium</i> | 157 |
| SELENIUM..... | 157 |

| | |
|---|-----|
| <i>selenium sulfide</i> | 213 |
| SELENIUM TAB 50MCG..... | 157 |
| SELSUN BLUE..... | 228 |
| SELZENTRY | 27 |
| <i>senexon</i> | 118 |
| SENNA..... | 118 |
| SENNA LEAVES MIS..... | 118 |
| SENOKOT | 119 |
| SENOKOT S TAB 8.6-50MG | 119 |
| SENOKOT XTRA..... | 119 |
| SEREVENT DISKUS | 189 |
| <i>sertraline hcl</i> | 68 |
| SESAME ST CHW VITAMINS..... | 176 |
| <i>sevelamer carbonate</i> | 104 |
| SHINGRIX..... | 137 |
| SIGNIFOR | 103 |
| <i>sildenafil citrate (pulmonary hypertension)</i> | 64 |
| <i>siltussin-dm</i> | 202 |
| <i>silver sulfadiazine</i> | 210 |
| SIMBRINZA SUS 1-0.2%..... | 182 |
| <i>simethicone</i> | 120 |
| <i>simethicone susp 40 mg/0.</i> | 120 |
| <i>simple - syrup</i> | 142 |
| <i>simvastatin</i> | 58 |
| SINUS RELIEF TAB DAY/NGHT | 202 |
| SINUS WASH CRY SALT | 206 |
| <i>sirolimus</i> | 135 |
| SIRTURO..... | 29 |
| SIVEXTRO..... | 23 |
| SKIN PROTECTANT MOISTURE | 228 |
| SKYRIZI..... | 132 |
| SKYRIZI PEN | 132 |
| SLO-NIACIN..... | 176 |
| SLOW FE | 128 |
| SLOW MAGNESIUM CHLORIDE/ <i>sm 3-day vaginal</i> | 157 |
| <i>sm 8 hour pain relief</i> | 124 |
| <i>sm allergy relief</i> | 15 |
| <i>sm anti-dandruff coal tar</i> | 188 |
| <i>sm arthritis pain</i> | 229 |
| <i>sm aspirin adult low stre</i> | 15 |
| <i>sm aspirin ec low strengt</i> | 15 |
| <i>sm aspirin low dose</i> | 15 |
| SM B-COMPLEX TAB /VIT C..... | 176 |
| <i>sm biotin</i> | 176 |
| <i>sm calcium plus/vitamin d</i> | 157 |
| SM CORAL CALCIUM..... | 157 |

| | | | |
|--|----------|---|-----|
| <i>sm cough drops</i> | 237 | <i>sotalol hcl</i> | 58 |
| <i>sm fiber</i> | 119 | <i>sotalol hcl (afib/af)</i> | 58 |
| <i>sm flax seed oil</i> | 163 | SPECTROCIN OIN PLUS | 210 |
| <i>sm fruit coolers</i> | 237 | <i>spironolactone</i> | 54 |
| <i>sm ginkgo biloba</i> | 164 | <i>spironolactone & hydrochlorothiazide tab</i> | |
| SM LAXATIVE TAB REGULAR..... | 119 | 25-25 mg..... | 63 |
| <i>sm natural herb cough dro</i> | 238 | SPRITAM | 79 |
| SM SLOW RELEASE IRON | 129 | SPRYCEL..... | 48 |
| <i>sm tussin dm</i> | 202 | <i>sps</i> | 97 |
| <i>sm tussin dm cough/chest</i> | 202 | <i>ssd</i> | 210 |
| SM VITAMIN D3 MAXIMUM STR | 176 | <i>st joseph aspirin</i> | 15 |
| SOD BENZOATE POW | 142 | <i>st joseph low dose aspiri</i> | 15 |
| SOD CHLORIDE GRA..... | 157 | STAHIST AD LIQ | 202 |
| SOD METABISU GRA..... | 143 | STAHIST AD TAB 25-60MG..... | 202 |
| SOD PERBORAT CRY | 143 | STELARA | 132 |
| SOD PROPION POW | 143 | STERILE LUBRICANT DROPS..... | 184 |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i> | | STEVIA EXTRACT | 143 |
| 3.13-1.6 gm/177ml..... | 119 | STIMULEN LOT | 229 |
| SOD SULFITE POW | 143 | STIVARGA..... | 48 |
| <i>sodium benzoate powder</i> | 143 | STOPAIN | 229 |
| <i>sodium bicarbonate (antacid)</i> | 108 | <i>streptomycin sulfate</i> | 23 |
| SODIUM BORAT POW | 143 | STRESS B CMP TAB /C TR..... | 176 |
| <i>sodium chloride</i> | 147, 157 | STRESSCAPS CAP..... | 176 |
| SODIUM CHLORIDE..... | 157 | STRIBILD TAB..... | 28 |
| <i>sodium chloride (gu irrigant)</i> | 231 | STUART ONE CAP | 176 |
| <i>sodium chloride hypertonic</i> | 184 | <i>subvenite</i> | 79 |
| SODIUM CITRA GRA | 143 | <i>sucralfate</i> | 120 |
| sodium fluoride chew; tab; 1.1 (0.5 f) | | SUCRETS SORE THROAT | 238 |
| mg/ml soln..... | 147 | SUDAFED PE MAXIMUM STRENG..... | 202 |
| SODIUM OXYBATE | 87 | SUDAFED PE PAK COLD | 202 |
| <i>sodium phenylbutyrate</i> | 103 | SUDAFED SINUS CONGESTION | 202 |
| <i>sodium polystyrene sulfonate powder</i> | 97 | SUDAFED TAB 60MG..... | 202 |
| SODIUM POW BICARBON | 108 | <i>sulfacetamide sodium (acne)</i> | 210 |
| <i>sodium saccharin powder</i> | 164 | <i>sulfacetamide sodium (ophth)</i> | 180 |
| <i>solifenacin succinate</i> | 123 | <i>sulfacetamide sodium-prednisolone ophth</i> | |
| SOLIQUA INJ 100/33..... | 96 | soln 10-0.23(0.25)% | 179 |
| SOLTAMOX..... | 39 | <i>sulfadiazine</i> | 23 |
| SOLU-CORTEF | 99 | <i>sulfamethoxazole-trimethoprim iv soln</i> | |
| SOMATULINE DEPOT | 103 | 400-80 mg/5ml | 23 |
| SOMAVERT..... | 103 | <i>sulfamethoxazole-trimethoprim susp 200-</i> | |
| SOOTH-IT PAD | 229 | 40 mg/5ml..... | 23 |
| <i>sorafenib tosylate</i> | 48 | <i>sulfamethoxazole-trimethoprim tab 400-80</i> | |
| <i>sorbitol</i> | 143 | mg | 23 |
| SORBITOL | 119 | <i>sulfamethoxazole-trimethoprim tab 800-</i> | |
| <i>sore throat</i> | 238 | 160 mg | 23 |
| SORE THROAT LOLLIPOPS..... | 238 | SULFAMYLON | 211 |
| <i>sore throat lozenges</i> | 238 | <i>sulfasalazine</i> | 113 |
| <i>sorine</i> | 58 | SULFUR POW | 143 |
| | | <i>sulindac</i> | 17 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 278

| | |
|------------------------------------|-----|
| <i>sumatriptan</i> | 84 |
| <i>sumatriptan succinate</i> | 84 |
| SUMMERS EVE SOL 0.3%..... | 123 |
| <i>sunitinib malate</i> | 48 |
| SUNLENCA..... | 27 |
| SUPER DAILY D3..... | 176 |
| SUPER TWIN CAP EPA/DHA..... | 164 |
| SUPERIORSOURCE K1..... | 176 |
| SUSPENDOL-S LIQ..... | 143 |
| <i>sv d-mannose</i> | 164 |
| SWEEN CRE..... | 229 |
| SWIM EAR..... | 238 |
| SYMDEKO TAB 100-150..... | 206 |
| SYMDEKO TAB 50-75MG..... | 206 |
| SYMPAZAN..... | 79 |
| SYMTUZA TAB..... | 28 |
| SYNAREL..... | 97 |
| SYNJARDY TAB 12.5-1000MG..... | 92 |
| SYNJARDY TAB 12.5-500..... | 92 |
| SYNJARDY TAB 5-1000MG..... | 92 |
| SYNJARDY TAB 5-500MG..... | 92 |
| SYNJARDY XR TAB 10-1000..... | 92 |
| SYNJARDY XR TAB 12.5-1000..... | 93 |
| SYNJARDY XR TAB 25-1000..... | 93 |
| SYNJARDY XR TAB 5-1000MG..... | 92 |
| SYNTHROID..... | 105 |
| SYSTANE BALANCE RESTORATI..... | 185 |
| SYSTANE FREE GEL..... | 185 |
| SYSTANE PF SOL..... | 185 |
| T | |
| TABLOID..... | 37 |
| TABRECTA..... | 48 |
| <i>tacrolimus</i> | 135 |
| <i>tacrolimus (topical)</i> | 229 |
| TAFINLAR..... | 49 |
| TAGRISSO..... | 49 |
| TALC POW..... | 143 |
| <i>talc powder</i> | 143 |
| TALTZ..... | 133 |
| TALZENNA..... | 49 |
| <i>tamoxifen citrate</i> | 39 |
| <i>tamsulosin hcl</i> | 122 |
| TANDEM CAP..... | 129 |
| TANNIC ACID POW..... | 229 |
| <i>tannic acid powder</i> | 229 |
| TASIGNA..... | 49 |
| <i>tasimelteon</i> | 82 |

| | |
|---|-----|
| TAVIST ALLERGY..... | 188 |
| <i>tazarotene</i> | 213 |
| <i>tazicef</i> | 32 |
| TAZORAC..... | 213 |
| <i>taztia xt</i> | 62 |
| TAZVERIK..... | 49 |
| TDVAX INJ 2-2 LF..... | 137 |
| TEARS NATURA OIN PM..... | 185 |
| TECENTRIQ..... | 49 |
| TEFLARO..... | 32 |
| <i>telmisartan</i> | 57 |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 56 |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 56 |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 56 |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 56 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 56 |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 56 |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 56 |
| <i>temazepam</i> | 83 |
| TEMPRA 3 CHW 160MG..... | 15 |
| TENIVAC INJ 5-2LF..... | 137 |
| <i>tenofovir disoproxil fumarate</i> | 27 |
| TEPMETKO..... | 49 |
| <i>terazosin hcl</i> | 54 |
| <i>terbinafine hcl</i> | 24 |
| <i>terbutaline sulfate</i> | 189 |
| <i>terconazole vaginal</i> | 124 |
| TERIPARATIDE..... | 97 |
| TESSALON PERLES..... | 202 |
| <i>testosterone</i> | 89 |
| <i>testosterone cypionate</i> | 89 |
| <i>testosterone enanthate</i> | 89 |
| <i>tetrabenazine</i> | 85 |
| <i>tetracycline hcl</i> | 35 |
| <i>tg 10peh/380gfn/15dm</i> | 202 |
| <i>tgt acetaminophen melts c</i> | 15 |
| <i>tgt antacid extra strengt</i> | 108 |
| <i>tgt anti-itch/aloe maximu</i> | 215 |
| <i>tgt cough drops</i> | 238 |
| <i>tgt cough formula dm max</i> | 202 |
| <i>tgt eye allergy relief</i> | 181 |
| <i>tgt hemorrhoidal supposit</i> | 229 |
| <i>th b complex/iron/vitamin</i> | 176 |
| <i>th cold & allergy</i> | 202 |
| THALOMID..... | 39 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|-----|
| <i>theophylline</i> | 206 |
| THER B COMPL TAB W/C..... | 176 |
| THERA MULTI LIQ..... | 176 |
| THERA-D 4000..... | 177 |
| THERAFLU PAK SEV COLD..... | 202 |
| THERAFLU SEV POW COLD/CGH..... | 202 |
| THERANATAL CAP ONE..... | 177 |
| THERANATAL MIS COMPLETE..... | 177 |
| THERANATAL PAK OVAVITE..... | 177 |
| THERAPLEX T..... | 229 |
| THERASEAL..... | 229 |
| THERATEARS..... | 185 |
| <i>thiamine hcl</i> | 177 |
| <i>thioridazine hcl</i> | 74 |
| <i>thiothixene</i> | 74 |
| <i>throat discs</i> | 238 |
| THYMOL CRY..... | 143 |
| THYROSAFE..... | 103 |
| <i>tiadylt er</i> | 62 |
| <i>tiagabine hcl</i> | 79 |
| TIBSOVO..... | 49 |
| TICOVAC..... | 137 |
| <i>tigecycline</i> | 36 |
| <i>timolol maleate</i> | 61 |
| <i>timolol maleate (ophth)</i> | 182 |
| TINACTIN..... | 212 |
| <i>tinidazole</i> | 23 |
| TIOCONAZOLE OIN -1..... | 124 |
| TIVICAY..... | 27 |
| TIVICAY PD..... | 27 |
| <i>tizanidine hcl</i> | 86 |
| TOBRADEX OIN 0.3-0.1%..... | 179 |
| TOBRADEX ST SUS 0.3-0.05..... | 179 |
| <i>tobramycin</i> | 23 |
| <i>tobramycin (ophth)</i> | 180 |
| <i>tobramycin sulfate</i> | 23 |
| <i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%..... | 179 |
| <i>tolnaftate</i> | 212 |
| <i>tolterodine tartrate</i> | 123 |
| TOOTHACHE GEL 20-0.26%..... | 238 |
| <i>topiramate</i> | 79 |
| <i>toremifene citrate</i> | 39 |
| <i>torse mide</i> | 63 |
| TOUJEO MAX SOLOSTAR..... | 96 |
| TOUJEO SOLOSTAR..... | 96 |
| TPN ELECTROL INJ..... | 147 |
| TR MAG COMPL CAP 400MG..... | 157 |

| | |
|---|-----|
| TRADJENTA..... | 93 |
| <i>tramadol hcl</i> | 20 |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 20 |
| <i>trandolapril</i> | 54 |
| <i>tranexamic acid</i> | 130 |
| <i>tranylcypromine sulfate</i> | 68 |
| TRAVASOL INJ 10%..... | 148 |
| TRAZIMERA..... | 49 |
| <i>trazodone hcl</i> | 68 |
| TRECTOR..... | 29 |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 186 |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 186 |
| TREMFYA..... | 133 |
| <i>treprostinil</i> | 65 |
| TRESIBA..... | 96 |
| TRESIBA FLEXTOUCH..... | 96 |
| <i>tretinoin</i> | 210 |
| <i>tretinoin (chemotherapy)</i> | 40 |
| <i>triamcinolone acetonide (mouth)</i> | 238 |
| <i>triamcinolone acetonide (topical)</i> | 215 |
| TRIAMINIC NT LIQ COLD/CGH..... | 202 |
| TRIAMINIC SOL COLD/CGH..... | 202 |
| TRIAMINIC SYP CLD/ALRG..... | 202 |
| TRIAMINIC SYP COLD/CGH..... | 202 |
| <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg..... | 63 |
| <i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg..... | 63 |
| <i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg..... | 63 |
| <i>trientine hcl</i> | 97 |
| <i>trifluoperazine hcl</i> | 74 |
| <i>trifluridine</i> | 180 |
| <i>trihexyphenidyl hcl</i> | 70 |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 93 |
| TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG..... | 93 |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 93 |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 93 |
| TRIKAFTA PAK 59.5MG..... | 206 |
| TRIKAFTA PAK 75MG..... | 206 |
| TRIKAFTA TAB 100-50-75MG & 150MG... | 207 |
| TRIKAFTA TAB 50-25-37.5MG & 75MG... | 207 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | |
|---|-----|
| <i>trimethoprim</i> | 23 |
| <i>trimipramine maleate</i> | 68 |
| TRINTELLIX..... | 68 |
| TRIPLE PASTE..... | 229 |
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 203 |
| TRIPROLIDINE HYDROCHLORID..... | 188 |
| TRIUMEQ PD TAB..... | 28 |
| TRIUMEQ TAB..... | 29 |
| TRI-VI-SOL SOL A/C/D..... | 177 |
| TRIZIVIR TAB..... | 29 |
| TROCHIBASE S MIS..... | 143 |
| TROGARZO..... | 27 |
| TROPHAMINE INJ 10%..... | 148 |
| <i>tropium chloride</i> | 123 |
| TRUEPLUS GEL GLUCOSE..... | 164 |
| TRUEPLUS GLUCOSE..... | 164 |
| TRULICITY..... | 93 |
| TRUMENBA INJ..... | 137 |
| TRUQAP..... | 49 |
| TRUXIMA..... | 49 |
| <i>trymine cg</i> | 203 |
| <i>tryptophan</i> | 164 |
| TUKYSA..... | 49 |
| TUMS..... | 108 |
| TUMS CALCIUM FOR LIFE BON..... | 108 |
| <i>tums gas relief chewy bit</i> | 108 |
| TURALIO..... | 49 |
| <i>turpentine liq</i> | 143 |
| TUSNEL C SYP..... | 203 |
| TUSNEL PED DRO 7.5-50..... | 203 |
| TUSNEL TAB..... | 203 |
| TUSNEL-DM DRO PEDIATRC..... | 203 |
| <i>tussin dm</i> | 203 |
| TWINRIX INJ..... | 137 |
| TYBOST..... | 27 |
| TYL ALLERGY TAB SINUS..... | 203 |
| TYLENOL ALLE TAB MULTI-SY..... | 203 |
| TYLENOL CAP 500MG..... | 15 |
| TYLENOL CAPLETS..... | 15 |
| TYLENOL CHILDRENS..... | 15 |
| TYLENOL CHLD SUS COLD FLU..... | 203 |
| TYLENOL COLD LIQ MAX..... | 203 |
| TYLENOL COLD LIQ MULTI-S..... | 203 |
| TYLENOL COLD LIQ MULTI-SY..... | 203 |
| TYLENOL COLD TAB HEAD CON..... | 203 |
| TYLENOL COLD TAB RELIEF..... | 203 |
| TYLENOL ER TAB 650MG..... | 15 |

| | |
|--------------------------------|-----|
| TYLENOL EXTRA STRENGTH..... | 15 |
| TYLENOL SINU PAK CNG/PAIN..... | 203 |
| TYLENOL TAB CLD/HD..... | 203 |
| TYPHIM VI..... | 137 |
| TYRVAYA..... | 185 |

U

| | |
|------------------------------------|-----|
| UBRELVY..... | 84 |
| ULTRA COQ10..... | 164 |
| <i>ultra throat lozenges</i> | 238 |
| UNIBASE CRE..... | 143 |
| UNISOM..... | 88 |
| UNISOM SLEEPGELS..... | 88 |
| <i>unithroid</i> | 105 |
| UPCAL D POW..... | 157 |
| UPSPRING BABY VITAMIN D..... | 177 |
| UREA BEA..... | 143 |
| URO MAG..... | 108 |
| URO-TRIN TAB 95MG..... | 123 |
| <i>ursodiol</i> | 121 |

V

| | |
|--|-----|
| <i>vacuant mini-enema</i> | 119 |
| <i>vacuant plus mini-enema</i> | 119 |
| <i>valacyclovir hcl</i> | 30 |
| VALCHLOR..... | 229 |
| <i>valganciclovir hcl</i> | 31 |
| <i>valine powder</i> | 164 |
| <i>valproate sodium</i> | 79 |
| <i>valproic acid</i> | 79 |
| <i>valsartan</i> | 57 |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 56 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 56 |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 56 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 57 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 56 |
| VALTOCO 10 MG DOSE..... | 79 |
| VALTOCO 15 MG DOSE..... | 79 |
| VALTOCO 20 MG DOSE..... | 79 |
| VALTOCO 5 MG DOSE..... | 79 |
| VANACLEAR PD..... | 188 |
| VANACOF AC LIQ 12.5-25..... | 203 |
| VANACOF DM LIQ..... | 203 |
| VANACOF LIQ..... | 203 |

| | | | |
|--|-----|---|--------|
| VANACOF-8 LIQ 25-50/15..... | 203 | VIREAD..... | 27 |
| VANA HIST PD..... | 188 | VISINE..... | 181 |
| VANAMINE PD..... | 188 | VISINE PURE DRO TEARS..... | 185 |
| VANATAB AC TAB 12.5-25..... | 203 | VISINE TIRED EYE RELIEF..... | 185 |
| VANATAB DM TAB 5-9-198..... | 204 | VIT C+ZINC TAB 15-60MG..... | 177 |
| <i>vancomycin hcl</i> | 23 | VITA-C CRY..... | 177 |
| VANCOMYCIN HYDROCHLORIDE..... | 23 | VITACRAVES CHW +OMEGA-3..... | 177 |
| VANCOMYCIN INJ 1 GM..... | 23 | VITALINE COQ10..... | 164 |
| VANCOMYCIN INJ 500MG..... | 23 | VITAMAX CHW..... | 177 |
| VANCOMYCIN INJ 750MG..... | 24 | <i>vitamin a</i> | 177 |
| VANFLYTA..... | 50 | VITAMIN A CAP 8000UNIT..... | 177 |
| VAQTA..... | 137 | VITAMIN A&D OIN..... | 229 |
| <i>varenicline tartrate</i> | 88 | VITAMIN B 12..... | 177 |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x</i> <i>1 mg start pack</i> | 88 | VITAMIN B12..... | 177 |
| VARIVAX..... | 137 | VITAMIN B-12..... | 177 |
| VASCEPA..... | 60 | VITAMIN B-12 SUB 1000MCG..... | 177 |
| <i>vazotab</i> | 204 | VITAMIN C..... | 177 |
| VEEGUM MIS LUMP..... | 143 | VITAMIN C SOL..... | 177 |
| VELPHORO..... | 104 | VITAMIN D..... | 177 |
| VELTASSA..... | 97 | VITAMIN D2..... | 178 |
| VEMLIDY..... | 31 | VITAMIN D3..... | 178 |
| VENCLEXTA..... | 50 | VITAMIN D3 IMMUNE HEALTH..... | 178 |
| VENCLEXTA TAB START PK..... | 50 | <i>vitamin d3 ultra potency</i> | 178 |
| <i>venlafaxine hcl</i> | 68 | <i>vitamin e</i> | 178 |
| VENTAVIS..... | 65 | VITAMIN E..... | 178 |
| VENTOLIN HFA..... | 189 | <i>vitamin e-100</i> | 178 |
| VENTOLIN HFA (INSTITUTIONAL PACK)..... | 189 | VITAMIN K..... | 178 |
| <i>verapamil hcl</i> | 62 | VITAMIN K2..... | 178 |
| VERQUVO..... | 64 | VITRAKVI..... | 50 |
| VERSACLOZ..... | 74 | VITRON-C TAB 65-125MG..... | 129 |
| VERZENIO..... | 50 | VIVITROL..... | 88 |
| V-GO 20 KIT..... | 96 | VIZIMPRO..... | 50 |
| V-GO 30 KIT..... | 96 | VOLTAREN ARTHRITIS PAIN..... | 15 |
| V-GO 40 KIT..... | 96 | VONJO..... | 50 |
| VIActiv CHW CARAMEL..... | 157 | <i>voriconazole</i> | 24, 25 |
| <i>vicks dayquil severe cold</i> | 204 | VOSEVI TAB..... | 31 |
| VICKS NYQUIL LIQ COLD/FLU..... | 204 | VRAYLAR..... | 74 |
| VICKS OIN VAPORUB..... | 204 | VYZULTA..... | 182 |
| VICKS VAPODROPS..... | 238 | W | |
| VICKS VITAMIN C DROPS..... | 177 | WAL-FLU COLD POW SORE THR..... | 204 |
| <i>vigabatrin</i> | 80 | WALGREENS GLUCOSE..... | 100 |
| <i>vigadrone</i> | 80 | <i>wal-tussin cough & chest</i> | 204 |
| <i>vigpoder</i> | 80 | <i>warfarin sodium</i> | 125 |
| <i>vilazodone hcl</i> | 68 | WART OFF SOL 17%..... | 229 |
| <i>vincristine sulfate</i> | 41 | <i>water for injection</i> | 138 |
| <i>vinorelbine tartrate</i> | 41 | <i>water for irrigation, sterile irrigation soln</i> | 231 |
| VIRACEPT..... | 27 | | |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7. 282

| | |
|---|-----|
| <i>water for iv injection</i> | 138 |
| <i>wee care</i> | 129 |
| WELIREG..... | 40 |
| <i>white petrolatum gel</i> | 143 |
| <i>white petrolatum ointment</i> | 143 |
| <i>white petrolatum topical gel</i> | 229 |
| WITEPSOL MIS..... | 143 |
| <i>wixela inhub</i> | 208 |
| WOUN'DRES GEL..... | 229 |

x

| | |
|---|-----|
| XALKORI..... | 50 |
| XARELTO..... | 125 |
| XARELTO STAR TAB 15/20MG..... | 126 |
| XATMEP..... | 133 |
| XCOPRI..... | 80 |
| XCOPRI PAK 100-150..... | 80 |
| XCOPRI PAK 12.5-25..... | 80 |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 80 |
| XCOPRI PAK 150-200MG (TITRATION)..... | 80 |
| XCOPRI PAK 50-100MG..... | 80 |
| XELJANZ..... | 133 |
| XELJANZ XR..... | 133 |
| XERMELO..... | 121 |
| XGEVA..... | 97 |
| XHANCE..... | 207 |
| XIFAXAN..... | 121 |
| XIGDUO XR TAB 10-1000..... | 93 |
| XIGDUO XR TAB 10-500MG..... | 93 |
| XIGDUO XR TAB 2.5-1000..... | 93 |
| XIGDUO XR TAB 5-1000MG..... | 93 |
| XIGDUO XR TAB 5-500MG..... | 93 |
| XIIDRA..... | 185 |
| XOFLUZA..... | 31 |
| XOLAIR..... | 207 |
| XOSPATA..... | 50 |
| XPOVIO 100 MG ONCE WEEKLY..... | 51 |
| XPOVIO 40 MG ONCE WEEKLY..... | 50 |
| XPOVIO 40 MG TWICE WEEKLY..... | 51 |
| XPOVIO 60 MG ONCE WEEKLY..... | 51 |
| XPOVIO 60 MG TWICE WEEKLY..... | 51 |
| XPOVIO 80 MG ONCE WEEKLY..... | 51 |
| XPOVIO 80 MG TWICE WEEKLY..... | 51 |
| XTANDI..... | 39 |
| XULTOPHY INJ 100/3.6..... | 96 |

y

| | |
|----------------------|-----|
| <i>yargesa</i> | 104 |
|----------------------|-----|

| | |
|-----------------------|-----|
| YF-VAX INJ..... | 137 |
| <i>yuvaferm</i> | 98 |

z

| | |
|-----------------------------------|-----|
| <i>zafirlukast</i> | 204 |
| <i>zaleplon</i> | 83 |
| ZANTAC TAB 75MG..... | 113 |
| ZARXIO..... | 126 |
| Z-BUM..... | 229 |
| ZEJULA..... | 51 |
| ZELBORAF..... | 51 |
| ZEMAIRA..... | 207 |
| <i>zenatane</i> | 210 |
| ZENPEP CAP 10000UNT..... | 121 |
| ZENPEP CAP 15000UNT..... | 121 |
| ZENPEP CAP 20000UNT..... | 121 |
| ZENPEP CAP 25000UNT..... | 121 |
| ZENPEP CAP 3000UNIT..... | 121 |
| ZENPEP CAP 40000UNT..... | 121 |
| ZENPEP CAP 5000UNIT..... | 121 |
| ZENPEP CAP 60000UNT..... | 121 |
| ZERVIAE..... | 181 |
| <i>zidovudine</i> | 27 |
| ZIEXTENZO..... | 126 |
| ZIKS ARTHRIT CRE RELIEF..... | 229 |
| ZILACTIN BABY..... | 238 |
| <i>zilactin-b</i> | 238 |
| <i>zinc</i> | 157 |
| ZINC..... | 157 |
| ZINC & C LOZ 20-120MG..... | 178 |
| ZINC 15..... | 157 |
| ZINC CHLORID GRA..... | 143 |
| <i>zinc gluconate</i> | 157 |
| ZINC OXIDE..... | 230 |
| <i>zinc oxide (topical)</i> | 230 |
| ZINC OXIDE POW..... | 144 |
| <i>zinc sulfate</i> | 157 |
| ZINC SULFATE..... | 157 |
| ZINC SULFATE POW..... | 158 |
| <i>zinc sulfate powder</i> | 158 |
| ZINC W/A&C LOZ..... | 238 |
| <i>ziprasidone hcl</i> | 74 |
| <i>ziprasidone mesylate</i> | 74 |
| ZIRABEV..... | 51 |
| ZIRGAN..... | 180 |
| <i>zoledronic acid</i> | 97 |
| ZOLINZA..... | 51 |
| <i>zolidem tartrate</i> | 83 |

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de julio de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

| | | | |
|---------------------------------|-----|--------------------------------|-----|
| ZONISADE | 80 | ZYDELIG..... | 51 |
| <i>zonisamide</i> | 80 | ZYKADIA | 51 |
| ZOSTRIX NATURAL PAIN RELI | 230 | ZYLET SUS 0.5-0.3%..... | 179 |
| ZTALMY | 80 | ZYPREXA RELPREVV | 74 |
| ZURZUVAE | 68 | ZYRTEC CHILDRENS ALLERGY | 189 |
| ZUTRIPRO LIQ 60-4-5MG | 204 | ZZZQUIL | 89 |