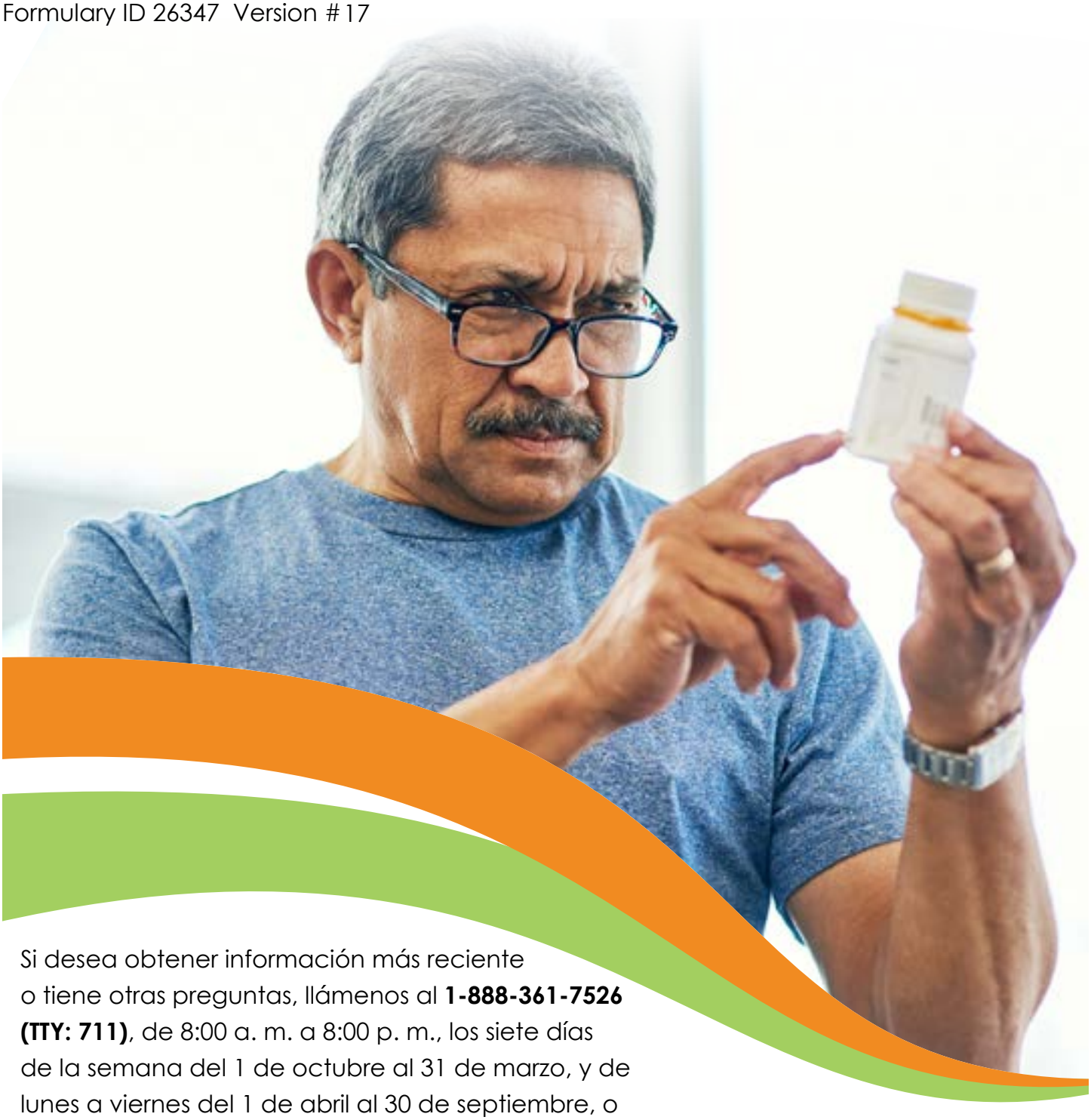
Noviembre 2026

Health Plan of San Joaquin
Mountain Valley Health Plan
Advantage D-SNP (HMO)

Formulario

Lista de medicamentos

POR FAVOR, LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN. Esta *Lista de medicamentos* se actualizó el 11/01/2026 .
Formulary ID 26347 Version #17



Si desea obtener información más reciente o tiene otras preguntas, llámenos al **1-888-361-7526 (TTY: 711)**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo, y de lunes a viernes del 1 de abril al 30 de septiembre, o visite **www.hpsj-mvhp.org**.

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Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO)

Lista de medicamentos cubiertos (*Lista de medicamentos* o Formulario) para 2026

POR FAVOR, LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también se le conoce como *Lista de medicamentos*). En él se indica qué medicamentos y productos no farmacéuticos cubre Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO). En la *Lista de medicamentos* también se indica si existen reglas o restricciones especiales para alguno de los medicamentos cubiertos por Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. En el último capítulo del *Manual para miembros* se incluyen los términos clave y sus definiciones.

Índice

A. Avisos legales 3

B. Preguntas Frecuentes 10

B1. ¿Qué medicamentos recetados incluye la *Lista de medicamentos cubiertos*? (Para abreviar, la *Lista de medicamentos cubiertos* también se conoce como "*Lista de medicamentos*"). 10

B2. ¿La *Lista de medicamentos* cambia en algún momento? 11

B3. ¿Qué pasa cuando hay cambios en la *Lista de medicamentos*? 12

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna medida que se deba tomar para obtener determinados medicamentos? 13

B5. ¿Cómo puedo saber si el medicamento que deseo tiene restricciones o si tengo que tomar alguna medida específica para obtenerlo? 14

B6. ¿Qué pasa si Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cambia sus reglas de cobertura de algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de terapia escalonada)? 14

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*? 14

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de medicamentos*?.....15

B9. ¿Qué pasa si soy un nuevo miembro de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP y no encuentro mi medicamento en la *Lista de medicamentos* o tengo algún problema para obtenerlo?.....15

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?..16

B11. ¿Cómo puedo solicitar una excepción?.....17

B12. ¿Cuánto tiempo se tarda en obtener una excepción?.....17

B13. ¿Qué son los medicamentos genéricos?.....17

B14. ¿Qué son los productos biológicos originales y cuál es su relación con los biosimilares? 18

B15. ¿Qué son los medicamentos OTC? 18

B16. ¿Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre productos no farmacéuticos de venta libre? 18

B17. ¿Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre la provisión de medicamentos recetados a largo plazo? 19

B18. ¿De cuánto es mi copago?.....19

C. Descripción general de la *Lista de medicamentos cubiertos* 21

C1. Lista de medicamentos, por tipo de medicamento.....22

D. Índice de medicamentos cubiertos..... I-1

A.Avisos legales

Esta es una lista de los medicamentos que pueden obtener los miembros de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO).

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP es un plan HMO que tiene contrato con Medicare y Medi-Cal. La inscripción en Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP depende de la renovación del contrato.
- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cumple con las leyes federales aplicables en materia de derechos civiles y no discrimina por motivos de raza, color, país de origen, edad, discapacidad ni sexo. Llame a Servicio al Cliente de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP al número gratuito **1-888-361-7526 (TTY: 711)**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo, y de lunes a viernes del 1 de abril al 30 de septiembre. Visítenos en www.hpsj-mvhp.org.
- Puede consultar la *Lista de medicamentos cubiertos* actualizada de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP en línea en www.hpsj-mvhp.org o llamando al **1-888-361-7526 (TTY: 711)**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo, y de lunes a viernes del 1 de abril al 30 de septiembre**.** Esta llamada es gratis.
- Puede obtener este documento sin costo en otros formatos, como letra grande, braille o audio. Llame a los números que figuran en la parte inferior de este documento. La llamada es gratis. Este documento está disponible sin costo en inglés, español, camboyano y vietnamita.

Aviso sobre la disponibilidad de servicios de asistencia lingüística y apoyos y servicios auxiliares

English

ATTENTION: If you need help in your language, call **1-888-361-7526 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-361-7526 (TTY: 711).** These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت المساعدة بلغتك، فاتصل بـ **1-888-361-7526** . **(TTY: 711)**تتوفر أيضا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ **1-888-361-7526**. **(TTY: 711)**هذه الخدمات مجانية

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-361-7526 (TTY: 711)**: Կան նաև օժանդակ միջոցներու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-888-361-7526 (TTY: 711)**: Այս ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-361-7526 (TTY: 711)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-888-361-7526 (TTY: 711)**。这些服务都是免费的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो **1-888-361-7526 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-361-7526 (TTY: 711)** पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-361-7526 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-361-7526 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意：日本語の対応が必要な場合は、**1-888-361-7526 (TTY: 711)**へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスを用意しています。**1-888-361-7526 (TTY: 711)**へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도

이용 가능합니다. **1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**.
ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່, ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**.
ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໆ

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-361-7526 (TTY: 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-361-7526 (TTY: 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការ និងជាពុម្ពអក្សរធំក៏អាចរកបានផងដែរ។ ទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ ។

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-361-7526 (TTY: 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-361-7526 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-361-7526 (TTY: 711)**. Предоставляются также средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-361-7526 (TTY: 711)**. Такие услуги предоставляются бесплатно

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-361-7526 (TTY: 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-361-7526 (TTY: 711)**. Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-361-7526 (TTY: 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-361-7526 (TTY: 711)**. Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). นอกจากนี้ ยังพร้อมให ค้ วามช่วยเหลือและบริการต่าง ๆ ส าหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วย ตัวอักษรขนาดใหญ่. กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). ไม่มีค่าใช้จ่ายส าหรับบริการเหล่านี้.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-361-7526 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на Номер **1-888-361-7526 (TTY: 711)**. Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-361-7526 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và bản in khổ chữ lớn. Vui lòng gọi số **1-888-361-7526 (TTY: 711)**. Các dịch vụ này đều miễn phí.

- Llame a Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP para informarnos cuál es su idioma o formato preferido. Le preguntaremos si la solicitud es para un documento o para todos.
- Si solicita que todos los documentos estén en inglés, español, camboyano, vietnamita u otro formato, se trata de una solicitud permanente. Registraremos su preferencia en nuestro sistema para todos los correos y

mensajes futuros. Tiene que solicitar estas opciones una sola vez. Si necesita algún otro idioma, la solicitud es por cada documento.

- Para actualizar sus preferencias, llame al 1-888-361-7526 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo, y de lunes a viernes del 1 de abril al 30 de septiembre. La llamada es gratis. Para obtener más información, visite www.hpsj-mvhp.org.

B. Preguntas Frecuentes

Aquí encontrará respuestas a sus preguntas sobre esta *Lista de medicamentos cubiertos (Lista de medicamentos)*. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta específica y su respuesta.

B1. ¿Qué medicamentos recetados incluye la *Lista de medicamentos cubiertos*? (Para abreviar, la *Lista de medicamentos cubiertos* también se conoce como "*Lista de medicamentos*").

Los medicamentos incluidos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos que cubre Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. Los medicamentos están disponibles en las farmacias de nuestra red. Una farmacia forma parte de nuestra red si tenemos un acuerdo con ella para trabajar con nosotros y prestarle servicios. Las denominamos "farmacias de la red".

Es posible que Medi-Cal Rx cubra otros medicamentos, como algunos medicamentos de venta libre (over-the-counter, OTC) y determinadas vitaminas. Para obtener más información, visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov). También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. No olvide llevar su tarjeta de identificación de beneficiario (Beneficiary Identification Card, BIC) de Medi-Cal para surtir sus recetas con Medi-Cal Rx.

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubrirá todos los medicamentos que sean necesarios desde el punto de vista médico y estén incluidos en la *Lista de medicamentos*, siempre y cuando:
    - su médico u otro profesional de la salud determine que los necesita para mejorar o mantenerse sano;
    - Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP esté de acuerdo en que el medicamento es necesario desde el punto de vista médico para usted; **y**
    - usted surta la receta en una farmacia de la red de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.
- En algunos casos, es necesario que tome alguna medida para poder obtener un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en www.hpsj-mvhp.org o llamar a Servicio al Cliente a los números que figuran en la parte inferior de este documento.

B2. ¿La *Lista de medicamentos* cambia en algún momento?

Sí, y Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP debe respetar las reglas de Medicare y Medi-Cal al realizar cambios. Podemos añadir o eliminar medicamentos de la *Lista de medicamentos* durante el año.

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

- Decidir que un medicamento requiera o no autorización previa. (La autorización previa es un permiso que se obtiene de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP antes de que le surtan un medicamento).
- Determinar o cambiar la cantidad de un medicamento que puede obtener (lo que se conoce como límites de cantidad).
- Añadir o modificar restricciones de terapia escalonada para un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas relativas a los medicamentos, consulte la pregunta B4.

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

- salga al mercado un nuevo medicamento más barato que funcione tan bien como uno de los que figuran en la *Lista de medicamentos*;
- se descubra que un medicamento no es seguro; o
- un medicamento sea retirado del mercado.

Las preguntas B3 y B6 a continuación contienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Puede consultar la *Lista de medicamentos* actualizada de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP en línea en www.hpsj-mvhp.org. Las actualizaciones de la *Lista de medicamentos* se publican mensualmente en el sitio web.
- También puede llamar a Servicio al Cliente a los números que figuran en la parte inferior de este documento para consultar la *Lista de medicamentos* actualizada.

B3. ¿Qué pasa cuando hay cambios en la *Lista de medicamentos*?

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

- **Sustitución por determinadas versiones nuevas de medicamentos.** Podemos eliminar de inmediato un medicamento de la *Lista de medicamentos* si lo reemplazamos por determinadas versiones nuevas, pero el costo para usted del nuevo medicamento seguirá siendo de $0. Si añadimos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiando sus reglas o límites de cobertura.
    - Es posible que no le avisemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que hayamos realizado una vez que se haya aplicado.
    - Solo podemos realizar estos cambios si el medicamento que añadimos:
        - es una nueva versión genérica de un medicamento de marca; o
        - es una nueva versión biosimilar determinada de productos biológicos originales incluidos en la *Lista de medicamentos* (por ejemplo, si añadimos un biosimilar intercambiable que pueda sustituir a un producto biológico original sin necesidad de una nueva receta médica).
        - Puede que algunos de estos tipos de medicamentos le resulten nuevos. Para obtener más información, consulte la **sección B14**.
    - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que debe seguir para solicitar la excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Eliminación de medicamentos peligrosos y otros medicamentos que se hayan retirado del mercado.** En ocasiones, un medicamento puede considerarse peligroso o retirarse del mercado por otro motivo. Si esto ocurre, podemos eliminarlo inmediatamente de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de realizar el cambio. El aviso le indicará qué debe hacer. Por ejemplo, puede ser necesario que llame al profesional que se lo recetó.

También podemos hacer otros cambios que afecten a los medicamentos que toma. Le informaremos con antelación sobre estos otros cambios en la *Lista de medicamentos*. Estos cambios podrían ocurrir si:

- La Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) emite nuevas directrices o se publican nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* al añadir un medicamento genérico que no es nuevo en el mercado**;** o
- eliminamos un producto biológico original al añadir un biosimilar; o
- cambiamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- le avisaremos al menos 30 días antes de realizar el cambio en la *Lista de medicamentos* **o**
- le avisaremos al surtir su receta y le daremos un suministro de 30 días del medicamento.

De este modo, tendrá tiempo para hablar con su médico u otro profesional de la salud, quien podrá ayudarle a decidir:

- si hay algún medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar; o
- si le conviene solicitar una excepción de esos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna medida que se deba tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o se aplican límites a la cantidad que se puede obtener. En algunos casos, usted, su médico u otro profesional de la salud tendrán que tomar ciertas medidas para que le suministren el medicamento. Por ejemplo:

- **Autorización previa:** para algunos medicamentos, usted, su médico u otro profesional de la salud deben obtener la autorización de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP antes de surtir la receta. La autorización previa no es lo mismo que una derivación. Es posible que Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP no cubra el medicamento si no obtiene una autorización previa.

- **Límites de cantidad:** en ocasiones, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP limita la cantidad de un medicamento que puede obtener.

- **Terapia escalonada:** en ocasiones, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP requiere que se siga una terapia escalonada. Esto significa que, para su afección médica, tendrá que probar los medicamentos en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no le funciona, cubriremos el segundo.

Para averiguar si un medicamento tiene límites o requisitos adicionales, consulte las tablas de la **Sección C**. También puede obtener más información visitando nuestro sitio web en www.hpsj-mvhp.org. Hemos publicado documentos en línea en los que se explican nuestras restricciones sobre autorización previa y terapia escalonada. También puede solicitar que le enviemos una copia.

Puede solicitar una excepción a estos límites. De este modo, tendrá tiempo para hablar con su médico u otro profesional de la salud, quien podrá ayudarle a decidir si hay algún medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si le conviene solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo puedo saber si el medicamento que deseo tiene restricciones o si tengo que tomar alguna medida específica para obtenerlo?

La tabla en la sección titulada "Lista de medicamentos, por tipo de medicamento" tiene una columna denominada "Medidas necesarias, restricciones o límites de uso".

B6. ¿Qué pasa si Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cambia sus reglas de cobertura de algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le informaremos con antelación si haremos cambios o adiciones en materia de autorización previa, límites de cantidad o restricciones de terapia escalonada para algún medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso previo y las situaciones en las que es posible que no podamos informarle con antelación cuando cambien nuestras reglas sobre los medicamentos incluidos en la *Lista de medicamentos*.

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

Hay dos formas de encontrar un medicamento:

- puede buscar por orden alfabético **o**

- puede buscar por tipo de medicamento.

Para hacer una búsqueda **alfabética**, busque su medicamento en el Índice de medicamentos cubiertos. Puede encontrarlo en la página I-1.

Para buscar **por tipo de medicamento**, consulte la **Sección C1** titulada "Lista de medicamentos, por tipo de medicamento". Los medicamentos de esta sección se agrupan en categorías según su tipo. Por ejemplo, si toma un medicamento para la migraña, debe buscar en la categoría de "Agentes antimigrañosos". Ahí encontrará medicamentos para tratar la migraña.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicio al Cliente a los números que figuran en la parte inferior de este documento y pregunte por él. Si le informan que Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP no cubrirá el medicamento, puede optar por alguna de las siguientes opciones:

- Pida a Servicio al Cliente una lista de medicamentos similares al que desea tomar. Luego, muestre la lista a su médico u otro profesional que lo atienda, para que le recete un medicamento de la *Lista de medicamentos* que sea parecido al que usted quiere. **O bien,**
- Pida a Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP que haga una excepción y cubra el medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un nuevo miembro de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP y no encuentro mi medicamento en la *Lista de medicamentos* o tengo algún problema para obtenerlo?

Le podemos ayudar. Podemos cubrir un suministro temporal de 30 días de su medicamento durante los primeros 90 días como miembro de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. De este modo, tendrá tiempo para hablar con su médico u otro profesional de la salud, quien podrá ayudarle a decidir si hay algún medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si le conviene solicitar una excepción.

Si su receta es para menos días, autorizaremos múltiples surtidos para proporcionarle un máximo de 30 días de medicación.

Cubriremos un suministro de 30 días de su medicamento si:

- toma un medicamento que no está en nuestra *Lista de medicamentos*; **o**
- las reglas de nuestro plan no le permiten obtener la cantidad recetada por su médico; **o**
- el medicamento requiere la autorización previa de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP; **o**
- toma un medicamento que forma parte de una restricción de terapia escalonada.

Si está tomando un medicamento que Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP no considera de la Parte D, que no figura en la *Lista de medicamentos*, y tiene problemas para obtenerlo, Medi-Cal Rx podría cubrirlo. Si un medicamento excluido de la Parte D requiere una excepción y se produce una emergencia, Medi-Cal Rx le proporcionará un suministro de ese medicamento para un mínimo de 72 horas. Para obtener más información, visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov). También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. No olvide llevar su BIC de Medi-Cal para surtir sus recetas con Medi-Cal Rx.

Si se encuentra en una residencia para personas mayores u otro centro de cuidados a largo plazo y necesita un medicamento que no está incluido en la *Lista de medicamentos*, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si tiene más de 90 días en el plan, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que su receta sea para menos días), sea o no un miembro nuevo de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.
- Esto se suma al suministro temporal durante los primeros 90 días como miembro de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.

Si está pasando de un nivel de atención a otro (por ejemplo, al salir de un hospital), Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubrirá un suministro de transición de 31 días del medicamento para que pueda usarlo en su nuevo entorno.

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

Sí. Puede pedirle a Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP que haga una excepción y cubra un medicamento que no esté en la *Lista de medicamentos*.

También puede pedirnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP puede limitar la cantidad que cubre de un medicamento. Si su medicamento tiene un límite, puede pedirnos que lo cambiemos y cubramos más.
- Otros ejemplos son pedirnos que eliminemos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicio al Cliente. Su representante de Servicio al Cliente trabajará con usted y con su médico para ayudarle a solicitar una excepción. También puede leer la **sección G** del **capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se tarda en obtener una excepción?

Una vez que recibamos una declaración de su médico que respalde su solicitud de excepción, le informaremos nuestra decisión en un plazo de 72 horas. Si solicita una excepción, su médico o la persona que le receta el medicamento debe indicarnos los motivos de la solicitud. Es lo que denominamos una "declaración de respaldo". Su médico o la persona que le receta el medicamento puede comunicarse con nosotros por teléfono o fax o enviarnos la declaración por correo a:

- Teléfono: 1-833-546-0796 (TTY: 711), los 7 días de la semana, las 24 horas del día
- Fax: 1-858-790-7100
- Correo postal: MedImpact
  10181 Scripps Gateway Court
  San Diego, CA 92131

Si usted o su médico consideran que esperar 72 horas para obtener una decisión puede perjudicar su salud, pueden solicitar una excepción acelerada, que es una decisión más rápida. Si su médico apoya esta solicitud, le informaremos nuestra decisión en un plazo de 24 horas a partir de que recibamos su declaración de respaldo.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y funcionan igual de bien. Sus nombres no suelen ser muy conocidos. Los medicamentos genéricos cuentan con la aprobación de la Administración de Alimentos

y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos de marca se pueden sustituir por versiones genéricas en la farmacia sin necesidad de una nueva receta, siempre y cuando las leyes estatales lo permitan.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre tanto medicamentos de marca como genéricos.

B14. ¿Qué son los productos biológicos originales y cuál es su relación con los biosimilares?

Cuando hablamos de medicamentos, podemos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los tradicionales. Dado que los productos biológicos son más complejos que los medicamentos tradicionales, en lugar de tener una forma genérica, tienen formas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Hay alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, el producto biológico original se puede sustituir por un biosimilar en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos de marca se pueden sustituir por medicamentos genéricos.

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

B15. ¿Qué son los medicamentos OTC?

Medicamentos de venta libre (conocidos como OTC, por sus siglas en inglés: over-the-counter). Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre algunos medicamentos OTC si su proveedor los prescribe en una receta.

Consulte la *Lista de medicamentos* de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP para saber cuáles son los medicamentos OTC cubiertos.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ofrece medicamentos y productos OTC como beneficio complementario de la Parte C. Para obtener más información sobre los beneficios complementarios, consulte el **capítulo 4** del *Manual para miembros*.

B16. ¿Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre productos no farmacéuticos de venta libre?

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre algunos productos no farmacéuticos OTC si su proveedor los prescribe en una receta.

Algunos ejemplos de este tipo de productos son las lancetas, las toallitas con alcohol y las jeringas de insulina.

Consulte la *Lista de medicamentos* de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP para saber cuáles son los productos no farmacéuticos OTC cubiertos.

B17. ¿Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cubre la provisión de medicamentos recetados a largo plazo?

- **Programas de pedido por correo.** Ofrecemos un programa de pedido por correo que le permite recibir un suministro de hasta 90 días (niveles 2, 3 y 4) o 100 días (niveles 1 y 6) de sus medicamentos directamente en su hogar. El suministro de 90 o 100 días tiene el mismo copago que un suministro de un mes.
- **Programas de 90 o 100 días en farmacias minoristas.** Algunas farmacias minoristas también pueden ofrecer suministros de hasta 90 días (niveles 2, 3 y 4) o 100 días (niveles 1 y 6) de medicamentos cubiertos. El suministro de 90 o 100 días tiene el mismo copago que un suministro de un mes.

B18. ¿De cuánto es mi copago?

Los copagos de los miembros de Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP oscilan entre $0 y $12.65 para productos recetados y no farmacéuticos, siempre y cuando se sigan las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información acerca de los medicamentos y los productos no farmacéuticos de venta libre.

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

- Los medicamentos genéricos preferidos de nivel 1 tienen un copago de $0.
- Los medicamentos genéricos de nivel 2 tienen un copago de $1.60 a $5.10.
- Los medicamentos de marca preferidos de nivel 3 tienen un copago de $4.90 a $12.65.
- Los medicamentos de marca no preferidos de nivel 4 tienen un copago de $4.90 a $12.65.
- Los medicamentos genéricos de especialidad de nivel 5 tienen un copago de $1.60 a $5.10.
- Los medicamentos de marca de especialidad de nivel 5 tienen un copago de $4.90 a $12.65.

- Los medicamentos de cuidado especial (Select Care) de nivel 6 tienen un copago de $0.

Si tiene alguna pregunta, llame a Servicio al Cliente a los números que figuran en la parte inferior de esta página.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* proporciona información sobre los medicamentos que cubre Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. Si no encuentra su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la **Sección C**. El índice contiene una lista alfabética de todos los medicamentos cubiertos por Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.

Es posible que Medi-Cal Rx cubra otros medicamentos, como algunos medicamentos de venta libre (OTC) y determinadas vitaminas. Para obtener más información, visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov). También puede llamar al Centro de Servicio al Cliente de Medi-Cal Rx al 800-977-2273. No olvide llevar su tarjeta de identificación de beneficiario (BIC) de Medi-Cal para surtir sus recetas con Medi-Cal Rx.

Apelaciones conforme a la Parte D

- Una apelación es una manera formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la modifiquemos si considera que cometimos un error.
- Por ejemplo, es posible que decidamos que un medicamento que usted desea no está cubierto o ha dejado de estar cubierto por Medicare o Medi-Cal.
- Si usted o el profesional que le recetó el medicamento no están de acuerdo con nuestra decisión, pueden presentar una apelación. Si tiene alguna pregunta en cualquier momento, llame a Servicio al Cliente a los números que figuran en la parte inferior de este documento.
- También puede leer el **capítulo 9** del *Manual para miembros* para saber cómo apelar una decisión.
- Los medicamentos que no pertenecen a la Parte D tienen reglas de apelación diferentes.

C1. Lista de medicamentos, por tipo de medicamento

Los medicamentos de esta sección se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, si tiene una afección cardiaca, debe buscar en la categoría de "Agentes cardiovasculares". Ahí encontrará los medicamentos que tratan afecciones cardiacas.

Estos son los significados de los códigos utilizados en la columna "Medidas necesarias, restricciones o límites de uso":

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
G	Indicador genérico (Generic Indicator)	Este medicamento está compuesto por los mismos ingredientes que la versión de marca.
QL	Límite de cantidad (Quantity Limit)	Una forma de gestión de la utilización (utilization management, UM) que especifica limitaciones o restricciones cuantitativas en las recetas en un periodo determinado. Estas limitaciones pueden adoptar diversas formas, las más comunes son las restricciones diarias y mensuales en la cantidad de recetas que se pueden expedir o volver a expedir.
ST	Terapia escalonada (Step Therapy)	Debe probar uno o más medicamentos previamente indicados para su afección médica. Este medicamento solo se cubrirá si los anteriores no son eficaces para usted.
PA	Autorización previa (Prior Authorization)	Usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP no cubra este medicamento.
PA NSO	Autorización previa: nuevos comienzos (Prior Authorization – New Starts)	Si no ha tomado este medicamento antes, usted (o su médico) debe obtener una autorización previa antes de surtir la receta.
PA BvD	Autorización previa: Parte B vs. Parte D (Prior Authorization – Part B vs. Part D)	Este medicamento puede ser elegible para el pago en virtud de la Parte B o la Parte D de Medicare. Se requiere una revisión de autorización previa con base en las reglas de cobertura de Medicare.
LA	Acceso limitado (Limited Access)	Es posible que este medicamento solo se encuentre disponible en algunas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicio al Cliente al 1-

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
		888-361-7526 (TTY: 711), los 7 días de la semana.
AGE	Restricción de edad (Age Restriction)	Este medicamento tiene restricciones de cobertura según el grupo de edad. Estas restricciones se basan en la aprobación otorgada por la FDA o en advertencias especiales sobre su uso en ciertas edades.
NDS	Suministro diario no prolongado (Non-Extended Day Supply)	Este medicamento no es elegible para un suministro a largo plazo (también llamado "suministro prolongado").
PA-HRM	Autorización previa: medicamentos de alto riesgo (Prior Authorization – High Risk Medications)	Los Centros de Servicios de Medicare y Medicaid (Centers for Medicare & Medicaid Services, CMS) han determinado que este medicamento puede resultar perjudicial y, por lo tanto, lo han clasificado como medicamento de alto riesgo para los beneficiarios de Medicare mayores de 65 años. Es posible que este medicamento no esté cubierto para los miembros de 65 años o más sin autorización previa.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos genéricos se indican en cursiva y minúsculas (por ejemplo, lisinopril), los medicamentos de marca se indican en mayúsculas (por ejemplo, HUMIRA) y los productos no farmacéuticos se indican en minúsculas (por ejemplo, lancetas). La información incluida en la columna "Medidas necesarias, restricciones o límites de uso" le indica si Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP tiene alguna regla para cubrir su medicamento.

Lista de abreviaturas de formas farmacéuticas

A continuación, se incluyen las abreviaturas, o formas abreviadas de palabras o frases, que pueden aparecer en la columna "Nombre del medicamento" de la siguiente sección.

ABREVIATURA DE LA FORMA FARMACÉUTICA	DEFINICIÓN
8 hr	8 horas
12 hr o 12h	12 horas

ABREVIATURA DE LA FORMA FARMACÉUTICA	DEFINICIÓN
24 hr o 24h	24 horas
72 hr	72 horas
act	activado
admix	agregar mezcla
aero	en aerosol
admin	administración
ampul	ampolleta
app, appl	aplicador
auto	automático
cap	cápsula
chew	masticable
CT	unidad
comb	combinación
del, delayed	retardada
disinteg, disintegrat	desintegración
dose	dosificación
DR	liberación retardada
EC	de capa entérica
emolnt	emoliente
ENFit	conector para nutrición enteral
er, ER	liberación prolongada
ext, extnd, extend	prolongada
gast	gástrico
HFA	hidrofluoroalcano
hi	alto
IR	liberación inmediata
liqd	líquido
lo	bajo
loz, lozenge	pastilla

ABREVIATURA DE LA FORMA FARMACÉUTICA	DEFINICIÓN
mini lozenge	pastilla miniatura
misc	misceláneo
MP	bomba dosificadora
muco	mucosa
pak, pack	paquete
PCA	administración controlada por el paciente
pell	pellet
pk	envase
powdr	polvo
pt	paciente
recon	reconstituido
rel, release	liberación
soln	solución
sprink, sprinkl	para espolvorear
susp, suspen	suspensión
syring	jeringa
tab	tableta
TD	transdérmico
var	variable
w/	con

Table of Contents

Agentes Anti Cáncer 28
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias 49
Agentes Antiansiedad 50
Agentes Antidemencia 51
Agentes Antidiabetico 52
Agentes Antigota 58
Agentes Antimigraña 58
Agentes Antinausea 60
Agentes Antiparasitarios 61
Agentes Antiparkinson 62
Agentes Antipsicóticos 63
Agentes Calóricos 71
Agentes Cardiovasculares 72
Agentes De Enfermedad Intestinal Inflamatoria 83
Agentes De Enfermedad Ósea Metabólica 84
Agentes De Trastorno De Sueño 85
Agentes Del Sistema Nervioso Central 85
Agentes Del Tracto Respiratorio 89
Agentes Dentales Y Orales 94
Agentes Dermatológicos 95
Agentes Gastrointestinales 100
Agentes Genitourinarios 103
Agentes Hormonales, Estimulante/Reemplazo/Modificador 104
Agentes Inmunológicos 110
Agentes Oftálmicos 123
Agentes Para Los Ojos, Oídos, Nariz, Garganta 124
Agentes Terapeuticos Misceláneos 129
Agentes Vasodilatadores 130
Analgésicos 131
Anestésicos 135
Antagonistas De Metales Pesados 136
Anti Infecciosos (Membrana Cutánea Y Mucosa) 136
Antibacterianos 136
Anticonceptivos 144
Anticonvulsivos 153
Antidepresivos 159

Antifúngicos 162
Antihistamínicos 165
Antimicobacteriales 165
Antivirales (Sitémico) 166
Cofactores Enzimáticos/Otros 173
Dispositivos 173
Preparaciones De Reemplazo 222
Productos Sanguíneos/Modificadores/Expansores De Volumen 224
Reemplazo/Modificadores De Enzima 227
Relajantes Musculares Esqueléticos 228
Vitaminas Y Minerales 229

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Agentes Anti Cáncer			
Agentes Anti Cáncer			
abiraterone oral tablet 250 mg	(Abirtega)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abiraterone, submicronized oral tablet 125 mg	(Yonsa)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	$1.60 - $5.10 (Tier 2)	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	$1.60 - $5.10 (Tier 2)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	$0 (Tier 1)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		$1.60 - $12.65 (Tier 5)	NDS

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	$1.60 - $12.65 (Tier 5)	NDS
BALVERSA ORAL TABLET 3 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	(Targretin)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
bexarotene topical gel 1 %	(Targretin)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	$1.60 - $5.10 (Tier 2)	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bortezomib injection recon soln 1 mg, 2.5 mg	$4.90 - $12.65 (Tier 4)	PA NSO
bortezomib injection recon soln 3.5 mg (Velcade)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	$4.90 - $12.65 (Tier 4)	PA NSO
BOSULIF ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG (bosutinib)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG (bosutinib)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg (Bosulif)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg (Bosulif)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	$4.90 - $12.65 (Tier 4)	PA NSO
CAPRELSA ORAL TABLET 100 MG (vandetanib)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAPRELSA ORAL TABLET 300 MG (vandetanib)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	$4.90 - $12.65 (Tier 3)	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
decitabine intravenous recon soln 50 mg	$1.60 - $12.65 (Tier 5)	NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$4.90 - $12.65 (Tier 4)	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$4.90 - $12.65 (Tier 4)	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$4.90 - $12.65 (Tier 4)	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$4.90 - $12.65 (Tier 4)	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	$1.60 - $12.65 (Tier 5)	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ENSACOVE ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERIVEDGE ORAL CAPSULE 150 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		$4.90 - $12.65 (Tier 4)	
etoposide intravenous solution 20 mg/ml	(Avopef)	$1.60 - $5.10 (Tier 2)	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	$1.60 - $12.65 (Tier 5)	NDS
everolimus (antineoplastic) oral tablet 10 mg	(Yulithira)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Yulithira)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Yulithira)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Yulithira)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	$1.60 - $5.10 (Tier 2)	
FAKZYNJA ORAL TABLET 200 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		$1.60 - $12.65 (Tier 5)	PA BvD; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$4.90 - $12.65 (Tier 3)	PA BvD
floxuridine injection recon soln 0.5 gram	$1.60 - $5.10 (Tier 2)	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	$1.60 - $5.10 (Tier 2)	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml (Cligavyx)	$1.60 - $12.65 (Tier 5)	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyurea oral capsule 500 mg (Hydrea)	$1.60 - $5.10 (Tier 2)	
HYRNUO ORAL TABLET 10 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	$1.60 - $5.10 (Tier 2)	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	$1.60 - $5.10 (Tier 2)	
imatinib oral tablet 100 mg (Gleevec)	$1.60 - $5.10 (Tier 2)	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	$1.60 - $5.10 (Tier 2)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (280 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLEXZO INTRAVESICAL IMPLANT 225 MG	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
JIDEYTRO ORAL TABLET 100 MG, 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	$4.90 - $12.65 (Tier 4)	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (2 per 28 days)
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lapatinib oral tablet 250 mg	(Tykerb)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
letrozole oral tablet 2.5 mg	(Femara)	$1.60 - $5.10 (Tier 2)	
LEUKERAN ORAL TABLET 2 MG		$1.60 - $12.65 (Tier 5)	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	$4.90 - $12.65 (Tier 4)	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		$1.60 - $5.10 (Tier 2)	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
lomustine oral capsule 10 mg	(Gleostine)	$1.60 - $5.10 (Tier 2)	
lomustine oral capsule 100 mg, 40 mg	(Gleostine)	$1.60 - $12.65 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONSURF ORAL TABLET 15-6.14 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	$4.90 - $12.65 (Tier 4)	PA NSO

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	$1.60 - $12.65 (Tier 5)	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	$1.60 - $12.65 (Tier 5)	NDS
megestrol oral tablet 20 mg, 40 mg	$1.60 - $5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	$1.60 - $12.65 (Tier 5)	NDS
mercaptopurine oral tablet 50 mg	$1.60 - $5.10 (Tier 2)	
methotrexate sodium (pf) injection recon soln 1 gram	$1.60 - $5.10 (Tier 2)	
methotrexate sodium (pf) injection solution 25 mg/ml	$1.60 - $5.10 (Tier 2)	
methotrexate sodium injection solution 25 mg/ml	$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methotrexate sodium oral tablet 2.5 mg	$1.60 - $5.10 (Tier 2)	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	$1.60 - $5.10 (Tier 2)	
MODEYSO ORAL CAPSULE 125 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	$1.60 - $12.65 (Tier 5)	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONUREG ORAL TABLET 200 MG, 300 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
pazopanib oral tablet 200 mg (Votrient)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	$1.60 - $12.65 (Tier 5)	NDS
pemetrexed disodium intravenous solution 25 mg/ml	$1.60 - $12.65 (Tier 5)	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	$1.60 - $12.65 (Tier 5)	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
RETEVMO ORAL CAPSULE 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$1.60 - $12.65 (Tier 5)	NDS
sorafenib oral tablet 200 mg (Nexavar)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	$1.60 - $12.65 (Tier 5)	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		$1.60 - $5.10 (Tier 2)	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		$4.90 - $12.65 (Tier 4)	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (5 per 21 days)
toremifene oral tablet 60 mg	(Fareston)	$1.60 - $12.65 (Tier 5)	NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		$4.90 - $12.65 (Tier 4)	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		$1.60 - $12.65 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUQAP ORAL TABLET 160 MG, 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	$4.90 - $12.65 (Tier 3)	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$1.60 - $5.10 (Tier 2)	
VITRAKVI ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	$4.90 - $12.65 (Tier 4)	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (32 per 28 days)

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XTANDI ORAL CAPSULE 40 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
YONSA ORAL TABLET 125 MG	(abiraterone, submicronized)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg	(everolimus (antineoplastic))	$1.60 - $5.10 (Tier 2)	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	(everolimus (antineoplastic))	$1.60 - $5.10 (Tier 2)	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		$4.90 - $12.65 (Tier 4)	PA NSO
ZOLINZA ORAL CAPSULE 100 MG		$1.60 - $12.65 (Tier 5)	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (20 per 28 days)
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$1.60 - $5.10 (Tier 2)	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$1.60 - $5.10 (Tier 2)	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	$1.60 - $5.10 (Tier 2)	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$1.60 - $5.10 (Tier 2)	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$1.60 - $5.10 (Tier 2)	
disulfiram oral tablet 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	$4.90 - $12.65 (Tier 3)	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	$1.60 - $5.10 (Tier 2)	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	$1.60 - $5.10 (Tier 2)	
naloxone nasal spray,non-aerosol 4 mg/actuation (Narcan)	$1.60 - $5.10 (Tier 2)	QL (4 per 30 days)
naltrexone oral tablet 50 mg	$1.60 - $5.10 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$4.90 - $12.65 (Tier 4)	QL (240 per 180 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	$1.60 - $5.10 (Tier 2)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		$1.60 - $5.10 (Tier 2)	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	$1.60 - $5.10 (Tier 2)	
Agentes Antiansiedad			
Benzodiacepinas			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	$0 (Tier 1)	NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	$0 (Tier 1)	NDS; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		$1.60 - $5.10 (Tier 2)	NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	$0 (Tier 1)	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	$0 (Tier 1)	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		$1.60 - $5.10 (Tier 2)	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		$1.60 - $5.10 (Tier 2)	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		$1.60 - $5.10 (Tier 2)	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	$1.60 - $5.10 (Tier 2)	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		$1.60 - $5.10 (Tier 2)	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	$0 (Tier 1)	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	$1.60 - $5.10 (Tier 2)	NDS; QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	(Ativan)	$0 (Tier 1)	QL (2 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lorazepam injection solution 2 mg/ml	(Ativan)	$0 (Tier 1)	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	$4.90 - $12.65 (Tier 4)	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		$0 (Tier 1)	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	$1.60 - $5.10 (Tier 2)	NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	$0 (Tier 1)	NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	$0 (Tier 1)	NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	$0 (Tier 1)	NDS; QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	$1.60 - $5.10 (Tier 2)	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	$1.60 - $5.10 (Tier 2)	NDS; QL (120 per 30 days)
Agentes Antidemencia			
Agentes Antidemencia			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	$0 (Tier 1)	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		$1.60 - $5.10 (Tier 2)	
donepezil oral tablet,disintegrating 5 mg		$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
ergoloid oral tablet 1 mg		$1.60 - $5.10 (Tier 2)	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		$1.60 - $5.10 (Tier 2)	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg		$1.60 - $5.10 (Tier 2)	ST; QL (30 per 30 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
memantine oral solution 2 mg/ml	$1.60 - $5.10 (Tier 2)	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$1.60 - $5.10 (Tier 2)	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
Agentes Antidiabetico		
Agentes Antidiabeticos, Varios		
acarbose oral tablet 100 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
dapagliflozin oral tablet 10 mg, 5 mg (Farxiga)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg (Xigduo XR)	$1.60 - $5.10 (Tier 2)	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	$1.60 - $5.10 (Tier 2)	QL (765 per 30 days)
metformin oral tablet 1,000 mg	$0 (Tier 6)	QL (75 per 30 days)
metformin oral tablet 500 mg	$0 (Tier 6)	QL (150 per 30 days)
metformin oral tablet 850 mg	$0 (Tier 6)	QL (90 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metformin oral tablet extended release 24 hr 500 mg		$0 (Tier 6)	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		$0 (Tier 6)	QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		$4.90 - $12.65 (Tier 3)	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		$0 (Tier 6)	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		$4.90 - $12.65 (Tier 3)	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		$4.90 - $12.65 (Tier 3)	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	$0 (Tier 6)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		$0 (Tier 6)	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	$0 (Tier 6)	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		$0 (Tier 6)	QL (120 per 30 days)
repaglinide oral tablet 2 mg		$0 (Tier 6)	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		$4.90 - $12.65 (Tier 3)	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	(linagliptin)	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		$4.90 - $12.65 (Tier 3)	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin-metformin)	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapagliflozin-metformin)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
Insulinas			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		$4.90 - $12.65 (Tier 3)	max $35 copay per month supply; QL (15 per 28 days)
Sulfonilureas			
glimepiride oral tablet 1 mg, 2 mg		$0 (Tier 6)	QL (30 per 30 days)
glimepiride oral tablet 4 mg		$0 (Tier 6)	QL (60 per 30 days)
glipizide oral tablet 10 mg		$0 (Tier 6)	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		$0 (Tier 6)	QL (90 per 30 days)
glipizide oral tablet 5 mg		$0 (Tier 6)	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		$0 (Tier 6)	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		$0 (Tier 6)	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		$0 (Tier 6)	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		$0 (Tier 6)	QL (120 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
Agentes Antigota			
Agentes Antigota, Otros			
allopurinol oral tablet 100 mg	(Zyloprim)	$0 (Tier 1)	
allopurinol oral tablet 300 mg		$0 (Tier 1)	
colchicine oral capsule 0.6 mg	(Mitigare)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
probenecid oral tablet 500 mg		$1.60 - $5.10 (Tier 2)	
probenecid-colchicine oral tablet 500-0.5 mg		$1.60 - $5.10 (Tier 2)	
Agentes Antimigraña			
Agentes Antimigraña			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		$4.90 - $12.65 (Tier 3)	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		$4.90 - $12.65 (Tier 3)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		$4.90 - $12.65 (Tier 3)	PA; QL (2 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		$4.90 - $12.65 (Tier 3)	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		$4.90 - $12.65 (Tier 3)	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		$4.90 - $12.65 (Tier 3)	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	$1.60 - $5.10 (Tier 2)	QL (4 per 28 days)
sumatriptan 6 mg/0.5 ml autoinj suv	(Imitrex STATdose Pen)	$4.90 - $12.65 (Tier 4)	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		$1.60 - $5.10 (Tier 2)	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	$1.60 - $5.10 (Tier 2)	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	$4.90 - $12.65 (Tier 4)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	$1.60 - $5.10 (Tier 2)	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		$1.60 - $5.10 (Tier 2)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		$4.90 - $12.65 (Tier 3)	PA; QL (16 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Agentes Antinausea			
Agentes Antinausea			
aprepitant oral capsule 125 mg		$1.60 - $5.10 (Tier 2)	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		$1.60 - $5.10 (Tier 2)	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	$1.60 - $5.10 (Tier 2)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	$1.60 - $5.10 (Tier 2)	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	$1.60 - $5.10 (Tier 2)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	$1.60 - $5.10 (Tier 2)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		$0 (Tier 1)	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	$0 (Tier 1)	
ondansetron hcl oral tablet 4 mg, 8 mg		$1.60 - $5.10 (Tier 2)	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		$1.60 - $5.10 (Tier 2)	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		$1.60 - $5.10 (Tier 2)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	$1.60 - $5.10 (Tier 2)	
prochlorperazine rectal suppository 25 mg	(Compro)	$1.60 - $5.10 (Tier 2)	
promethazine injection solution 25 mg/ml	(Phenergan)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	$1.60 - $5.10 (Tier 2)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Agentes Antiparasitarios			
Agentes Antiparasitarios			
albendazole oral tablet 200 mg		$1.60 - $5.10 (Tier 2)	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	$1.60 - $5.10 (Tier 2)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	$1.60 - $5.10 (Tier 2)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	$1.60 - $5.10 (Tier 2)	
chloroquine phosphate oral tablet 250 mg, 500 mg		$1.60 - $5.10 (Tier 2)	
COARTEM ORAL TABLET 20-120 MG		$4.90 - $12.65 (Tier 4)	
hydroxychloroquine oral tablet 100 mg		$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	$1.60 - $5.10 (Tier 2)	
ivermectin oral tablet 6 mg		$1.60 - $5.10 (Tier 2)	
mefloquine oral tablet 250 mg		$1.60 - $5.10 (Tier 2)	
nitazoxanide oral tablet 500 mg	(Alinia)	$1.60 - $12.65 (Tier 5)	NDS; QL (60 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pentamidine inhalation recon soln 300 mg	(Nebupent)	$1.60 - $5.10 (Tier 2)	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	$1.60 - $5.10 (Tier 2)	
praziquantel oral tablet 600 mg		$1.60 - $5.10 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		$4.90 - $12.65 (Tier 4)	
pyrimethamine oral tablet 25 mg	(Daraprim)	$1.60 - $12.65 (Tier 5)	PA; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	$1.60 - $5.10 (Tier 2)	PA
tinidazole oral tablet 250 mg, 500 mg		$1.60 - $5.10 (Tier 2)	
Agentes Antiparkinson			
Agentes Antiparkinson			
amantadine hcl oral capsule 100 mg		$1.60 - $5.10 (Tier 2)	
amantadine hcl oral solution 50 mg/5 ml		$1.60 - $5.10 (Tier 2)	
amantadine hcl oral tablet 100 mg		$1.60 - $5.10 (Tier 2)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		$1.60 - $5.10 (Tier 2)	
bromocriptine oral tablet 2.5 mg		$1.60 - $5.10 (Tier 2)	
cabergoline oral tablet 0.5 mg		$1.60 - $5.10 (Tier 2)	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	$1.60 - $5.10 (Tier 2)	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	$1.60 - $5.10 (Tier 2)	
carbidopa-levodopa oral tablet 25-250 mg		$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$1.60 - $5.10 (Tier 2)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$1.60 - $5.10 (Tier 2)	
entacapone oral tablet 200 mg	$1.60 - $5.10 (Tier 2)	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$1.60 - $5.10 (Tier 2)	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	$1.60 - $5.10 (Tier 2)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	$1.60 - $5.10 (Tier 2)	
selegiline hcl oral capsule 5 mg	$1.60 - $5.10 (Tier 2)	
selegiline hcl oral tablet 5 mg	$1.60 - $5.10 (Tier 2)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (560 per 28 days)
Agentes Antipsicóticos		
Agentes Antipsicóticos		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (2.4 per 42 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	$1.60 - $5.10 (Tier 2)	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	$1.60 - $5.10 (Tier 2)	
aripiprazole oral tablet,disintegrating 10 mg	$1.60 - $5.10 (Tier 2)	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	$1.60 - $5.10 (Tier 2)	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (3.2 per 14 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	$4.90 - $12.65 (Tier 4)	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	$4.90 - $12.65 (Tier 4)	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	$4.90 - $12.65 (Tier 4)	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	$1.60 - $5.10 (Tier 2)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$1.60 - $5.10 (Tier 2)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	$1.60 - $5.10 (Tier 2)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	$1.60 - $5.10 (Tier 2)	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	$1.60 - $5.10 (Tier 2)	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	$1.60 - $5.10 (Tier 2)	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	$1.60 - $12.65 (Tier 5)	ST; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	$4.90 - $12.65 (Tier 4)	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	$4.90 - $12.65 (Tier 4)	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	$4.90 - $12.65 (Tier 4)	ST
fluphenazine decanoate injection solution 25 mg/ml	$1.60 - $5.10 (Tier 2)	
fluphenazine hcl injection solution 2.5 mg/ml	$1.60 - $5.10 (Tier 2)	
fluphenazine hcl oral concentrate 5 mg/ml	$1.60 - $5.10 (Tier 2)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$1.60 - $5.10 (Tier 2)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$1.60 - $5.10 (Tier 2)	
haloperidol lactate injection solution 5 mg/ml	$1.60 - $5.10 (Tier 2)	
haloperidol lactate intramuscular syringe 5 mg/ml	$1.60 - $5.10 (Tier 2)	
haloperidol lactate oral concentrate 2 mg/ml	$1.60 - $5.10 (Tier 2)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$4.90 - $12.65 (Tier 3)	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.88 per 70 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	$1.60 - $5.10 (Tier 2)	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	$1.60 - $5.10 (Tier 2)	QL (240 per 30 days)
molindone oral tablet 25 mg	$1.60 - $5.10 (Tier 2)	QL (270 per 30 days)
molindone oral tablet 5 mg	$1.60 - $12.65 (Tier 5)	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	$1.60 - $5.10 (Tier 2)	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	$1.60 - $5.10 (Tier 2)	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	$1.60 - $12.65 (Tier 5)	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		$1.60 - $5.10 (Tier 2)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		$1.60 - $12.65 (Tier 5)	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		$1.60 - $5.10 (Tier 2)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	$1.60 - $5.10 (Tier 2)	
quetiapine oral tablet 150 mg		$1.60 - $5.10 (Tier 2)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	$1.60 - $5.10 (Tier 2)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	$1.60 - $5.10 (Tier 2)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	$1.60 - $5.10 (Tier 2)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	$1.60 - $12.65 (Tier 5)	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	$1.60 - $5.10 (Tier 2)	
risperidone oral tablet 0.25 mg		$1.60 - $5.10 (Tier 2)	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$1.60 - $5.10 (Tier 2)	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	$1.60 - $12.65 (Tier 5)	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.14 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	$1.60 - $12.65 (Tier 5)	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	$1.60 - $5.10 (Tier 2)	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	$1.60 - $5.10 (Tier 2)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	$4.90 - $12.65 (Tier 4)	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (1 per 28 days)
Agentes Calóricos		
Agentes Calóricos		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$4.90 - $12.65 (Tier 4)	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$4.90 - $12.65 (Tier 4)	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$4.90 - $12.65 (Tier 4)	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$4.90 - $12.65 (Tier 4)	PA BvD

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		$4.90 - $12.65 (Tier 4)	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		$1.60 - $5.10 (Tier 2)	
Agentes Cardiovasculares			
Agentes Alfa-Adrenérgicos			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	$1.60 - $5.10 (Tier 2)	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	$1.60 - $5.10 (Tier 2)	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	$1.60 - $5.10 (Tier 2)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	$0 (Tier 1)	
droxidopa oral capsule 100 mg	(Northera)	$1.60 - $5.10 (Tier 2)	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	(Northera)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		$1.60 - $5.10 (Tier 2)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
prazosin oral capsule 1 mg, 2 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
Agentes Antiarritmicos			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	$1.60 - $5.10 (Tier 2)	
amiodarone oral tablet 400 mg		$1.60 - $5.10 (Tier 2)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	$1.60 - $5.10 (Tier 2)	
flecainide oral tablet 100 mg, 150 mg, 50 mg		$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTAQ ORAL TABLET 400 MG	$4.90 - $12.65 (Tier 3)	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	$1.60 - $5.10 (Tier 2)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$1.60 - $5.10 (Tier 2)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$1.60 - $5.10 (Tier 2)	
quinidine sulfate oral tablet 200 mg, 300 mg	$1.60 - $5.10 (Tier 2)	
Agentes Bloqueadores Beta-Adrenérgicos		
acebutolol oral capsule 200 mg, 400 mg	$1.60 - $5.10 (Tier 2)	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$1.60 - $5.10 (Tier 2)	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$1.60 - $5.10 (Tier 2)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	$0 (Tier 1)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	$1.60 - $5.10 (Tier 2)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	$1.60 - $5.10 (Tier 2)	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	$0 (Tier 1)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		$0 (Tier 1)	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	$1.60 - $5.10 (Tier 2)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	$1.60 - $5.10 (Tier 2)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		$1.60 - $5.10 (Tier 2)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	$1.60 - $5.10 (Tier 2)	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	$1.60 - $5.10 (Tier 2)	
sotalol oral tablet 240 mg		$1.60 - $5.10 (Tier 2)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
Agentes Bloqueadores Da Canal De Calcio			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	$1.60 - $5.10 (Tier 2)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		$1.60 - $5.10 (Tier 2)	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	$1.60 - $5.10 (Tier 2)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	$1.60 - $5.10 (Tier 2)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	$1.60 - $5.10 (Tier 2)	
diltiazem hcl oral tablet 90 mg		$1.60 - $5.10 (Tier 2)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	$1.60 - $5.10 (Tier 2)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	$1.60 - $5.10 (Tier 2)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		$1.60 - $5.10 (Tier 2)	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		$4.90 - $12.65 (Tier 4)	
verapamil oral tablet 120 mg, 40 mg, 80 mg		$0 (Tier 1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		$1.60 - $5.10 (Tier 2)	
Agentes Cardiovasculares, Varios			
ATTRUBY ORAL TABLET 356 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		$4.90 - $12.65 (Tier 4)	QL (600 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	$1.60 - $5.10 (Tier 2)	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	$4.90 - $12.65 (Tier 3)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	$1.60 - $5.10 (Tier 2)	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		$4.90 - $12.65 (Tier 3)	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	$1.60 - $5.10 (Tier 2)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		$0 (Tier 1)	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (18 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
metyrosine oral capsule 250 mg		$1.60 - $12.65 (Tier 5)	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		$1.60 - $5.10 (Tier 2)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		$4.90 - $12.65 (Tier 4)	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
Antagonistas De Receptores De Angiotensina Ii			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	$0 (Tier 6)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	$0 (Tier 6)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		$4.90 - $12.65 (Tier 3)	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	$0 (Tier 6)	
irbesartan oral tablet 75 mg		$0 (Tier 6)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	$0 (Tier 6)	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	$0 (Tier 6)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	$0 (Tier 6)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	$0 (Tier 6)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	$0 (Tier 6)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	$0 (Tier 6)	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
telmisartan oral tablet 20 mg		$0 (Tier 6)	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	$0 (Tier 6)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	$0 (Tier 6)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	$0 (Tier 6)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	$0 (Tier 6)	
Dihidropiridinas			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	$0 (Tier 1)	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	$0 (Tier 6)	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		$0 (Tier 6)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	$0 (Tier 6)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	$0 (Tier 6)	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	$1.60 - $5.10 (Tier 2)	
nifedipine oral tablet extended release 24hr 90 mg		$1.60 - $5.10 (Tier 2)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		$1.60 - $5.10 (Tier 2)	
Dislipidémicos			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	$0 (Tier 6)	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	$0 (Tier 6)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		$0 (Tier 6)	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	$0 (Tier 6)	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	$1.60 - $5.10 (Tier 2)	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	$1.60 - $5.10 (Tier 2)	
colesevelam oral powder in packet 3.75 gram	(WelChol)	$1.60 - $5.10 (Tier 2)	
colesevelam oral tablet 625 mg	(WelChol)	$1.60 - $5.10 (Tier 2)	
colestipol oral packet 5 gram		$1.60 - $5.10 (Tier 2)	
colestipol oral tablet 1 gram	(Colestid)	$1.60 - $5.10 (Tier 2)	
ezetimibe oral tablet 10 mg	(Zetia)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	$0 (Tier 6)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	$0 (Tier 6)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	$0 (Tier 6)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	$0 (Tier 6)	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		$1.60 - $5.10 (Tier 2)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		$1.60 - $5.10 (Tier 2)	
fenofibrate oral tablet 160 mg, 54 mg		$1.60 - $5.10 (Tier 2)	
fluvastatin oral capsule 20 mg, 40 mg		$0 (Tier 6)	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	$0 (Tier 6)	
gemfibrozil oral tablet 600 mg	(Lopid)	$0 (Tier 1)	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	$1.60 - $5.10 (Tier 2)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		$0 (Tier 6)	
NEXLETOL ORAL TABLET 180 MG		$4.90 - $12.65 (Tier 3)	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		$4.90 - $12.65 (Tier 3)	ST; QL (30 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		$1.60 - $5.10 (Tier 2)	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	$1.60 - $5.10 (Tier 2)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		$0 (Tier 6)	
prevalite oral powder in packet 4 gram	(cholestyramine)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		$4.90 - $12.65 (Tier 3)	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		$4.90 - $12.65 (Tier 3)	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		$4.90 - $12.65 (Tier 3)	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	$0 (Tier 6)	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	$0 (Tier 6)	
simvastatin oral tablet 5 mg, 80 mg		$0 (Tier 6)	
Diuréticos			
amiloride oral tablet 5 mg		$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		$1.60 - $5.10 (Tier 2)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		$1.60 - $5.10 (Tier 2)	
chlorthalidone oral tablet 25 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
furosemide injection solution 10 mg/ml		$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		$1.60 - $5.10 (Tier 2)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg		$0 (Tier 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg		$0 (Tier 1)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (120 per 30 days)

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	$0 (Tier 1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		$1.60 - $5.10 (Tier 2)	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		$0 (Tier 1)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		$0 (Tier 1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		$0 (Tier 1)	
Inhibidores De Enzima Convertidoras De Angiotensina			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	$0 (Tier 6)	
benazepril oral tablet 5 mg		$0 (Tier 6)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	$0 (Tier 6)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		$0 (Tier 6)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		$0 (Tier 6)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	$0 (Tier 6)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	$0 (Tier 6)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		$0 (Tier 6)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 6)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 6)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	$0 (Tier 6)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	$0 (Tier 6)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (Tier 6)	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 6)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 6)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 6)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 6)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 6)	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	$1.60 - $5.10 (Tier 2)	
eplerenone oral tablet 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	$4.90 - $12.65 (Tier 3)	PA; QL (30 per 30 days)
Vasodilatadores		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	$1.60 - $5.10 (Tier 2)	
isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)	$1.60 - $5.10 (Tier 2)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		$0 (Tier 1)	
minoxidil oral tablet 10 mg, 2.5 mg		$1.60 - $5.10 (Tier 2)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	$1.60 - $5.10 (Tier 2)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	$1.60 - $5.10 (Tier 2)	
Agentes De Enfermedad Intestinal Inflamatoria			
Agentes De Enfermedad Intestinal Inflamatoria			
alosetron oral tablet 0.5 mg	(Lotronex)	$1.60 - $5.10 (Tier 2)	
alosetron oral tablet 1 mg	(Lotronex)	$1.60 - $12.65 (Tier 5)	NDS
balsalazide oral capsule 750 mg	(Colazal)	$1.60 - $5.10 (Tier 2)	
budesonide oral capsule,delayed,extend.release 3 mg		$1.60 - $5.10 (Tier 2)	
budesonide rectal foam 2 mg/actuation	(Uceris)	$1.60 - $5.10 (Tier 2)	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	$1.60 - $5.10 (Tier 2)	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	$1.60 - $5.10 (Tier 2)	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	$1.60 - $5.10 (Tier 2)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	$1.60 - $5.10 (Tier 2)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	$4.90 - $12.65 (Tier 4)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Agentes De Enfermedad Ósea Metabólica			
Agentes De Enfermedad Ósea Metabólica			
alendronate oral solution 70 mg/75 ml		$1.60 - $5.10 (Tier 2)	QL (300 per 28 days)
alendronate oral tablet 10 mg		$0 (Tier 1)	QL (30 per 30 days)
alendronate oral tablet 35 mg		$0 (Tier 1)	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	$0 (Tier 1)	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		$1.60 - $5.10 (Tier 2)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		$1.60 - $5.10 (Tier 2)	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
ibandronate oral tablet 150 mg		$1.60 - $5.10 (Tier 2)	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		$1.60 - $12.65 (Tier 5)	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	$1.60 - $5.10 (Tier 2)	
paricalcitol oral capsule 4 mcg		$1.60 - $5.10 (Tier 2)	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		$1.60 - $12.65 (Tier 5)	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		$4.90 - $12.65 (Tier 3)	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (2.24 per 28 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1.56 per 30 days)
Agentes De Trastorno De Sueño			
Agentes De Trastorno De Sueño			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	$1.60 - $5.10 (Tier 2)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	$1.60 - $5.10 (Tier 2)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	$1.60 - $5.10 (Tier 2)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	$0 (Tier 1)	QL (30 per 30 days)
Agentes Del Sistema Nervioso Central			
Agentes Del Sistema Nervioso Central			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)		$1.60 - $12.65 (Tier 5)	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (15 per 30 days)
cladribine 10 mg x 10 tab pk outer	(Mavenclad (10 tablet pack))	$1.60 - $12.65 (Tier 5)	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)		$1.60 - $12.65 (Tier 5)	PA; NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	$1.60 - $5.10 (Tier 2)	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	$1.60 - $5.10 (Tier 2)	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	$1.60 - $5.10 (Tier 2)	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	$1.60 - $5.10 (Tier 2)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)		$1.60 - $12.65 (Tier 5)	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	$1.60 - $5.10 (Tier 2)	
lithium carbonate oral tablet extended release 450 mg	$1.60 - $5.10 (Tier 2)	
lithium citrate oral solution 8 meq/5 ml	$1.60 - $5.10 (Tier 2)	
MAYZENT ORAL TABLET 0.25 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	$4.90 - $12.65 (Tier 3)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	$1.60 - $12.65 (Tier 5)	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	$1.60 - $5.10 (Tier 2)	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
riluzole oral tablet 50 mg	$1.60 - $5.10 (Tier 2)	
tetrabenazine oral tablet 12.5 mg (Xenazine)	$1.60 - $5.10 (Tier 2)	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg (Xenazine)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (120 per 30 days)
Agentes Del Tracto Respiratorio		
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$1.60 - $5.10 (Tier 2)	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$1.60 - $5.10 (Tier 2)	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nintedanib oral capsule 100 mg, 150 mg (Ofev)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (0.4 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
roflumilast oral tablet 250 mcg (Daliresp)	$1.60 - $5.10 (Tier 2)	QL (28 per 28 days)
roflumilast oral tablet 500 mcg (Daliresp)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (84 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
Antiinflamatorios, Corticoesteroides Inhalados			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	$4.90 - $12.65 (Tier 3)	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	$1.60 - $5.10 (Tier 2)	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	$1.60 - $5.10 (Tier 2)	PA BvD; QL (120 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	$1.60 - $5.10 (Tier 2)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		$1.60 - $5.10 (Tier 2)	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		$1.60 - $5.10 (Tier 2)	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		$1.60 - $5.10 (Tier 2)	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
Antileucotrinos			
montelukast oral tablet 10 mg	(Singulair)	$0 (Tier 1)	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	$1.60 - $5.10 (Tier 2)	
zafirlukast oral tablet 10 mg, 20 mg		$1.60 - $5.10 (Tier 2)	
Broncodilatadores			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		$4.90 - $12.65 (Tier 3)	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	$1.60 - $5.10 (Tier 2)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		$1.60 - $5.10 (Tier 2)	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		$1.60 - $5.10 (Tier 2)	QL (36 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	\$1.60 - \$5.10 (Tier 2)	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	\$4.90 - \$12.65 (Tier 3)	QL (60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (23.6 per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (23.6 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (8 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation (Atrovent HFA)	\$1.60 - \$5.10 (Tier 2)	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	\$1.60 - \$5.10 (Tier 2)	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	\$1.60 - \$5.10 (Tier 2)	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$4.90 - \$12.65 (Tier 3)	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$4.90 - \$12.65 (Tier 3)	QL (4 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		$4.90 - $12.65 (Tier 3)	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		$4.90 - $12.65 (Tier 3)	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		$1.60 - $5.10 (Tier 2)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		$1.60 - $5.10 (Tier 2)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		$1.60 - $5.10 (Tier 2)	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
Agentes Dentales Y Orales			
Agentes Dentales Y Orales			
cevimeline oral capsule 30 mg	(Evoxac)	$1.60 - $5.10 (Tier 2)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	$0 (Tier 1)	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	$0 (Tier 1)	
dentagel dental gel 1.1 %	(fluoride (sodium))	$0 (Tier 1)	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	$0 (Tier 1)	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	$0 (Tier 1)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	$0 (Tier 1)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	$1.60 - $5.10 (Tier 2)	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	$0 (Tier 1)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	$1.60 - $5.10 (Tier 2)	
Agentes Dermatológicos			
Agentes Antiinflamatorios Dermatológicos			
ala-cort topical cream 1 %	(hydrocortisone)	$1.60 - $5.10 (Tier 2)	
betamethasone dipropionate topical cream 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone dipropionate topical lotion 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone dipropionate topical ointment 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone valerate topical cream 0.1 %		$1.60 - $5.10 (Tier 2)	
betamethasone valerate topical lotion 0.1 %		$1.60 - $5.10 (Tier 2)	
betamethasone valerate topical ointment 0.1 %		$1.60 - $5.10 (Tier 2)	
betamethasone, augmented topical cream 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone, augmented topical gel 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone, augmented topical lotion 0.05 %		$1.60 - $5.10 (Tier 2)	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	$1.60 - $5.10 (Tier 2)	
clobetasol scalp solution 0.05 %		$1.60 - $5.10 (Tier 2)	
clobetasol topical cream 0.05 %		$1.60 - $5.10 (Tier 2)	
clobetasol topical gel 0.05 %		$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol topical lotion 0.05 %	$1.60 - $5.10 (Tier 2)	
clobetasol topical ointment 0.05 %	$1.60 - $5.10 (Tier 2)	
clobetasol topical shampoo 0.05 % (Clodan)	$1.60 - $5.10 (Tier 2)	
clobetasol-emollient topical cream 0.05 %	$1.60 - $5.10 (Tier 2)	
clobetasol-emollient topical foam 0.05 % (Tovet Emollient)	$1.60 - $5.10 (Tier 2)	
EUCRISA TOPICAL OINTMENT 2 %	$4.90 - $12.65 (Tier 3)	
fluocinolone topical cream 0.01 %	$1.60 - $5.10 (Tier 2)	
fluocinolone topical cream 0.025 % (Synalar)	$1.60 - $5.10 (Tier 2)	
fluocinolone topical ointment 0.025 % (Synalar)	$1.60 - $5.10 (Tier 2)	
fluocinonide topical cream 0.05 %	$1.60 - $5.10 (Tier 2)	
fluocinonide topical gel 0.05 %	$1.60 - $5.10 (Tier 2)	
fluocinonide topical ointment 0.05 %	$1.60 - $5.10 (Tier 2)	
fluocinonide topical solution 0.05 %	$1.60 - $5.10 (Tier 2)	
fluticasone propionate topical cream 0.05 %	$1.60 - $5.10 (Tier 2)	
halobetasol propionate topical cream 0.05 %	$1.60 - $5.10 (Tier 2)	
halobetasol propionate topical ointment 0.05 %	$1.60 - $5.10 (Tier 2)	
hydrocortisone 2.5% cream	$1.60 - $5.10 (Tier 2)	
hydrocortisone topical cream 1 % (Ala-Cort)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	$1.60 - $5.10 (Tier 2)	
hydrocortisone topical lotion 2.5 %		$1.60 - $5.10 (Tier 2)	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	$0 (Tier 1)	
hydrocortisone topical ointment 2.5 %		$0 (Tier 1)	
hydrocortisone valerate topical cream 0.2 %		$1.60 - $5.10 (Tier 2)	
mometasone topical cream 0.1 %		$1.60 - $5.10 (Tier 2)	
mometasone topical ointment 0.1 %		$1.60 - $5.10 (Tier 2)	
mometasone topical solution 0.1 %		$1.60 - $5.10 (Tier 2)	
pimecrolimus topical cream 1 %		$1.60 - $5.10 (Tier 2)	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$1.60 - $5.10 (Tier 2)	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$1.60 - $5.10 (Tier 2)	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$1.60 - $5.10 (Tier 2)	
tacrolimus topical ointment 0.03 %, 0.1 %		$1.60 - $5.10 (Tier 2)	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		$1.60 - $5.10 (Tier 2)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		$0 (Tier 1)	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	$0 (Tier 1)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		$1.60 - $5.10 (Tier 2)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		$1.60 - $5.10 (Tier 2)	
Agentes Dermatológicos, Otros			

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		$1.60 - $5.10 (Tier 2)	
acyclovir topical ointment 5 %	(Zovirax)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		$1.60 - $5.10 (Tier 2)	
ammonium lactate topical lotion 12 %	(AmLactin)	$1.60 - $5.10 (Tier 2)	
calcipotriene scalp solution 0.005 %	(Pellix)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	$1.60 - $5.10 (Tier 2)	
fluorouracil topical solution 2 %, 5 %		$1.60 - $5.10 (Tier 2)	
imiquimod topical cream in packet 5 %		$1.60 - $5.10 (Tier 2)	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		$1.60 - $12.65 (Tier 5)	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		$1.60 - $12.65 (Tier 5)	NDS
PANRETIN TOPICAL GEL 0.1 %		$1.60 - $12.65 (Tier 5)	NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		$1.60 - $5.10 (Tier 2)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		$4.90 - $12.65 (Tier 4)	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	$1.60 - $5.10 (Tier 2)	
Antibacterianos Dermatológicos			

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin phosphate topical solution 1 %		$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	$1.60 - $5.10 (Tier 2)	
clindamycin-benzoyl peroxide topical gel 1-5 %		$1.60 - $5.10 (Tier 2)	
erythromycin with ethanol topical solution 2 %		$1.60 - $5.10 (Tier 2)	
gentamicin topical cream 0.1 %		$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	$1.60 - $5.10 (Tier 2)	
metronidazole topical gel 0.75 %	(Rosadan)	$1.60 - $5.10 (Tier 2)	
metronidazole topical gel 1 %		$1.60 - $5.10 (Tier 2)	
mupirocin topical ointment 2 %	(Centany)	$0 (Tier 1)	QL (220 per 30 days)
rosadan topical cream 0.75 %	(metronidazole)	$1.60 - $5.10 (Tier 2)	
selenium sulfide topical lotion 2.5 %		$1.60 - $5.10 (Tier 2)	
silver sulfadiazine topical cream 1 %	(SSD)	$1.60 - $5.10 (Tier 2)	
ssd topical cream 1 %	(silver sulfadiazine)	$4.90 - $12.65 (Tier 4)	
Escabicidas Y Pediculicidas			
malathion topical lotion 0.5 %	(Ovide)	$1.60 - $5.10 (Tier 2)	
permethrin topical cream 5 %		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
Retinoides Dermatológicos			
adapalene topical cream 0.1 %		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALTRENO TOPICAL LOTION 0.05 %		$4.90 - $12.65 (Tier 4)	PA
tazarotene topical cream 0.1 %	(Tazorac)	$1.60 - $5.10 (Tier 2)	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	$1.60 - $5.10 (Tier 2)	PA
Agentes Gastrointestinales			
Agentes Antiúlceras Y Supresores De Ácidos			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		$1.60 - $5.10 (Tier 2)	
cimetidine hcl oral solution 300 mg/5 ml		$1.60 - $5.10 (Tier 2)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	$1.60 - $5.10 (Tier 2)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	$1.60 - $5.10 (Tier 2)	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	$1.60 - $5.10 (Tier 2)	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	$1.60 - $5.10 (Tier 2)	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	$0 (Tier 1)	
famotidine oral tablet 40 mg	(Pepcid)	$0 (Tier 1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	$1.60 - $5.10 (Tier 2)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	$0 (Tier 1)	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sucralfate oral tablet 1 gram	(Carafate)	$1.60 - $5.10 (Tier 2)	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		$4.90 - $12.65 (Tier 4)	PA
Agentes Gastrointestinales, Otros			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	$1.60 - $12.65 (Tier 5)	PA; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	$1.60 - $5.10 (Tier 2)	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	$1.60 - $5.10 (Tier 2)	
dicyclomine oral capsule 10 mg		$1.60 - $5.10 (Tier 2)	
dicyclomine oral solution 10 mg/5 ml		$1.60 - $5.10 (Tier 2)	
dicyclomine oral tablet 20 mg		$1.60 - $5.10 (Tier 2)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	$1.60 - $5.10 (Tier 2)	
generlac oral solution 10 gram/15 ml	(lactulose)	$1.60 - $5.10 (Tier 2)	
glycopyrrolate oral tablet 1 mg	(Robinul)	$1.60 - $5.10 (Tier 2)	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	$1.60 - $5.10 (Tier 2)	
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	$1.60 - $5.10 (Tier 2)	
lactulose oral solution 10 gram/15 ml	(Constulose)	$1.60 - $5.10 (Tier 2)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		$4.90 - $12.65 (Tier 3)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	$1.60 - $5.10 (Tier 2)	
lubiprostone oral capsule 24 mcg		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		$1.60 - $5.10 (Tier 2)	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		$1.60 - $5.10 (Tier 2)	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	$1.60 - $5.10 (Tier 2)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		$1.60 - $5.10 (Tier 2)	
TRULANCE ORAL TABLET 3 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	$1.60 - $12.65 (Tier 5)	NDS
ursodiol oral capsule 300 mg		$1.60 - $5.10 (Tier 2)	
ursodiol oral tablet 250 mg		$1.60 - $5.10 (Tier 2)	
ursodiol oral tablet 500 mg	(URSO Forte)	$1.60 - $5.10 (Tier 2)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		$4.90 - $12.65 (Tier 3)	
XERMELO ORAL TABLET 250 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (84 per 28 days)
Enlaces De Fosfato			
calcium acetate(phosphat bind) oral capsule 667 mg		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium acetate(phosphat bind) oral tablet 667 mg		$1.60 - $5.10 (Tier 2)	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	$1.60 - $5.10 (Tier 2)	
sevelamer carbonate oral tablet 800 mg	(Renvela)	$1.60 - $5.10 (Tier 2)	
sevelamer hcl oral tablet 400 mg, 800 mg		$1.60 - $5.10 (Tier 2)	
Laxantes			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	$1.60 - $5.10 (Tier 2)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	$1.60 - $5.10 (Tier 2)	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	$1.60 - $5.10 (Tier 2)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	$1.60 - $5.10 (Tier 2)	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	$1.60 - $5.10 (Tier 2)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	$1.60 - $5.10 (Tier 2)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		$1.60 - $5.10 (Tier 2)	
Agentes Genitourinarios			
Agentes Genitourinarios, Varios			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	$1.60 - $5.10 (Tier 2)	
finasteride oral tablet 5 mg	(Proscar)	$0 (Tier 1)	
tamsulosin oral capsule 0.4 mg		$0 (Tier 1)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		$0 (Tier 1)	
Antiespasmódicos, Urinario			

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	$1.60 - $5.10 (Tier 2)	
flavoxate oral tablet 100 mg		$1.60 - $5.10 (Tier 2)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	$1.60 - $5.10 (Tier 2)	
oxybutynin chloride oral syrup 5 mg/5 ml		$1.60 - $5.10 (Tier 2)	
oxybutynin chloride oral tablet 5 mg		$1.60 - $5.10 (Tier 2)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	$1.60 - $5.10 (Tier 2)	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		$1.60 - $5.10 (Tier 2)	
tolterodine oral tablet 1 mg, 2 mg		$1.60 - $5.10 (Tier 2)	
trospium oral tablet 20 mg		$1.60 - $5.10 (Tier 2)	
Agentes Hormonales, Estimulante/Reemplazo/Modificador			
Agentes Tiroideos Y Antitiroideos			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	$0 (Tier 1)	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	$1.60 - $5.10 (Tier 2)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methimazole oral tablet 10 mg, 5 mg		$0 (Tier 1)	
propylthiouracil oral tablet 50 mg		$1.60 - $5.10 (Tier 2)	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
Andrógenos			
danazol oral capsule 100 mg, 200 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	$1.60 - $5.10 (Tier 2)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		$1.60 - $5.10 (Tier 2)	PA
testosterone enanthate intramuscular oil 200 mg/ml		$1.60 - $5.10 (Tier 2)	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	$1.60 - $5.10 (Tier 2)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	$1.60 - $5.10 (Tier 2)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		$1.60 - $5.10 (Tier 2)	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	$1.60 - $5.10 (Tier 2)	PA; QL (300 per 30 days)
Estrógenos Y Antiestrógenos			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	$0 (Tier 1)	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	$1.60 - $5.10 (Tier 2)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	$1.60 - $5.10 (Tier 2)	QL (8 per 28 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		$0 (Tier 1)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	$1.60 - $5.10 (Tier 2)	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	$1.60 - $5.10 (Tier 2)	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	$1.60 - $5.10 (Tier 2)	
estradiol vaginal tablet 10 mcg	(Yuvafem)	$1.60 - $5.10 (Tier 2)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		$4.90 - $12.65 (Tier 3)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		$4.90 - $12.65 (Tier 3)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		$4.90 - $12.65 (Tier 3)	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	$1.60 - $5.10 (Tier 2)	
yuvafem vaginal tablet 10 mcg	(estradiol)	$1.60 - $5.10 (Tier 2)	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides			
dexamethasone oral solution 0.5 mg/5 ml		$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		$1.60 - $5.10 (Tier 2)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		$0 (Tier 1)	
fludrocortisone oral tablet 0.1 mg		$1.60 - $5.10 (Tier 2)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	$1.60 - $5.10 (Tier 2)	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	$1.60 - $5.10 (Tier 2)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	$1.60 - $5.10 (Tier 2)	
methylprednisolone oral tablet 32 mg		$1.60 - $5.10 (Tier 2)	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	$0 (Tier 1)	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		$1.60 - $5.10 (Tier 2)	PA BvD
prednisolone oral solution 15 mg/5 ml		$1.60 - $5.10 (Tier 2)	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		$1.60 - $5.10 (Tier 2)	PA BvD
prednisone oral solution 5 mg/5 ml		$1.60 - $5.10 (Tier 2)	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		$0 (Tier 1)	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		$1.60 - $5.10 (Tier 2)	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	$1.60 - $5.10 (Tier 2)	
Pituitario			
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (35 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	$1.60 - $5.10 (Tier 2)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$1.60 - $5.10 (Tier 2)	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	$1.60 - $5.10 (Tier 2)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml	$1.60 - $12.65 (Tier 5)	NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	$1.60 - $5.10 (Tier 2)	
octreotide acetate injection solution 200 mcg/ml	$1.60 - $5.10 (Tier 2)	
ORGOVYX ORAL TABLET 120 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORILISSA ORAL TABLET 150 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
Progestinas			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		$4.90 - $12.65 (Tier 3)	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	$1.60 - $5.10 (Tier 2)	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	$1.60 - $5.10 (Tier 2)	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	$1.60 - $5.10 (Tier 2)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	$0 (Tier 1)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	$1.60 - $5.10 (Tier 2)	
Agentes Inmunológicos			
Agentes Inmunológicos			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	$1.60 - $12.65 (Tier 5)	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	$1.60 - $12.65 (Tier 5)	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	$1.60 - $12.65 (Tier 5)	PA; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty)	$1.60 - $12.65 (Tier 5)	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
azathioprine oral tablet 50 mg	(Imuran)	$1.60 - $5.10 (Tier 2)	PA BvD
azathioprine sodium injection recon soln 100 mg		$1.60 - $5.10 (Tier 2)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		$1.60 - $12.65 (Tier 5)	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		$1.60 - $12.65 (Tier 5)	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		$1.60 - $12.65 (Tier 5)	PA; NDS

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	$1.60 - $5.10 (Tier 2)	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	$1.60 - $5.10 (Tier 2)	PA BvD
cyclosporine modified oral capsule 50 mg		$1.60 - $5.10 (Tier 2)	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	$1.60 - $5.10 (Tier 2)	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	$1.60 - $5.10 (Tier 2)	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$1.60 - $12.65 (Tier 5)	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$1.60 - $12.65 (Tier 5)	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$1.60 - $12.65 (Tier 5)	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$1.60 - $12.65 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	$1.60 - $5.10 (Tier 2)	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	$1.60 - $5.10 (Tier 2)	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	$1.60 - $5.10 (Tier 2)	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	$1.60 - $12.65 (Tier 5)	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	$1.60 - $12.65 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
infliximab intravenous recon soln 100 mg (Remicade)	$1.60 - $12.65 (Tier 5)	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	$1.60 - $5.10 (Tier 2)	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	$1.60 - $5.10 (Tier 2)	PA BvD
mycophenolate mofetil oral capsule 250 mg (CellCept)	$1.60 - $5.10 (Tier 2)	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mycophenolate mofetil oral tablet 500 mg (CellCept)	$1.60 - $5.10 (Tier 2)	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	$1.60 - $5.10 (Tier 2)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	$1.60 - $12.65 (Tier 5)	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	$4.90 - $12.65 (Tier 4)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$4.90 - $12.65 (Tier 4)	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	$4.90 - $12.65 (Tier 4)	ST
REZUROCK ORAL TABLET 200 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
sirolimus oral solution 1 mg/ml	$1.60 - $5.10 (Tier 2)	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$1.60 - $5.10 (Tier 2)	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	$1.60 - $12.65 (Tier 5)	PA; NDS

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		$1.60 - $12.65 (Tier 5)	PA; NDS
tacrolimus intravenous solution 5 mg/ml	(Prograf)	$1.60 - $5.10 (Tier 2)	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	$1.60 - $5.10 (Tier 2)	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	$1.60 - $5.10 (Tier 2)	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	$1.60 - $12.65 (Tier 5)	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	$1.60 - $12.65 (Tier 5)	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	$1.60 - $12.65 (Tier 5)	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		$1.60 - $12.65 (Tier 5)	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		$1.60 - $12.65 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Otulfi)	$4.90 - $12.65 (Tier 3)	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	$1.60 - $12.65 (Tier 5)	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	$1.60 - $12.65 (Tier 5)	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	$1.60 - $12.65 (Tier 5)	PA; NDS
Vacunas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$4.90 - $12.65 (Tier 3)	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$4.90 - $12.65 (Tier 3)	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$4.90 - $12.65 (Tier 3)	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$4.90 - $12.65 (Tier 3)	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$4.90 - $12.65 (Tier 3)	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	$4.90 - $12.65 (Tier 3)	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$4.90 - $12.65 (Tier 3)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$4.90 - $12.65 (Tier 3)	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$4.90 - $12.65 (Tier 3)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$4.90 - $12.65 (Tier 3)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	$4.90 - $12.65 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	$4.90 - $12.65 (Tier 3)	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	$4.90 - $12.65 (Tier 3)	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	$4.90 - $12.65 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$4.90 - $12.65 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$4.90 - $12.65 (Tier 3)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$4.90 - $12.65 (Tier 3)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$4.90 - $12.65 (Tier 3)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$4.90 - $12.65 (Tier 3)	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	$4.90 - $12.65 (Tier 3)	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$4.90 - $12.65 (Tier 3)	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	$4.90 - $12.65 (Tier 3)	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$4.90 - $12.65 (Tier 3)	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	$4.90 - $12.65 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$4.90 - $12.65 (Tier 3)	$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$4.90 - $12.65 (Tier 3)	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	$4.90 - $12.65 (Tier 3)	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	$4.90 - $12.65 (Tier 3)	$0 copay
Agentes Oftálmicos		
Agentes Antiglaucoma		
acetazolamide oral capsule, extended release 500 mg	$1.60 - $5.10 (Tier 2)	
acetazolamide oral tablet 125 mg, 250 mg	$1.60 - $5.10 (Tier 2)	
acetazolamide sodium injection recon soln 500 mg	$1.60 - $5.10 (Tier 2)	
betaxolol ophthalmic (eye) drops 0.5 %	$1.60 - $5.10 (Tier 2)	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	$1.60 - $5.10 (Tier 2)	
brimonidine ophthalmic (eye) drops 0.2 %	$1.60 - $5.10 (Tier 2)	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	$1.60 - $5.10 (Tier 2)	
carteolol ophthalmic (eye) drops 1 %		$1.60 - $5.10 (Tier 2)	
dorzolamide ophthalmic (eye) drops 2 %		$1.60 - $5.10 (Tier 2)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	$1.60 - $5.10 (Tier 2)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	$0 (Tier 1)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		$1.60 - $5.10 (Tier 2)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	$4.90 - $12.65 (Tier 3)	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		$1.60 - $5.10 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		$4.90 - $12.65 (Tier 3)	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		$4.90 - $12.65 (Tier 3)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		$4.90 - $12.65 (Tier 3)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		$0 (Tier 1)	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	$0 (Tier 1)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	$1.60 - $5.10 (Tier 2)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		$4.90 - $12.65 (Tier 4)	QL (5 per 30 days)
Agentes Para Los Ojos, Oídos, Nariz, Garganta			
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta			

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetic acid otic (ear) solution 2 %	$1.60 - $5.10 (Tier 2)	
bacitracin ophthalmic (eye) ointment 500 unit/gram	$1.60 - $5.10 (Tier 2)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$1.60 - $5.10 (Tier 2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$1.60 - $5.10 (Tier 2)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$1.60 - $5.10 (Tier 2)	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$1.60 - $5.10 (Tier 2)	QL (3.5 per 4 days)
gentamicin ophthalmic (eye) drops 0.3 %	$1.60 - $5.10 (Tier 2)	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	$1.60 - $5.10 (Tier 2)	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	$1.60 - $5.10 (Tier 2)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$4.90 - $12.65 (Tier 4)	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$1.60 - $5.10 (Tier 2)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$1.60 - $5.10 (Tier 2)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	$1.60 - $5.10 (Tier 2)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$1.60 - $5.10 (Tier 2)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		$1.60 - $5.10 (Tier 2)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		$1.60 - $5.10 (Tier 2)	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	$1.60 - $5.10 (Tier 2)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	$1.60 - $5.10 (Tier 2)	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	$1.60 - $5.10 (Tier 2)	
ofloxacin otic (ear) drops 0.3 %		$1.60 - $5.10 (Tier 2)	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	$1.60 - $5.10 (Tier 2)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		$0 (Tier 1)	
sulfacetamide sodium ophthalmic (eye) drops 10 %		$1.60 - $5.10 (Tier 2)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		$1.60 - $5.10 (Tier 2)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		$1.60 - $5.10 (Tier 2)	
tobramycin ophthalmic (eye) drops 0.3 %		$0 (Tier 1)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		$1.60 - $5.10 (Tier 2)	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	$1.60 - $5.10 (Tier 2)	
trifluridine ophthalmic (eye) drops 1 %		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		$4.90 - $12.65 (Tier 4)	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	$1.60 - $5.10 (Tier 2)	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		$1.60 - $5.10 (Tier 2)	
diclofenac sodium ophthalmic (eye) drops 0.1 %		$1.60 - $5.10 (Tier 2)	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	$1.60 - $5.10 (Tier 2)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		$4.90 - $12.65 (Tier 3)	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		$1.60 - $5.10 (Tier 2)	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	$1.60 - $5.10 (Tier 2)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	$1.60 - $5.10 (Tier 2)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		$1.60 - $5.10 (Tier 2)	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	$0 (Tier 1)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		$4.90 - $12.65 (Tier 3)	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		$4.90 - $12.65 (Tier 3)	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	$1.60 - $5.10 (Tier 2)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		$4.90 - $12.65 (Tier 3)	QL (3.5 per 14 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		$4.90 - $12.65 (Tier 3)	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	$1.60 - $5.10 (Tier 2)	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %		$1.60 - $5.10 (Tier 2)	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		$1.60 - $5.10 (Tier 2)	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	$1.60 - $5.10 (Tier 2)	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	$4.90 - $12.65 (Tier 4)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios			
atropine ophthalmic (eye) drops 1 %		$1.60 - $5.10 (Tier 2)	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	$1.60 - $5.10 (Tier 2)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		$1.60 - $5.10 (Tier 2)	
cromolyn ophthalmic (eye) drops 4 %		$1.60 - $5.10 (Tier 2)	
epinastine ophthalmic (eye) drops 0.05 %		$1.60 - $5.10 (Tier 2)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		$1.60 - $5.10 (Tier 2)	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		$1.60 - $5.10 (Tier 2)	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		$4.90 - $12.65 (Tier 3)	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	$1.60 - $5.10 (Tier 2)	
Agentes Terapeuticos Misceláneos			
Agentes Terapeuticos Misceláneos			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		$1.60 - $12.65 (Tier 5)	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		$4.90 - $12.65 (Tier 3)	
betaine oral powder 1 gram/scoop	(Cystadane)	$1.60 - $12.65 (Tier 5)	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		$0 (Tier 1)	
diazoxide oral suspension 50 mg/ml	(Proglycem)	$1.60 - $12.65 (Tier 5)	NDS
glucagon emergency kit (human) injection recon soln 1 mg		$4.90 - $12.65 (Tier 3)	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		$4.90 - $12.65 (Tier 3)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		$4.90 - $12.65 (Tier 3)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		$4.90 - $12.65 (Tier 3)	
hydroxyzine pamoate oral capsule 100 mg		$1.60 - $5.10 (Tier 2)	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		$0 (Tier 1)	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
mesna oral tablet 400 mg	(Mesnex)	$1.60 - $12.65 (Tier 5)	NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	$1.60 - $5.10 (Tier 2)	
THALOMID ORAL CAPSULE 100 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		$4.90 - $12.65 (Tier 4)	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (12 per 30 days)
Agentes Vasodilatadores			
Agentes Vasodilatadores			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	$1.60 - $5.10 (Tier 2)	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	$1.60 - $12.65 (Tier 5)	PA; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	$1.60 - $5.10 (Tier 2)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		$1.60 - $5.10 (Tier 2)	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	$1.60 - $5.10 (Tier 2)	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UPTRAVI ORAL TABLET 100 MCG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	$1.60 - $12.65 (Tier 5)	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	$1.60 - $12.65 (Tier 5)	PA; NDS
Analgésicos		
Agentes Antiinflamatorios No Esteroideos		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 % (Flector)	$4.90 - $12.65 (Tier 4)	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	$1.60 - $5.10 (Tier 2)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	$1.60 - $5.10 (Tier 2)	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %	$1.60 - $5.10 (Tier 2)	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (224 per 28 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	$1.60 - $5.10 (Tier 2)	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	$1.60 - $5.10 (Tier 2)	
etodolac oral capsule 200 mg, 300 mg		$1.60 - $5.10 (Tier 2)	
etodolac oral tablet 400 mg	(Lodine)	$1.60 - $5.10 (Tier 2)	
etodolac oral tablet 500 mg		$1.60 - $5.10 (Tier 2)	
flurbiprofen oral tablet 100 mg	(Lurbiro)	$1.60 - $5.10 (Tier 2)	
ibu oral tablet 400 mg	(ibuprofen)	$0 (Tier 1)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	$0 (Tier 1)	
ibuprofen oral tablet 400 mg	(IBU)	$0 (Tier 1)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	$0 (Tier 1)	
indomethacin oral capsule 25 mg, 50 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		$0 (Tier 1)	
nabumetone oral tablet 500 mg, 750 mg		$1.60 - $5.10 (Tier 2)	
naproxen oral tablet 250 mg, 375 mg		$0 (Tier 1)	
naproxen oral tablet 500 mg	(Naprosyn)	$0 (Tier 1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	$1.60 - $5.10 (Tier 2)	
sulindac oral tablet 150 mg, 200 mg		$1.60 - $5.10 (Tier 2)	
Analgésicos, Varios			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		$0 (Tier 1)	NDS; QL (4500 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen-codeine oral solution 120-12 mg/5 ml		$0 (Tier 1)	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		$1.60 - $5.10 (Tier 2)	NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	$1.60 - $5.10 (Tier 2)	NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	$1.60 - $5.10 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	$1.60 - $5.10 (Tier 2)	NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	$1.60 - $5.10 (Tier 2)	NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		$1.60 - $5.10 (Tier 2)	PA; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		$1.60 - $5.10 (Tier 2)	NDS; QL (10 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml	$1.60 - $5.10 (Tier 2)	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
methadone oral tablet 10 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (120 per 30 days)
methadone oral tablet 5 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$1.60 - $5.10 (Tier 2)	PA; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	$1.60 - $5.10 (Tier 2)	NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	$1.60 - $5.10 (Tier 2)	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	$4.90 - $12.65 (Tier 4)	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	$4.90 - $12.65 (Tier 4)	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	$1.60 - $5.10 (Tier 2)	NDS; QL (90 per 30 days)
morphine oral tablet extended release 60 mg (MS Contin)	$1.60 - $5.10 (Tier 2)	NDS; QL (60 per 30 days)
oxycodone oral capsule 5 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	$1.60 - $5.10 (Tier 2)	NDS; QL (120 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone oral tablet 20 mg		$1.60 - $5.10 (Tier 2)	NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	$1.60 - $5.10 (Tier 2)	NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	$1.60 - $5.10 (Tier 2)	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	$1.60 - $5.10 (Tier 2)	NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg		$0 (Tier 1)	NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		$1.60 - $5.10 (Tier 2)	NDS; QL (300 per 30 days)
Anestésicos			
Anestesia Local			
dermacinrx lidocan 5% patch outer	(lidocaine)	$1.60 - $5.10 (Tier 2)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		$1.60 - $5.10 (Tier 2)	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	$1.60 - $5.10 (Tier 2)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		$1.60 - $5.10 (Tier 2)	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		$1.60 - $5.10 (Tier 2)	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	$1.60 - $5.10 (Tier 2)	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	$1.60 - $5.10 (Tier 2)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		$4.90 - $12.65 (Tier 3)	PA; QL (90 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antagonistas De Metales Pesados			
Antagonistas De Metales Pesados			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	$1.60 - $12.65 (Tier 5)	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	$1.60 - $5.10 (Tier 2)	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	$1.60 - $12.65 (Tier 5)	PA; NDS
trientine oral capsule 250 mg	(Syprine)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (240 per 30 days)
Anti Infecciosos (Membrana Cutánea Y Mucosa)			
Anti Infecciosos (Membrana Cutánea Y Mucosa)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	$1.60 - $5.10 (Tier 2)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	$1.60 - $5.10 (Tier 2)	
terconazole vaginal cream 0.4 %, 0.8 %		$1.60 - $5.10 (Tier 2)	
terconazole vaginal suppository 80 mg		$1.60 - $5.10 (Tier 2)	
Antibacterianos			
Aminoglicósidos			
amikacin injection solution 500 mg/2 ml		$1.60 - $5.10 (Tier 2)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		$1.60 - $5.10 (Tier 2)	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin oral tablet 500 mg		$1.60 - $5.10 (Tier 2)	
streptomycin intramuscular recon soln 1 gram		$1.60 - $12.65 (Tier 5)	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		$1.60 - $12.65 (Tier 5)	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		$1.60 - $5.10 (Tier 2)	
Antibacteriales, Misceláneos			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	$1.60 - $5.10 (Tier 2)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		$1.60 - $5.10 (Tier 2)	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	$1.60 - $5.10 (Tier 2)	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	$1.60 - $12.65 (Tier 5)	NDS
daptomycin intravenous recon soln 350 mg, 500 mg		$1.60 - $12.65 (Tier 5)	NDS
fosfomycin tromethamine oral packet 3 gram		$1.60 - $5.10 (Tier 2)	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	$1.60 - $5.10 (Tier 2)	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	$1.60 - $12.65 (Tier 5)	NDS
linezolid oral tablet 600 mg		$1.60 - $5.10 (Tier 2)	
methenamine hippurate oral tablet 1 gram		$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	$1.60 - $5.10 (Tier 2)	
metronidazole oral tablet 250 mg, 500 mg		$0 (Tier 1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		$1.60 - $5.10 (Tier 2)	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		$1.60 - $5.10 (Tier 2)	
vancomycin oral capsule 125 mg	(Vancocin)	$1.60 - $5.10 (Tier 2)	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	$1.60 - $5.10 (Tier 2)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		$4.90 - $12.65 (Tier 3)	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
Antibióticos B-Lactam Misceláneos			
aztreonam injection recon soln 1 gram, 2 gram		$1.60 - $5.10 (Tier 2)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		$1.60 - $12.65 (Tier 5)	PA; LA; NDS
ertapenem injection recon soln 1 gram		$1.60 - $5.10 (Tier 2)	
imipenem-cilastatin intravenous recon soln 250 mg		$1.60 - $5.10 (Tier 2)	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	$1.60 - $5.10 (Tier 2)	
meropenem intravenous recon soln 1 gram, 500 mg		$1.60 - $5.10 (Tier 2)	

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
meropenem intravenous recon soln 2 gram	$4.90 - $12.65 (Tier 4)	
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
cefadroxil oral capsule 500 mg	$1.60 - $5.10 (Tier 2)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$1.60 - $5.10 (Tier 2)	
cefazolin injection recon soln 1 gram, 500 mg	$1.60 - $5.10 (Tier 2)	
cefazolin intravenous recon soln 10 gram	$1.60 - $5.10 (Tier 2)	
cefdinir oral capsule 300 mg	$1.60 - $5.10 (Tier 2)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$1.60 - $5.10 (Tier 2)	
cefepime injection recon soln 1 gram, 2 gram	$1.60 - $5.10 (Tier 2)	
cefixime oral capsule 400 mg	$1.60 - $5.10 (Tier 2)	
cefixime oral tablet 400 mg	$1.60 - $5.10 (Tier 2)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$1.60 - $5.10 (Tier 2)	
cefpodoxime oral tablet 100 mg, 200 mg	$1.60 - $5.10 (Tier 2)	
cefprozil oral tablet 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg (Teflaro)	$1.60 - $12.65 (Tier 5)	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
cefuroxime sodium injection recon soln 750 mg	$1.60 - $5.10 (Tier 2)	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	$1.60 - $5.10 (Tier 2)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$1.60 - $5.10 (Tier 2)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	$1.60 - $5.10 (Tier 2)	
Macrólidos		
azithromycin intravenous recon soln 500 mg	$1.60 - $5.10 (Tier 2)	
azithromycin oral suspension for reconstitution 100 mg/5 ml	$1.60 - $5.10 (Tier 2)	
azithromycin oral suspension for reconstitution 200 mg/5 ml (Zithromax)	$1.60 - $5.10 (Tier 2)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	$0 (Tier 1)	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	$0 (Tier 1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$1.60 - $5.10 (Tier 2)	
clarithromycin oral tablet 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	$1.60 - $5.10 (Tier 2)	
erythromycin oral tablet 250 mg, 500 mg		$1.60 - $5.10 (Tier 2)	
fidaxomicin oral tablet 200 mg	(Dificid)	$1.60 - $12.65 (Tier 5)	NDS; QL (20 per 10 days)
Penicilinas			
amoxicillin oral capsule 250 mg, 500 mg		$0 (Tier 1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg		$0 (Tier 1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg		$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	$1.60 - $5.10 (Tier 2)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		$1.60 - $5.10 (Tier 2)	
ampicillin oral capsule 500 mg		$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	$1.60 - $5.10 (Tier 2)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	$1.60 - $5.10 (Tier 2)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$4.90 - $12.65 (Tier 4)	
dicloxacillin oral capsule 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	$4.90 - $12.65 (Tier 4)	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	$4.90 - $12.65 (Tier 4)	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	$1.60 - $5.10 (Tier 2)	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	$1.60 - $5.10 (Tier 2)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$1.60 - $5.10 (Tier 2)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$1.60 - $5.10 (Tier 2)	
Quinolonas		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	$0 (Tier 1)	
ciprofloxacin hcl oral tablet 750 mg	$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$1.60 - $5.10 (Tier 2)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$1.60 - $5.10 (Tier 2)	
levofloxacin oral solution 250 mg/10 ml	$1.60 - $5.10 (Tier 2)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	$1.60 - $5.10 (Tier 2)	
moxifloxacin oral tablet 400 mg	$1.60 - $5.10 (Tier 2)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$1.60 - $5.10 (Tier 2)	
Sulfonamidas		
sulfadiazine oral tablet 500 mg	$1.60 - $5.10 (Tier 2)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	$1.60 - $5.10 (Tier 2)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	$0 (Tier 1)	
Tetraciclinas		
demeclocycline oral tablet 150 mg, 300 mg	$1.60 - $5.10 (Tier 2)	
doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)	$1.60 - $5.10 (Tier 2)	
doxycycline hyclate intravenous recon soln 100 mg (Doxy-100)	$1.60 - $5.10 (Tier 2)	
doxycycline hyclate oral capsule 100 mg	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxycycline hyclate oral capsule 50 mg	(Morgidox)	$1.60 - $5.10 (Tier 2)	
doxycycline hyclate oral tablet 100 mg, 20 mg		$1.60 - $5.10 (Tier 2)	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	$1.60 - $5.10 (Tier 2)	
doxycycline monohydrate oral capsule 50 mg		$1.60 - $5.10 (Tier 2)	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		$1.60 - $5.10 (Tier 2)	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	$1.60 - $5.10 (Tier 2)	
doxycycline monohydrate oral tablet 50 mg		$1.60 - $5.10 (Tier 2)	
minocycline oral capsule 100 mg, 50 mg, 75 mg		$1.60 - $5.10 (Tier 2)	
tetracycline oral capsule 250 mg, 500 mg		$1.60 - $5.10 (Tier 2)	
tigecycline intravenous recon soln 50 mg	(Tygacil)	$1.60 - $5.10 (Tier 2)	
Anticonceptivos			
Anticonceptivos			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$1.60 - $5.10 (Tier 2)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$1.60 - $5.10 (Tier 2)	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$1.60 - $5.10 (Tier 2)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$1.60 - $5.10 (Tier 2)	

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$1.60 - $5.10 (Tier 2)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$1.60 - $5.10 (Tier 2)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$1.60 - $5.10 (Tier 2)	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	$1.60 - $5.10 (Tier 2)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	$1.60 - $5.10 (Tier 2)	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 1)	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$4.90 - $12.65 (Tier 4)	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		$4.90 - $12.65 (Tier 4)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$1.60 - $5.10 (Tier 2)	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	$4.90 - $12.65 (Tier 4)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$1.60 - $5.10 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$1.60 - $5.10 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$1.60 - $5.10 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$1.60 - $5.10 (Tier 2)	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	$1.60 - $5.10 (Tier 2)	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		$4.90 - $12.65 (Tier 3)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		$4.90 - $12.65 (Tier 4)	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		$4.90 - $12.65 (Tier 4)	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEXPLANON SUBDERMAL IMPLANT 68 MG		$4.90 - $12.65 (Tier 3)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$1.60 - $5.10 (Tier 2)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Jencycla)	$1.60 - $5.10 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	$1.60 - $5.10 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	$1.60 - $5.10 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$1.60 - $5.10 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	$1.60 - $5.10 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	$1.60 - $5.10 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Mono-Linyah)	$1.60 - $5.10 (Tier 2)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		$1.60 - $5.10 (Tier 2)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$1.60 - $5.10 (Tier 2)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$1.60 - $5.10 (Tier 2)	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$1.60 - $5.10 (Tier 2)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$1.60 - $5.10 (Tier 2)	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	$1.60 - $5.10 (Tier 2)	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		$4.90 - $12.65 (Tier 4)	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$1.60 - $5.10 (Tier 2)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
tyblume oral tablet,chewable 0.1 mg-20 mcg		$4.90 - $12.65 (Tier 4)	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	$1.60 - $5.10 (Tier 2)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$1.60 - $5.10 (Tier 2)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$1.60 - $5.10 (Tier 2)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$1.60 - $5.10 (Tier 2)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$1.60 - $5.10 (Tier 2)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	$1.60 - $5.10 (Tier 2)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	$1.60 - $5.10 (Tier 2)	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsivos			
Anticonvulsivos			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	$1.60 - $12.65 (Tier 5)	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	$1.60 - $5.10 (Tier 2)	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	$1.60 - $12.65 (Tier 5)	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	(brivaracetam)	$1.60 - $12.65 (Tier 5)	NDS; QL (80 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	$1.60 - $5.10 (Tier 2)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	$1.60 - $5.10 (Tier 2)	
carbamazepine oral tablet 200 mg	(Tegretol)	$1.60 - $5.10 (Tier 2)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	$1.60 - $5.10 (Tier 2)	
carbamazepine oral tablet,chewable 100 mg, 200 mg		$1.60 - $5.10 (Tier 2)	
clobazam oral suspension 2.5 mg/ml	(Onfi)	$1.60 - $5.10 (Tier 2)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam rectal kit 2.5 mg		$4.90 - $12.65 (Tier 4)	
DILANTIN ORAL CAPSULE 30 MG		$4.90 - $12.65 (Tier 4)	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	$1.60 - $5.10 (Tier 2)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	$1.60 - $5.10 (Tier 2)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	$1.60 - $5.10 (Tier 2)	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		$1.60 - $12.65 (Tier 5)	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
epitol oral tablet 200 mg	(carbamazepine)	$1.60 - $5.10 (Tier 2)	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	$1.60 - $5.10 (Tier 2)	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	$1.60 - $5.10 (Tier 2)	
felbamate oral suspension 600 mg/5 ml		$1.60 - $5.10 (Tier 2)	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	$1.60 - $5.10 (Tier 2)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	$1.60 - $5.10 (Tier 2)	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	$1.60 - $5.10 (Tier 2)	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	$1.60 - $5.10 (Tier 2)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	$1.60 - $5.10 (Tier 2)	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	$1.60 - $5.10 (Tier 2)	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	$1.60 - $5.10 (Tier 2)	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	$0 (Tier 1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	$1.60 - $5.10 (Tier 2)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	$1.60 - $5.10 (Tier 2)	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	$1.60 - $5.10 (Tier 2)	
levetiracetam oral solution 100 mg/ml	(Keppra)	$1.60 - $5.10 (Tier 2)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	$1.60 - $5.10 (Tier 2)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	$1.60 - $5.10 (Tier 2)	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	$1.60 - $5.10 (Tier 2)	ST
levetiracetam oral tablet for suspension 500 mg	(Spritam)	$4.90 - $12.65 (Tier 4)	ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		$4.90 - $12.65 (Tier 4)	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	$1.60 - $5.10 (Tier 2)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		$4.90 - $12.65 (Tier 4)	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	$1.60 - $5.10 (Tier 2)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	$1.60 - $5.10 (Tier 2)	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	$1.60 - $5.10 (Tier 2)	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		$1.60 - $5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		$1.60 - $5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	$1.60 - $5.10 (Tier 2)	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	$1.60 - $5.10 (Tier 2)	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	$1.60 - $5.10 (Tier 2)	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	$1.60 - $5.10 (Tier 2)	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	$1.60 - $5.10 (Tier 2)	
phenytoin sodium intravenous solution 50 mg/ml		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin sodium intravenous syringe 50 mg/ml		$1.60 - $5.10 (Tier 2)	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	$1.60 - $5.10 (Tier 2)	QL (900 per 30 days)
primidone oral tablet 125 mg		$1.60 - $5.10 (Tier 2)	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	$1.60 - $5.10 (Tier 2)	
rufinamide oral suspension 40 mg/ml	(Banzel)	$1.60 - $12.65 (Tier 5)	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	$1.60 - $5.10 (Tier 2)	ST
rufinamide oral tablet 400 mg	(Banzel)	$1.60 - $12.65 (Tier 5)	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		$1.60 - $12.65 (Tier 5)	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG		$4.90 - $12.65 (Tier 4)	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	(levetiracetam)	$4.90 - $12.65 (Tier 4)	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		$4.90 - $12.65 (Tier 4)	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		$1.60 - $5.10 (Tier 2)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	$1.60 - $5.10 (Tier 2)	
topiramate oral capsule, sprinkle 50 mg		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
topiramate oral solution 25 mg/ml	(Eprontia)	$1.60 - $5.10 (Tier 2)	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	$0 (Tier 1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		$1.60 - $5.10 (Tier 2)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		$1.60 - $5.10 (Tier 2)	
valproic acid oral capsule 250 mg		$1.60 - $5.10 (Tier 2)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		$1.60 - $12.65 (Tier 5)	NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		$1.60 - $12.65 (Tier 5)	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		$1.60 - $12.65 (Tier 5)	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)		$4.90 - $12.65 (Tier 4)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$1.60 - $12.65 (Tier 5)	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$4.90 - $12.65 (Tier 4)	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	$1.60 - $5.10 (Tier 2)	
zonisamide oral capsule 50 mg	$1.60 - $5.10 (Tier 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (1080 per 30 days)
Antidepresivos		
Antidepresivos		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$1.60 - $5.10 (Tier 2)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$1.60 - $12.65 (Tier 5)	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	$1.60 - $12.65 (Tier 5)	NDS
bupropion hcl oral tablet 100 mg, 75 mg	$1.60 - $5.10 (Tier 2)	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	$1.60 - $5.10 (Tier 2)	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	$1.60 - $5.10 (Tier 2)	
citalopram oral solution 10 mg/5 ml	$1.60 - $5.10 (Tier 2)	
citalopram oral tablet 10 mg (Celexa)	$0 (Tier 1)	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg (Celexa)	$0 (Tier 1)	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$1.60 - $5.10 (Tier 2)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$1.60 - $5.10 (Tier 2)	
doxepin oral concentrate 10 mg/ml	$1.60 - $5.10 (Tier 2)	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	$4.90 - $12.65 (Tier 4)	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	$4.90 - $12.65 (Tier 4)	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$1.60 - $12.65 (Tier 5)	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	$1.60 - $5.10 (Tier 2)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	$0 (Tier 1)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	$1.60 - $12.65 (Tier 5)	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$4.90 - $12.65 (Tier 4)	ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$4.90 - $12.65 (Tier 4)	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	$0 (Tier 1)	
fluoxetine oral capsule 40 mg	$0 (Tier 1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$1.60 - $5.10 (Tier 2)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
MARPLAN ORAL TABLET 10 MG	$4.90 - $12.65 (Tier 4)	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	$1.60 - $5.10 (Tier 2)	
mirtazapine oral tablet 45 mg, 7.5 mg	$1.60 - $5.10 (Tier 2)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	$1.60 - $5.10 (Tier 2)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
nortriptyline oral solution 10 mg/5 ml	$1.60 - $5.10 (Tier 2)	
paroxetine hcl oral suspension 10 mg/5 ml	$1.60 - $5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	$1.60 - $5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenelzine oral tablet 15 mg	(Nardil)	$1.60 - $5.10 (Tier 2)	
protriptyline oral tablet 10 mg, 5 mg		$1.60 - $5.10 (Tier 2)	
RALDESY ORAL SOLUTION 10 MG/ML		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	$1.60 - $5.10 (Tier 2)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	$0 (Tier 1)	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		$1.60 - $12.65 (Tier 5)	PA NSO; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	$1.60 - $5.10 (Tier 2)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		$0 (Tier 1)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		$1.60 - $5.10 (Tier 2)	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		$1.60 - $12.65 (Tier 5)	PA NSO; NDS; QL (14 per 14 days)
Antifúngicos			
Antifúngicos			

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		$4.90 - $12.65 (Tier 4)	PA BvD
amphotericin b injection recon soln 50 mg		$1.60 - $5.10 (Tier 2)	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	$1.60 - $5.10 (Tier 2)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		$1.60 - $5.10 (Tier 2)	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	$1.60 - $5.10 (Tier 2)	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	$1.60 - $5.10 (Tier 2)	
clotrimazole-betamethasone topical cream 1-0.05 %		$1.60 - $5.10 (Tier 2)	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		$1.60 - $12.65 (Tier 5)	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
econazole nitrate topical cream 1 %		$1.60 - $5.10 (Tier 2)	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		$1.60 - $5.10 (Tier 2)	
fluconazole oral suspension for reconstitution 10 mg/ml		$1.60 - $5.10 (Tier 2)	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	$1.60 - $5.10 (Tier 2)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	$1.60 - $12.65 (Tier 5)	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	$1.60 - $5.10 (Tier 2)	
griseofulvin microsize oral tablet 500 mg	$1.60 - $5.10 (Tier 2)	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	$1.60 - $5.10 (Tier 2)	
itraconazole oral capsule 100 mg (Sporanox)	$1.60 - $5.10 (Tier 2)	
ketoconazole oral tablet 200 mg	$1.60 - $5.10 (Tier 2)	
ketoconazole topical cream 2 %	$1.60 - $5.10 (Tier 2)	QL (180 per 30 days)
ketoconazole topical shampoo 2 %	$1.60 - $5.10 (Tier 2)	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
miconazole-3 vaginal suppository 200 mg	$1.60 - $5.10 (Tier 2)	
nyamyc topical powder 100,000 unit/gram (nystatin)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	$1.60 - $5.10 (Tier 2)	
nystatin oral tablet 500,000 unit	$1.60 - $5.10 (Tier 2)	
nystatin topical cream 100,000 unit/gram	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram (Nystop)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	$1.60 - $5.10 (Tier 2)	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nystop topical powder 100,000 unit/gram	(nystatin)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg		$1.60 - $12.65 (Tier 5)	PA; NDS
terbinafine hcl oral tablet 250 mg		$0 (Tier 1)	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
voriconazole intravenous solution 10 mg/ml		$1.60 - $12.65 (Tier 5)	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	$1.60 - $12.65 (Tier 5)	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
Antihistamínicos			
Antihistamínicos			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	$0 (Tier 1)	
Antimicobacteriales			
Antimicobacteriales			
dapsone oral tablet 100 mg, 25 mg		$1.60 - $5.10 (Tier 2)	
ethambutol oral tablet 100 mg, 400 mg		$1.60 - $5.10 (Tier 2)	
isoniazid oral tablet 100 mg, 300 mg		$0 (Tier 1)	
pyrazinamide oral tablet 500 mg		$1.60 - $5.10 (Tier 2)	
rifabutin oral capsule 150 mg		$1.60 - $5.10 (Tier 2)	
rifampin intravenous recon soln 600 mg	(Rifadin)	$1.60 - $5.10 (Tier 2)	
rifampin oral capsule 150 mg, 300 mg		$1.60 - $5.10 (Tier 2)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rifapentine oral tablet 150 mg (Priftin)	$1.60 - $5.10 (Tier 2)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$1.60 - $12.65 (Tier 5)	PA; NDS
TRECATOR ORAL TABLET 250 MG	$4.90 - $12.65 (Tier 4)	
Antivirales (Sitémico)		
Inhibidores De La Transcriptasa Inversa Análogos De Nucleósidos Y Nucleótidos Para El Vih		
abacavir oral solution 20 mg/ml (Ziagen)	$1.60 - $5.10 (Tier 2)	
abacavir oral tablet 300 mg	$1.60 - $5.10 (Tier 2)	
abacavir-lamivudine oral tablet 600-300 mg	$1.60 - $5.10 (Tier 2)	
APTIVUS ORAL CAPSULE 250 MG	$1.60 - $12.65 (Tier 5)	NDS
atazanavir oral capsule 150 mg	$1.60 - $5.10 (Tier 2)	
atazanavir oral capsule 200 mg, 300 mg (Reyataz)	$1.60 - $5.10 (Tier 2)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	$1.60 - $12.65 (Tier 5)	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	$1.60 - $12.65 (Tier 5)	NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml) (Apretude)	$1.60 - $12.65 (Tier 5)	NDS; QL (24 per 365 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIMDUO ORAL TABLET 300-300 MG		$1.60 - $12.65 (Tier 5)	NDS
darunavir oral tablet 600 mg	(Prezista)	$1.60 - $5.10 (Tier 2)	
darunavir oral tablet 800 mg	(Prezista)	$1.60 - $12.65 (Tier 5)	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		$1.60 - $12.65 (Tier 5)	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		$1.60 - $12.65 (Tier 5)	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		$1.60 - $5.10 (Tier 2)	
DOVATO ORAL TABLET 50-300 MG		$1.60 - $12.65 (Tier 5)	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		$1.60 - $12.65 (Tier 5)	NDS
efavirenz oral capsule 200 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
efavirenz oral tablet 600 mg		$1.60 - $5.10 (Tier 2)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		$1.60 - $5.10 (Tier 2)	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		$1.60 - $12.65 (Tier 5)	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	$1.60 - $12.65 (Tier 5)	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	$1.60 - $5.10 (Tier 2)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	(Truvada)	$1.60 - $5.10 (Tier 2)	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	(Truvada)	$1.60 - $12.65 (Tier 5)	NDS
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	$1.60 - $12.65 (Tier 5)	NDS

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMTRIVA ORAL SOLUTION 10 MG/ML	$4.90 - $12.65 (Tier 4)	
etravirine oral tablet 100 mg, 200 mg (Intelence)	$1.60 - $12.65 (Tier 5)	NDS
EVOTAZ ORAL TABLET 300-150 MG	$1.60 - $12.65 (Tier 5)	NDS
fosamprenavir oral tablet 700 mg	$1.60 - $12.65 (Tier 5)	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$1.60 - $12.65 (Tier 5)	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	$1.60 - $12.65 (Tier 5)	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	$4.90 - $12.65 (Tier 4)	
ISENTRESS HD ORAL TABLET 600 MG	$1.60 - $12.65 (Tier 5)	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	$1.60 - $12.65 (Tier 5)	NDS
ISENTRESS ORAL TABLET 400 MG	$1.60 - $12.65 (Tier 5)	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$1.60 - $12.65 (Tier 5)	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$4.90 - $12.65 (Tier 3)	
JULUCA ORAL TABLET 50-25 MG	$1.60 - $12.65 (Tier 5)	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	$4.90 - $12.65 (Tier 4)	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	$1.60 - $5.10 (Tier 2)	
lamivudine oral tablet 100 mg	$1.60 - $5.10 (Tier 2)	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamivudine-zidovudine oral tablet 150-300 mg	$1.60 - $5.10 (Tier 2)	
LEXIVA ORAL SUSPENSION 50 MG/ML	$4.90 - $12.65 (Tier 4)	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	$1.60 - $5.10 (Tier 2)	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	$1.60 - $5.10 (Tier 2)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	$1.60 - $5.10 (Tier 2)	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	$1.60 - $12.65 (Tier 5)	NDS
nevirapine oral suspension 50 mg/5 ml	$1.60 - $5.10 (Tier 2)	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	$1.60 - $5.10 (Tier 2)	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	$4.90 - $12.65 (Tier 4)	
ODEFSEY ORAL TABLET 200-25-25 MG	$1.60 - $12.65 (Tier 5)	NDS
PIFELTRO ORAL TABLET 100 MG	$1.60 - $12.65 (Tier 5)	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	$1.60 - $12.65 (Tier 5)	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	$1.60 - $12.65 (Tier 5)	NDS
PREZISTA ORAL TABLET 150 MG	$1.60 - $12.65 (Tier 5)	NDS
PREZISTA ORAL TABLET 75 MG	$4.90 - $12.65 (Tier 4)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	$4.90 - $12.65 (Tier 4)	
REYATAZ ORAL POWDER IN PACKET 50 MG	$1.60 - $12.65 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rilpivirine hcl oral tablet 25 mg (Edurant)	$1.60 - $12.65 (Tier 5)	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	$1.60 - $12.65 (Tier 5)	NDS
ritonavir oral tablet 100 mg (Norvir)	$1.60 - $5.10 (Tier 2)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$1.60 - $12.65 (Tier 5)	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	$1.60 - $12.65 (Tier 5)	NDS
SELZENTRY ORAL TABLET 25 MG	$4.90 - $12.65 (Tier 3)	
SELZENTRY ORAL TABLET 75 MG	$1.60 - $12.65 (Tier 5)	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	$1.60 - $5.10 (Tier 2)	
STRIBILD ORAL TABLET 150-150-200-300 MG	$1.60 - $12.65 (Tier 5)	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	$1.60 - $12.65 (Tier 5)	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	$1.60 - $12.65 (Tier 5)	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	$1.60 - $5.10 (Tier 2)	
TIVICAY ORAL TABLET 10 MG	$4.90 - $12.65 (Tier 4)	
TIVICAY ORAL TABLET 25 MG, 50 MG	$1.60 - $12.65 (Tier 5)	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$1.60 - $12.65 (Tier 5)	NDS

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIUMEQ ORAL TABLET 600-50-300 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$4.90 - $12.65 (Tier 4)	
TRIZIVIR ORAL TABLET 300-150-300 MG	$1.60 - $12.65 (Tier 5)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$1.60 - $12.65 (Tier 5)	NDS
VEMLIDY ORAL TABLET 25 MG	$1.60 - $12.65 (Tier 5)	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	$1.60 - $12.65 (Tier 5)	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$1.60 - $12.65 (Tier 5)	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$1.60 - $12.65 (Tier 5)	NDS
VOCABRIA ORAL TABLET 30 MG	$4.90 - $12.65 (Tier 4)	
zidovudine oral capsule 100 mg (Retrovir)	$1.60 - $5.10 (Tier 2)	
zidovudine oral syrup 10 mg/ml (Retrovir)	$1.60 - $5.10 (Tier 2)	
zidovudine oral tablet 300 mg	$1.60 - $5.10 (Tier 2)	
Antivirales Hcv		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HARVONI ORAL PELLETS IN PACKET 45-200 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
Antivirales, Varios			
LIVTENCITY ORAL TABLET 200 MG		$1.60 - $12.65 (Tier 5)	PA; NDS
oseltamivir oral capsule 30 mg		$1.60 - $5.10 (Tier 2)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg		$1.60 - $5.10 (Tier 2)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	$1.60 - $5.10 (Tier 2)	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	$1.60 - $5.10 (Tier 2)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		$1.60 - $5.10 (Tier 2)	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		$1.60 - $5.10 (Tier 2)	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		$1.60 - $5.10 (Tier 2)	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		$4.90 - $12.65 (Tier 4)	QL (60 per 180 days)
Interferones			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		$1.60 - $12.65 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
Nucleósidos Y Nucleótidos		
acyclovir oral capsule 200 mg	$0 (Tier 1)	
acyclovir oral suspension 200 mg/5 ml	$1.60 - $5.10 (Tier 2)	
acyclovir oral tablet 400 mg, 800 mg	$1.60 - $5.10 (Tier 2)	
acyclovir sodium intravenous solution 50 mg/ml	$1.60 - $5.10 (Tier 2)	PA BvD
adefovir oral tablet 10 mg	$1.60 - $5.10 (Tier 2)	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	$1.60 - $5.10 (Tier 2)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$1.60 - $5.10 (Tier 2)	
ribavirin oral tablet 200 mg	$1.60 - $5.10 (Tier 2)	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	$1.60 - $5.10 (Tier 2)	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	$1.60 - $12.65 (Tier 5)	NDS
valganciclovir oral tablet 450 mg	$1.60 - $5.10 (Tier 2)	
Cofactores Enzimáticos/Otros		
Cofactores Enzimáticos/Otros		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
Dispositivos		
Dispositivos		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	$0 (Tier 1)	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	$0 (Tier 1)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	$0 (Tier 1)	PA; ST
CURITY GAUZE PADS 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		$0 (Tier 1)	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		$0 (Tier 1)	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		$0 (Tier 1)	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		$1.60 - $5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	$0 (Tier 1)	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	$1.60 - $5.10 (Tier 2)	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	$1.60 - $5.10 (Tier 2)	PA; ST
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	$0 (Tier 1)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	$4.90 - $12.65 (Tier 3)	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29 (Ultilet Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN 3/10 ML SYRINGE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Easy Touch Ins Syr (half unit))	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	$0 (Tier 1)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		$0 (Tier 1)	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE		$1.60 - $5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	$1.60 - $5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	$1.60 - $5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	$1.60 - $5.10 (Tier 2)	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		$1.60 - $5.10 (Tier 2)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		$1.60 - $5.10 (Tier 2)	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (10 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		$4.90 - $12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		$4.90 - $12.65 (Tier 3)	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	$0 (Tier 1)	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	$0 (Tier 1)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		$1.60 - $5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		$1.60 - $5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	$1.60 - $5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	$1.60 - $5.10 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		$1.60 - $5.10 (Tier 2)	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	$0 (Tier 1)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTILET PEN NEEDLE 29 GAUGE		$1.60 - $5.10 (Tier 2)	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"		$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		$1.60 - $5.10 (Tier 2)	PA; ST

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		$1.60 - $5.10 (Tier 2)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		$1.60 - $5.10 (Tier 2)	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$1.60 - $5.10 (Tier 2)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		$0 (Tier 1)	PA; ST
V-GO 20 DEVICE		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
V-GO 30 DEVICE		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
V-GO 40 DEVICE		$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	$0 (Tier 1)	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	$1.60 - $5.10 (Tier 2)	PA; ST
Preparaciones De Reemplazo			
Preparaciones De Reemplazo			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	$1.60 - $5.10 (Tier 2)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	$1.60 - $5.10 (Tier 2)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	$1.60 - $5.10 (Tier 2)	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	$1.60 - $5.10 (Tier 2)	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	$1.60 - $5.10 (Tier 2)	
magnesium sulfate injection solution 500 mg/ml (50 %)		$4.90 - $12.65 (Tier 4)	
magnesium sulfate injection syringe 500 mg/ml (50 %)		$1.60 - $5.10 (Tier 2)	
potassium chloride intravenous solution 2 meq/ml		$1.60 - $5.10 (Tier 2)	
potassium chloride oral capsule, extended release 10 meq, 8 meq		$1.60 - $5.10 (Tier 2)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet extended release 15 meq, 20 meq		$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	$1.60 - $5.10 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	$1.60 - $5.10 (Tier 2)	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	$1.60 - $5.10 (Tier 2)	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	$1.60 - $5.10 (Tier 2)	
potassium citrate oral tablet extended release 5 meq (540 mg)		$1.60 - $5.10 (Tier 2)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		$1.60 - $5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium chloride 0.9 % intravenous parenteral solution	$1.60 - $5.10 (Tier 2)	
sodium chloride 0.9% solution mini-bag, single use	$1.60 - $5.10 (Tier 2)	
Productos Sanguíneos/Modificadores/Expansores De Volumen		
Agentes Hematológicos, Varios		
anagrelide oral capsule 0.5 mg (Agrylin)	$1.60 - $5.10 (Tier 2)	
anagrelide oral capsule 1 mg	$1.60 - $5.10 (Tier 2)	
tranexamic acid oral tablet 650 mg	$1.60 - $5.10 (Tier 2)	
Anticoagulantes		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$4.90 - $12.65 (Tier 3)	
ELIQUIS ORAL TABLET 2.5 MG	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	$4.90 - $12.65 (Tier 3)	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	$4.90 - $12.65 (Tier 3)	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	$4.90 - $12.65 (Tier 3)	QL (120 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	$1.60 - $5.10 (Tier 2)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml (Lovenox)	$1.60 - $5.10 (Tier 2)	QL (18 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	$1.60 - $5.10 (Tier 2)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	$1.60 - $5.10 (Tier 2)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	$1.60 - $12.65 (Tier 5)	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	$1.60 - $5.10 (Tier 2)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	$1.60 - $12.65 (Tier 5)	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	$1.60 - $12.65 (Tier 5)	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		$1.60 - $5.10 (Tier 2)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	$0 (Tier 1)	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	$1.60 - $5.10 (Tier 2)	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	$1.60 - $5.10 (Tier 2)	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		$4.90 - $12.65 (Tier 3)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	$4.90 - $12.65 (Tier 3)	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	$4.90 - $12.65 (Tier 3)	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	(rivaroxaban)	$4.90 - $12.65 (Tier 3)	QL (60 per 30 days)

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	$4.90 - $12.65 (Tier 3)	ST; QL (60 per 30 days)
Inhibidores De Agregación De Plaquetas			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		$1.60 - $5.10 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg		$1.60 - $5.10 (Tier 2)	
clopidogrel oral tablet 75 mg	(Plavix)	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		$1.60 - $5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		$1.60 - $5.10 (Tier 2)	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	$1.60 - $5.10 (Tier 2)	
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	$1.60 - $5.10 (Tier 2)	
Modificadores De Formación De Sangre			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	$1.60 - $12.65 (Tier 5)	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		$1.60 - $12.65 (Tier 5)	PA; NDS; QL (20 per 30 days)

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$4.90 - $12.65 (Tier 3)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	$4.90 - $12.65 (Tier 3)	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	$1.60 - $12.65 (Tier 5)	PA; NDS
Reemplazo/Modificadores De Enzima		
Reemplazo/Modificadores De Enzima		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	$4.90 - $12.65 (Tier 3)	
javygtor oral tablet,soluble 100 mg (sapropterin)	$1.60 - $12.65 (Tier 5)	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	$1.60 - $12.65 (Tier 5)	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	$1.60 - $12.65 (Tier 5)	PA; NDS

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMOZYME INHALATION SOLUTION 1 MG/ML	$1.60 - $12.65 (Tier 5)	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	$1.60 - $12.65 (Tier 5)	PA; NDS
sapropterin oral tablet,soluble 100 mg (Javygtor)	$1.60 - $12.65 (Tier 5)	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	$1.60 - $12.65 (Tier 5)	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	$4.90 - $12.65 (Tier 3)	
Relajantes Musculares Esqueléticos		
Relajantes Musculares Esqueléticos		
baclofen oral tablet 10 mg, 20 mg, 5 mg	$1.60 - $5.10 (Tier 2)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (Tier 1)	
dantrolene oral capsule 100 mg, 50 mg	$1.60 - $5.10 (Tier 2)	
dantrolene oral capsule 25 mg (Dantrium)	$1.60 - $5.10 (Tier 2)	
methocarbamol oral tablet 500 mg, 750 mg	$1.60 - $5.10 (Tier 2)	
tizanidine oral tablet 2 mg	$1.60 - $5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tizanidine oral tablet 4 mg	(Zanaflex)	$1.60 - $5.10 (Tier 2)	
Vitaminas Y Minerales			
Vitaminas Y Minerales			
bal-care dha combo pack 27-1-430 mg		$0 (Tier 1)	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		$0 (Tier 1)	
c-nate dha softgel 28 mg iron-1 mg - 200 mg		$0 (Tier 1)	
completenate tablet chew 29 mg iron- 1 mg		$0 (Tier 1)	
folivane-ob capsule 85-1 mg		$0 (Tier 1)	
kosher prenatal plus iron tab 30 mg iron- 1 mg		$0 (Tier 1)	
marnatal-f capsule 60 mg iron-1 mg		$0 (Tier 1)	
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	
mynatal advance oral tablet 90-1-50 mg		$0 (Tier 1)	
mynatal capsule 65 mg iron- 1 mg		$0 (Tier 1)	
mynatal oral tablet 90-1-50 mg		$0 (Tier 1)	
mynatal plus captab 65 mg iron- 1 mg		$0 (Tier 1)	
mynatal-z captab 65 mg iron- 1 mg		$0 (Tier 1)	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		$0 (Tier 1)	
newgen tablet 32-1,000 mg-mcg		$0 (Tier 1)	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		$0 (Tier 1)	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		$0 (Tier 1)	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	$0 (Tier 1)	
pnv-omega softgel 28-1-300 mg	$0 (Tier 1)	
pr natal 400 combo pack 29-1-400 mg	$0 (Tier 1)	
pr natal 400 ec combo pack 29-1-400 mg	$0 (Tier 1)	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	$0 (Tier 1)	
pr natal 430 ec combo pack 29-1-430 mg	$0 (Tier 1)	
prenaissance oral capsule 29-1.25-55-325 mg	$0 (Tier 1)	
prenaissance plus oral capsule 28-1-50-250 mg	$0 (Tier 1)	
prenatabs fa tablet 29-1 mg	$0 (Tier 1)	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	$0 (Tier 1)	
prenatal 19 chewable tablet 29 mg iron- 1 mg	$0 (Tier 1)	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)	$0 (Tier 1)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	
prenatal-u capsule 106.5-1 mg	$0 (Tier 1)	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	$0 (Tier 1)	
select-ob chewable caplet 29 mg iron- 1 mg	$0 (Tier 1)	
select-ob chewable caplet 29 mg iron- 1 mg	$0 (Tier 1)	
se-natal 19 chewable tablet 29 mg iron- 1 mg	$0 (Tier 1)	
taron-c dha capsule 35-1-200 mg	$0 (Tier 1)	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitafol gummies 3.33 mg iron- 0.33 mg	$0 (Tier 1)	
vitafol-ob+dha combo pack 65-1-250 mg	$0 (Tier 1)	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	$0 (Tier 1)	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	$0 (Tier 1)	
zatean-pn plus softgel 28-1-300 mg	$0 (Tier 1)	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	$0 (Tier 1)	

D. Índice de medicamentos cubiertos

En esta sección, puede encontrar un medicamento buscando su nombre por orden alfabético. Así sabrá el número de página donde puede consultar información adicional sobre la cobertura de su medicamento.

INDEX

1

1ST TIER UNIFINE PENTIPS 173, 174
1ST TIER UNIFINE PENTIPS PLUS 174

A

abacavir.... 166
abacavir-lamivudine 166
ABELCET 163
abigale.... 105
abigale lo.... 105
ABILIFY ASIMTUFII.....63, 64
ABILIFY MAINTENA.... 64
abiraterone 28
abiraterone, submicronized... 28
abirtega 28
ABRYSVO (PF) 117
acamprosate.... 49
acarbose 52
acebutolol 73
*acetaminophen-codeine*132, 133
acetazolamide 123
acetazolamide sodium 123
acetic acid.... 125
acetylcysteine.... 89
acitretin 98
ACTHIB (PF) 117
ACTIMMUNE.... 129
acyclovir 98, 173
acyclovir sodium 173
ADACEL(TDAP ADOLESN/ADULT)(PF) 118
adalimumab-aaty 110
adalimumab-aaty(cf) ai crohns 110
adapalene 99
adefovir.... 173
ADEMPAS.....130
adrucil 28
ADVAIR HFA.....91
ADVOCATE PEN NEEDLE 174
ADVOCATE SYRINGES ...174
afirmelle 144
AIMOVIG AUTOINJECTOR 58
AIRSUPRA 92
AKEEGA 28
ala-cort.....95
albendazole.....61
albuterol sulfate.....92, 93
ALCOHOL PADS 175
ALCOHOL PREP PADS.....196
ALCOHOL SWABS.....192
ALCOHOL WIPES 203
ALECENSA 28
alendronate.....84
alfuzosin 103
aliskiren.....82
allopurinol.....58
alosetron.....83
alprazolam.....50
altavera (28) 144
ALTRENO 100
ALUNBRIG 28
ALVAIZ.....226
alyacen 1/35 (28) 144
alyacen 7/7/7 (28) 144
ALYFTREK 89
alyq.....130
amantadine hcl 62
amethyst (28) 144
amikacin 136
amiloride 80
amiloride-hydrochlorothiazide 80
amiodarone 72
amitriptyline 159
amlodipine.....77
amlodipine-atorvastatin.....78
amlodipine-benazepril 77
amlodipine-olmesartan 77
amlodipine-valsartan.....77
amlodipine-valsartan-hcthiazid 77
ammonium lactate 98
amoxapine 159
amoxicil-clarithromy-lansopraz 100
amoxicillin.....141
amoxicillin-pot clavulanate..141
amphotericin b.....163
amphotericin b liposome.....163
ampicillin 141
ampicillin sodium 142
ampicillin-sulbactam 142
anagrelide 224
anastrozole 28
ANKTIVA 28
ANORO ELLIPTA.....93
aprepitant.....60
apri.....144
APTIVUS.....166
AQINJECT PEN NEEDLE .175
ARCALYST.....110
AREXVY (PF) 118
ARIKAYCE 136
aripiprazole 64
ARISTADA.....64
ARISTADA INITIO.....64
armodafinil.....85

ARNUITY ELLIPTA..... 91
asenapine maleate..... 65
aspirin-dipyridamole..... 226
ASSURE ID DUO PRO SFTY PEN NDL 175
ASSURE ID DUO-SHIELD 175
ASSURE ID INSULIN SAFETY..... 175
ASSURE ID PEN NEEDLE 175
ASSURE ID PRO PEN NEEDLE..... 175
atazanavir..... 166
atenolol..... 73
atenolol-chlorthalidone..... 73
atomoxetine..... 85
atorvastatin..... 78
atovaquone 61
atovaquone-proguanil..... 61
atropine 128
ATTRUBY 75
aubra eq..... 145
AUGTYRO..... 28
aurovela 1.5/30 (21)..... 145
aurovela 1/20 (21)..... 145
aurovela 24 fe 145
aurovela fe 1.5/30 (28)..... 145
aurovela fe 1-20 (28)..... 145
AUSTEDO 85
AUSTEDO XR..... 86
AUSTEDO XR TITRATION KT(WK1-4) 86
AUTOKEEPER SAFETY PEN NEEDLE..... 175
AUVELITY..... 159
aviane 145
AVMAPKI 28
AVMAPKI-FAKZYNJA 28
AVONEX..... 86
AXTLE..... 28
ayuna..... 145
AYVAKIT..... 29
azacitidine..... 29
azathioprine.....110
azathioprine sodium.....110
azelastine.....128
azithromycin 140
aztreonam 138
azurette (28) 145

B

bacitracin 125
bacitracin-polymyxin b 125
baclofen.....228
bal-care dha 229
bal-care dha essential.....229
balsalazide.....83
BALVERSA.....29
BAQSIMI.....129
BCG VACCINE, LIVE (PF)118
BD ALCOHOL SWABS 176
BD AUTOSHIELD DUO PEN NEEDLE 175
BD ECLIPSE LUER-LOK ..175
BD INSULIN SYRINGE.....176
BD INSULIN SYRINGE (HALF UNIT).....175
BD INSULIN SYRINGE ULTRA-FINE.....176
BD SAFETYGLIDE INSULIN SYRINGE.....176
BD SAFETYGLIDE SYRINGE 176
BD ULTRA-FINE MICRO PEN NEEDLE 176
BD ULTRA-FINE MINI PEN NEEDLE 177
BD ULTRA-FINE NANO PEN NEEDLE 177
BD ULTRA-FINE ORIG PEN NEEDLE 177
BD ULTRA-FINE SHORT PEN NEEDLE 177
BD VEO INSULIN SYR (HALF UNIT).....177
BD VEO INSULIN SYRINGE UF 177
BELSOMRA 85
benazepril.....81
benazepril-hydrochlorothiazide 81
bendamustine.....29
BENDAMUSTINE.....29
BENDEKA.....29
BENLYSTA.....110
benztropine.....62
BEQALZI.....29
BEQALZI STARTER PACK 29
BESREMI 110
BESREMI PEN.....29
betaine.....129
betamethasone dipropionate ..95
betamethasone valerate 95
betamethasone, augmented 95
BETASERON 86
betaxolol.....123
bethanechol chloride 104
bexarotene.....29
BEXSERO 118
bicalutamide.....29
BICILLIN L-A 142
BIKTARVY 166
bisoprolol fumarate 73
bisoprolol-hydrochlorothiazide 73
BIZENGRI.....29
bleomycin 29
blisovi 24 fe 145
blisovi fe 1.5/30 (28).....145
blisovi fe 1/20 (28).....145
BOOSTRIX TDAP.....118
BORDERED GAUZE 177
bortezomib.....30
BORUZU 30
bosentan 130
BOSULIF 30
bosutinib.....30

BRAFTOVI 30
BREO ELLIPTA..... 91
breyna..... 91
BREZTRI AEROSPHERE.... 93
brimonidine..... 123
brimonidine-timolol 123
brinzolamide 124
brivaracetam..... 153
BRIVIACT 153
bromfenac 127
bromocriptine 62
BRONCHITOL..... 89
BRUKINSA..... 30
budesonide 83, 91
budesonide-formoterol 92
bumetanide 80
buprenorphine..... 133
buprenorphine hcl..... 49
buprenorphine-naloxone 49
bupropion hcl..... 159
bupropion hcl (smoking deter) 49
buspirone 129
butalbital-acetaminop-caf-cod 133
butalbital-acetaminophen-caff 133
BYSANTI..... 65
BYSANTI TITRATION PACK A..... 65
BYSANTI TITRATION PACK B..... 65
BYSANTI TITRATION PACK C..... 65

C

CABENUVA..... 166
cabergoline..... 62
CABOMETYX..... 30
cabotegravir..... 166
calcipotriene 98
calcitonin (salmon) 84
calcitriol 84
calcium acetate(phosphat bind) 102, 103
CALQUENCE (ACALABRUTINIB MAL) 30
CAMCEVI (6 MONTH).....30
camila.....145
CAMZYOS 75
candesartan 76
candesartan-hydrochlorothiazid 76
CAPLYTA 65
CAPRELSA 30, 31
captopril 81
carbamazepine.....153
carbidopa-levodopa 62, 63
CAREFINE PEN NEEDLE .177
CARETOUCH ALCOHOL PREP PAD 177
CARETOUCH INSULIN SYRINGE.....178
CARETOUCH PEN NEEDLE 178
carglumic acid.....101
carteolol 124
cartia xt 74
carvedilol.....73
CAYSTON.....138
cefaclor.....139
cefadroxil.....139
cefazolin 139
cefdinir 139
cefepime 139
cefixime 139
cefoxitin.....139
cefpodoxime.....139
cefprozil.....139
ceftaroline fosamil 139
ceftazidime.....139
ceftriaxone.....140
cefuroxime axetil.....140
cefuroxime sodium 140
celecoxib 131
cephalexin 140
cevimeline.....94
chateal eq (28).....145
chlordiazepoxide hcl.....50
chlorhexidine gluconate.....94
chloroquine phosphate.....61
chlorpromazine.....65
chlorthalidone 80
cholestyramine (with sugar)...78
cholestyramine light 78
ciclopirox 163
cilostazol 226
CIMDUO 167
cimetidine hcl 100
CIMZIA 110
CIMZIA POWDER FOR RECONST.....110
CIMZIA STARTER KIT.....110
cinacalcet 84
ciprofloxacin hcl..... 125, 142
ciprofloxacin in 5 % dextrose 143
ciprofloxacin-dexamethasone 125
citalopram 159
cladribine(multiple sclerosis).86
clarithromycin 140
CLICKFINE PEN NEEDLE178
clindamycin hcl.....137
clindamycin phosphate .99, 136, 137
*clindamycin-benzoyl peroxide*99
CLINIMIX 6%-D5W (SULFITE-FREE).....71
CLINIMIX 8%-D10W(SULFITE-FREE) ...71
CLINIMIX 8%-D14W(SULFITE-FREE) ...71
CLINIMIX E 8%-D10W SULFITEFREE 71

CLINIMIX E 8%-D14W SULFITEFREE..... 72
clobazam..... 153
clobetasol.....95, 96
clobetasol-emollient..... 96
clomipramine..... 159
clonazepam..... 50
clonidine..... 72
clonidine hcl..... 72
clopidogrel..... 226
clorazepate dipotassium..... 50
clotrimazole..... 163
clotrimazole-betamethasone 163
clozapine..... 65
c-nate dha..... 229
COARTEM..... 61
COBENFY 65
COBENFY STARTER PACK 65
colchicine..... 58
colesevelam..... 78
colestipol 78
colistin (colistimethate na) .. 137
COMBIVENT RESPIMAT... 93
COMETRIQ 31
COMFORT EZ INSULIN SYRINGE.....179, 180, 181
COMFORT EZ PEN NEEDLES 179, 180
COMFORT EZ PLUS PEN NEEDLE..... 180
COMFORT EZ PRO SAFETY PEN NDL 180
COMFORT TOUCH PEN NEEDLE..... 181
completenate..... 229
compro..... 60
conjugated estrogens..... 105
constulose 101
COPIKTRA 31
CORLANOR 75
CORTROPHIN GEL 107
COSENTYX.....111
COSENTYX (2 SYRINGES) 111
COSENTYX PEN (2 PENS)111
COSENTYX UNOREADY PEN 111
COTELLIC.....31
CREON 227
CRESEMBA 163
cromolyn..... 89, 101, 128
cryselle (28).....145
CURITY ALCOHOL SWABS 181
CURITY GAUZE.....181, 182
cyclobenzaprine.....228
cyclophosphamide.....31
cyclosporine.....111, 127
cyclosporine modified.....111
CYLTEZO(CF) 111
CYLTEZO(CF) PEN.....111
CYLTEZO(CF) PEN CROHN'S-UC-HS 111
CYLTEZO(CF) PEN PSORIASIS-UV 111
cyred eq.....145
D
d5 % (d-glucose)-0.9 % sodchlr 222
d5 % and 0.9 % sodium chloride 222
d5 %-0.45 % sodium chloride 222
dabigatran etexilate.....224
dalfampridine 86
danazol.....105
dantrolene 228
DANYELZA 31
DANZITEN.....31
dapagliflozin.....52
dapagliflozin-metformin.....52
dapsone 165
DAPTACEL (DTAP PEDIATRIC) (PF).....118
daptomycin.....137
darunavir.....167
dasatinib.....31
dasetta 1/35 (28).....145
dasetta 7/7/7 (28).....145
DATROWAY.....31
DAURISMO 31
deblitane.....146
decitabine.....32
deferasirox 136
DELSTRIGO.....167
demeclocycline 143
DENGVAXIA (PF).....118
denta 5000 plus 94
dentagel.....94
DEPO-SUBQ PROVERA 104 109
DERMACEA 182
DERMACEA NON-WOVEN 182
dermacinrx lidocan.....135
DESCOVY.....167
desipramine.....160
desmopressin 108
desog-e.estradiol/e.estradiol 146
desvenlafaxine succinate.....160
dexamethasone 106, 107
dexamethasone sodium phosphate 107, 127
dextroamphetamine-amphetamine 86, 87
dextrose 5 % in water (d5w) ..72
DIACOMIT.....153
diazepam 50, 153, 154
diazepam intensol.....50
diazoxide 129
diclofenac epolamine.....131
diclofenac potassium 131
diclofenac sodium..... 127, 131
diclofenac-misoprostol.....132

dicloxacillin 142
dicyclomine 101
didanosine 167
difluprednate 127
digoxin 75
dihydroergotamine 58
DILANTIN 154
diltiazem hcl 74
dilt-xr 74
dimethyl fumarate 87
diphenoxylate-atropine 101
dipyridamole 226
disulfiram 49
divalproex 154
dofetilide 72
dolishale 146
donepezil 51
dorzolamide 124
dorzolamide-timolol 124
dotti 105
DOVATO 167
doxazosin 72
doxepin 85, 160
doxorubicin, peg-liposomal ... 32
doxy-100 143
doxycycline hyclate 143, 144
doxycycline monohydrate 144
DRIZALMA SPRINKLE.... 160
dronabinol 60
DROPLET INSULIN SYR(HALF UNIT) ..182, 183
DROPLET INSULIN SYRINGE.....182, 183, 184
DROPLET MICRON PEN NEEDLE..... 184
DROPLET PEN NEEDLE. 184, 185
DROPSAFE ALCOHOL PREP PADS..... 185
DROPSAFE INSULIN SYRINGE..... 185
DROPSAFE PEN NEEDLE 185
droxidopa 72
duloxetine 160
DUPIXENT PEN.....112
DUPIXENT SYRINGE 112
dutasteride 103
E
EASY COMFORT ALCOHOL PAD.....186
EASY COMFORT INSULIN SYRINGE..... 185, 186, 187
EASY COMFORT PEN NEEDLES 186, 187
EASY COMFORT SAFETY PEN NEEDLE 185
EASY GLIDE INSULIN SYRINGE.....187
EASY GLIDE PEN NEEDLE 187
EASY TOUCH.....189, 190
EASY TOUCH ALCOHOL PREP PADS 188
EASY TOUCH AUTORETRACT SYRINGE 188
EASY TOUCH FLIPLOCK INSULIN.....189
EASY TOUCH FLIPLOCK SYRINGE.....188
EASY TOUCH INS SYR (HALF UNIT).....187
EASY TOUCH INSULIN SAFETY SYR 188
EASY TOUCH INSULIN SYRINGE.187, 188, 189, 190
EASY TOUCH LUER LOCK INSULIN.....189
EASY TOUCH PEN NEEDLE 190
EASY TOUCH SAFETY PEN NEEDLE 190, 191
EASY TOUCH SHEATHLOCK INSULIN 189
EASY TOUCH UNI-SLIP...190
EASYLIFE ALCOHOL PADS 190
EASYLIFE INSULIN PEN NEEDLE 190, 191
EASYLIFE INSULIN SYRINGE 191
EASYLIFE SAFETY PEN NEEDLE 191
econazole nitrate 163
EDURANT PED 167
efavirenz 167
efavirenz-emtricitabin-tenofov 167
efavirenz-lamivu-tenofov disop 167
ELAHERE 32
ELEPSIA XR 154
ELIGARD 32
ELIGARD (3 MONTH).....32
ELIGARD (4 MONTH).....32
ELIGARD (6 MONTH).....32
elinest 146
ELIQUIS 224
ELIQUIS DVT-PE TREAT 30D START 224
ELIQUIS SPRINKLE.....224
ELREXFIO 32
eltrombopag olamine 226
eluryng 146
EMBRACE PEN NEEDLE .192
EMCYT.....32
EMGALITY PEN.....58
EMGALITY SYRINGE .. 58, 59
EMRELIS.....32
EMSAM.....160
emtricitabine 167
emtricitabine-tenofovir (tdf) .167
emtricita-rilpivirine-tenof df 167

EMTRIVA 168
emzahh 146
enalapril maleate 81
enalapril-hydrochlorothiazide 81
ENBREL 112
ENBREL MINI 112
ENBREL SURECLICK 112
endocet 133
ENGERIX-B (PF) 118
ENGERIX-B PEDIATRIC (PF) 119
enilloring 146
enoxaparin 224, 225
enpresse 146
ENSACOVE 32
enskyce 146
entacapone 63
entecavir 173
ENTRESTO 76
ENTRESTO SPRINKLE 76
enulose 101
EPCLUSA 171
EPIDIOLEX 154
epinastine 128
epinephrine 75
epitol 154
EPKINLY 32
eplerenone 82
ERBITUX 32
ergoloid 51
ERIVEDGE 33
ERLEADA 33
erlotinib 33
errin 146
ertapenem 138
erythromycin 125, 141
erythromycin ethylsuccinate 140, 141
erythromycin with ethanol 99
ERZOFRI 66
escitalopram oxalate 160
eslicarbazepine 154
esomeprazole magnesium 100
estarylla 146
estradiol 106
estradiol-norethindrone acet 106
eszopiclone 85
ethambutol 165
ethosuximide 154
ethynodiol diac-eth estradiol 146
etodolac 132
etonogestrel-ethinyl estradiol 146
ETOPOPHOS 33
etoposide 33
etravirine 168
EUCRISA 96
EULEXIN 33
everolimus (antineoplastic) 33
everolimus (immunosuppressive) 112
EVOTAZ 168
EXEL INSULIN 192
exemestane 33
EXTENCILLINE 142
EXXUA 160
EYSUVIS 127
ezetimibe 78
ezetimibe-simvastatin 78, 79

F

FAKZYNJA 33
falmina (28) 146
famciclovir 173
famotidine 100
FANAPT 66
FANAPT TITRATION PACK A 66
FANAPT TITRATION PACK B 66
FANAPT TITRATION PACK C 66
FASENRA 89
FASENRA PEN 89
febuxostat 58
feirza 146
felbamate 154
felodipine 78
fenofibrate 79
fenofibrate micronized 79
fenofibrate nanocrystallized 79
fentanyl 133
fentanyl citrate 133
fesoterodine 104
FETZIMA 160, 161
FIASP FLEXTOUCH U-100 INSULIN 54
FIASP PENFILL U-100 INSULIN 55
FIASP PUMPCART 55
FIASP U-100 INSULIN 55
fidaxomicin 141
finasteride 103
fingolimod 87
FINTEPLA 154
FIRMAGON KIT W DILUENT SYRINGE 33, 34
flavoxate 104
flecainide 72
floxuridine 34
fluconazole 163
fluconazole in nacl (iso-osm) 163
flucytosine 164
fludrocortisone 107
flunisolide 127
fluocinolone 96
fluocinolone acetonide oil 127
fluocinonide 96
fluoride (sodium) 94
fluorometholone 127
fluorouracil 34, 98
fluoxetine 161
fluphenazine decanoate 66
fluphenazine hcl 66
flurbiprofen 132
flurbiprofen sodium 127

fluticasone propionate.....92, 96, 127
fluticasone propion-salmeterol 92
fluvastatin 79
fluvoxamine..... 161
folivane-ob..... 229
fondaparinux..... 225
fosamprenavir..... 168
fosfomycin tromethamine 137
fosinopril 82
fosinopril-hydrochlorothiazide 82
fosphenytoin..... 155
FOTIVDA..... 34
FRUZAQLA..... 34
fulvestrant..... 34
furosemide 80
FUZEON 168
FYARRO..... 34
G
gabapentin 155
galantamine 51
gallifrey 109
GAMUNEX-C 112
GARDASIL 9 (PF) 119
GAUZE BANDAGE..... 203
GAUZE PAD..... 192
gavilyte-c 103
gavilyte-g..... 103
gavilyte-n..... 103
GAVRETO..... 34
gefitinib..... 34
gemfibrozil..... 79
generlac..... 101
gengraf 112
gentamicin 99, 125, 136
gentamicin sulfate (ped) (pf) 136
GENVOYA 168
GILOTRIF..... 34
glatiramer..... 87
glatopa..... 87
glimepiride 57
glipizide.....57
glipizide-metformin.....57
glucagon emergency kit (human) 129
glutamine (sickle cell).....129
glyburide 58
glyburide micronized 58
glyburide-metformin 58
glycopyrrolate.....101
glydo.....135
GLYXAMBI 52
GOMEKLI 34
griseofulvin microsize 164
griseofulvin ultramicrosize...164
guanfacine 72, 87
GVOKE.....129
GVOKE HYPOPEN 2-PACK 129
GVOKE PFS 1-PACK SYRINGE.....129
H
HADLIMA 112
HADLIMA PUSHTOUCH..112
HADLIMA(CF).....112
HADLIMA(CF) PUSHTOUCH 112
HAEGARDA.....226
hailey 24 fe 146
hailey fe 1.5/30 (28).....147
hailey fe 1/20 (28).....147
halobetasol propionate 96
haloette.....147
haloperidol 67
haloperidol decanoate 67
haloperidol lactate.....67
HARVONI 171, 172
HAVRIX (PF) 119
HEALTHWISE INSULIN SYRINGE.....193
HEALTHWISE PEN NEEDLE 193
HEALTHY ACCENTS UNIFINE PENTIP... 193, 194
heather 147
heparin (porcine).....225
HEPLISAV-B (PF).....119
HERCEPTIN HYLECTA.....34
HERNEXEOS 34
HIBERIX (PF).....119
HUMIRA 113
HUMIRA PEN 113
HUMIRA(CF) 113
HUMIRA(CF) PEDI CROHNS STARTER.....113
HUMIRA(CF) PEN.....113
HUMIRA(CF) PEN CROHNS-UC-HS.....113
HUMIRA(CF) PEN PEDIATRIC UC.....113
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....113
HUMULIN R U-500 (CONC) INSULIN.....55
HUMULIN R U-500 (CONC) KWIKPEN 55
hydralazine.....75
hydrochlorothiazide.....80
*hydrocodone-acetaminophen*134
hydrocortisone... 83, 96, 97, 107
hydrocortisone valerate 97
hydrocortisone-acetic acid...125
hydromorphone 134
hydroxychloroquine 61
hydroxyurea.....35
hydroxyzine hcl.....165
hydroxyzine pamoate 129
HYRNUO.....35
I
ibandronate 84
IBRANCE 35
IBTROZI.....35
ibu 132
ibuprofen 132

icatibant 75
iclevia 147
ICLUSIG 35
icosapent ethyl 79
IDHIFA 35
IDVYNSO 168
ifosfamide 35
ILEVRO 127
imatinib 35
IMBRUVICA 35
IMDELLTRA 35
imipenem-cilastatin 138
imipramine hcl 161
imiquimod 98
IMJUDO 35
IMKELDI 35
IMOVAX RABIES VACCINE (PF) 119
IMPAVIDO 61
incassia 147
INCONTROL ALCOHOL PADS 194
INCONTROL PEN NEEDLE 194
INCRELEX 108
indapamide 80
indomethacin 132
INFANRIX (DTAP) (PF) 119
infliximab 113
INGREZZA 87
INGREZZA INITIATION PK(TARDIV) 87
INGREZZA SPRINKLE 87
INLEXZO 36
INLURIYO 36
INLYTA 36
INPEN (FOR HUMALOG) BLUE 194
INPEN (FOR HUMALOG) GREY 194
INPEN (FOR HUMALOG) PINK 194
INPEN (NOVOLOG OR FIASP) BLUE 194
INPEN (NOVOLOG OR FIASP) GREY 194
INPEN (NOVOLOG OR FIASP) PINK 194
INQOVI 36
INREBIC 36
insulin asp prt-insulin aspart 55
insulin aspart u-100 55
insulin glargine-yfgn 55
insulin lispro 56
INSULIN SYR/NDL U100 HALF MARK 195
INSULIN SYRINGE MICROFINE 176
INSULIN SYRINGE-NEEDLE U-100 ..... 192, 194, 195, 196, 204, 208
INSULIN U-500 SYRINGE-NEEDLE 196
INSUPEN PEN NEEDLE 196
INTELENCE 168
introvale 147
INVEGA HAFYERA 67
INVEGA SUSTENNA 67
INVEGA TRINZA 67, 68
INVELTYS 127
IPOL 119
ipratropium bromide 93, 128
ipratropium-albuterol 93
irbesartan 76
irbesartan-hydrochlorothiazide 76
ISENTRESS 168
ISENTRESS HD 168
isibloom 147
isoniazid 165
isosorbide dinitrate 82
isosorbide mononitrate 82, 83
ITOVEBI 36
itraconazole 164
IV PREP WIPES 196
ivabradine 76
ivermectin 61
IWILFIN 36
IXIARO (PF) 119

J

JAKAFI 36
JAKAFI XR 36
jantoven 225
JARDIANCE 52
JASCAYD 89
javygtor 227
JAYPIRCA 36
JEMPERLI 36
jencycla 147
JENTADUETO 52
JENTADUETO XR 52
JIDEYTRO 36
jolessa 147
juleber 147
JULUCA 168
junel 1.5/30 (21) 147
junel 1/20 (21) 147
junel fe 1.5/30 (28) 147
junel fe 1/20 (28) 147
junel fe 24 147
JYLAMVO 36
JYNARQUE 80
JYNNEOS (PF) 119

K

KALETRA 168
KALYDECO 89
kariva (28) 147
kelnor 1/35 (28) 147
kelnor 1/50 (28) 148
KERENDIA 82
KESIMPTA PEN 88
ketoconazole 164
ketorolac 127, 132
KEYTRUDA 36
KEYTRUDA QLEX 37
KIMMTRAK 37

KINERET 113
KINRIX (PF) 119
kionex 101
KISQALI 37
KISQALI FEMARA CO-PACK 37
KLISYRI (250 MG) 98
klor-con m10 223
klor-con m15 223
klor-con m20 223
KLOXXADO 49
KOMZIFTI 37
KOSELUGO 37
kosher prenatal plus iron 229
KRAZATI 37
kurvelo (28) 148
KYLEENA 148
L
labetalol 73
lacosamide 155
lactulose 101
lamivudine 168
lamivudine-zidovudine 169
lamotrigine 155
lanreotide 108
lansoprazole 100
LANTUS SOLOSTAR U-100 INSULIN 56
LANTUS U-100 INSULIN ... 56
lapatinib 38
larin 1.5/30 (21) 148
larin 1/20 (21) 148
larin 24 fe 148
larin fe 1.5/30 (28) 148
larin fe 1/20 (28) 148
latanoprost 124
LAZCLUZE 38
leflunomide 113
lenalidomide 38
LENTOCILIN S (WITH LIDOCAINE) 142
LENVIMA 38
lessina 148
letrozole 38
leucovorin calcium 129
LEUKERAN 38
leuprolide 38
leuprolide acetate (3 month) ..38
levetiracetam 155
levobunolol 124
levocetirizine 165
levofloxacin 143
levofloxacin in d5w 143
levonest (28) 148
levonorgest-eth.estradiol-iron 148
levonorgestrel-ethinyl estrad 148
levonorg-eth estrad triphasic 148
levora-28 148
levothyroxine 104
LEXIVA 169
LIBERVANT 156
lidocaine 135
lidocaine hcl 135
lidocaine-prilocaine 135
lidocan iii 135
LIFYORLI 38
LILETTA 149
linezolid 137
linezolid in dextrose 5% 137
LINZESS 101
liomny 104
liothyronine 104
LISCO 196
lisinopril 82
lisinopril-hydrochlorothiazide 82
LITE TOUCH INSULIN PEN NEEDLES 196, 197
LITE TOUCH INSULIN SYRINGE 197, 198
lithium carbonate 88
lithium citrate 88
LIVTENCITY 172
LOKELMA 101
lomustine 38
LONSURF 39
loperamide 102
lopinavir-ritonavir 169
LOQTORZI 39
lorazepam 50, 51
lorazepam intensol 51
LORBRENA 39
losartan 76
losartan-hydrochlorothiazide 76
LOTEMAX 127
LOTEMAX SM 128
loteprednol etabonate 128
lovastatin 79
low-ogestrel (28) 149
loxapine succinate 68
lubiprostone 102
luizza 149
LUMAKRAS 39
LUMIGAN 124
LUNSUMIO 39
LUNSUMIO VELO 39
LUPRON DEPOT 39, 108
LUPRON DEPOT (3 MONTH) 39, 108
LUPRON DEPOT (4 MONTH) 39
LUPRON DEPOT (6 MONTH) 39
LUPRON DEPOT-PED 108
LUPRON DEPOT-PED (3 MONTH) 108
lurasidone 68
lutera (28) 149
LUTRATE DEPOT (3 MONTH) 39
LYBALVI 68
lyleq 149
LYNOZYFIC 40
LYNPARZA 40
LYSODREN 40
LYTGOBI 40

lyza 149
M
macitentan 130
MAGELLAN INSULIN SAFETY SYRNG..... 198
MAGELLAN SYRINGE 198
magnesium sulfate..... 223
malathion..... 99
maraviroc 169
MARGENZA..... 40
marlissa (28)..... 149
marnatal-f..... 229
MARPLAN..... 161
MATULANE..... 40
MAXICOMFORT II PEN NEEDLE..... 198
MAXICOMFORT INSULIN SYRINGE..... 198
MAXI-COMFORT INSULIN SYRINGE..... 198
MAXI-COMFORT INSULIN SYRINGE..... 198
MAXICOMFORT SAFETY PEN NEEDLE 198
MAYZENT..... 88
MAYZENT STARTER(FOR 1MG MAINT)..... 88
MAYZENT STARTER(FOR 2MG MAINT)..... 88
meclizine..... 60
medroxyprogesterone..... 109
mefloquine 61
megestrol 40, 109
MEKINIST..... 40
MEKTOVI..... 40
meleya 149
meloxicam..... 132
memantine.....51, 52
MENACTRA (PF)..... 119
MENQUADFI (PF)..... 120
MENVEO A-C-Y-W-135-DIP (PF)..... 120
mercaptopurine.....40
meropenem 138, 139
mesalamine.....83
mesna 129
metformin 52, 53
methadone 134
methazolamide.....124
methenamine hippurate.....137
methimazole.....105
methocarbamol 228
methotrexate sodium 40, 41
methotrexate sodium (pf) 40
methoxsalen 98
methsuximide 156
methylphenidate hcl 88
methylprednisolone.....107
methylprednisolone acetate..107
metoclopramide hcl.....102
metolazone.....81
metoprolol succinate.....73
metoprolol ta-hydrochlorothiaz 73
metoprolol tartrate.....73, 74
metronidazole 99, 136, 138
metronidazole in nacl (iso-os) 138
metyrosine 76
micafungin.....164
miconazole-3 164
MICRODOT INSULIN PEN NEEDLE 198
MICRODOT READYGARD PEN NEEDLE.....199
microgestin 1.5/30 (21).....149
microgestin 1/20 (21).....149
microgestin fe 1.5/30 (28) 149
microgestin fe 1/20 (28) 149
midodrine 72
MIEBO (PF).....128
mifepristone.....53
mili 149
mimvey 106
MINI ULTRA-THIN II 199
minocycline 144
minoxidil 83
MIPLYFFA.....173
MIRENA.....149
mirtazapine.....161
misoprostol.....100
mitoxantrone 41
MIUDELLA.....149
M-M-R II (PF).....120
m-natal plus.....229
modafinil 85
MODEYSO.....41
moexipril 82
molindone.....68
mometasone.....97, 128
MONOJECT INSULIN SAFETY SYRING 200
MONOJECT INSULIN SYRINGE 199, 200
MONOJECT SYRINGE.....199
MONOJECT ULTRA COMFORT INSULIN 215
mono-linyah.....149
montelukast 92
morphine 134
MORPHINE.....134
morphine concentrate 134
MOUNJARO.....53
MOVANTIK.....102
moxifloxacin 125, 143
moxifloxacin-sod.ace,sul-water 143
moxifloxacin-sod.chloride(iso) 143
MRESVIA (PF).....120
MULTAQ.....73
mupirocin 99
mycophenolate mofetil . 113, 114
mycophenolate mofetil (hcl) .113
mycophenolate sodium.....114
mynatal.....229

mynatal advance 229
mynatal plus 229
mynatal-z 229
mynate 90 plus 229
MYRBETRIQ 104
N
nabumetone 132
nafcillin 142
naloxone 49
naltrexone 49
NANO 2ND GEN PEN NEEDLE 200
NANO PEN NEEDLE 200
naproxen 132
naratriptan 59
NATACYN 125
nateglinide 53
NAYZILAM 156
nebivolol 74
nefazodone 161
neomycin 137
neomycin-bacitracin-poly-hc 125
neomycin-bacitracin-polymyxin 125
neomycin-polymyxin b-dexameth 125
neomycin-polymyxin-gramicidin 125
neomycin-polymyxin-hc 126
neo-polycin 126
neo-polycin hc 126
NERLYNX 41
nevirapine 169
newgen 229
NEXLETOL 79
NEXLIZET 79
NEXPLANON 150
niacin 79
NICOTROL NS 49
nifedipine 78
NIKTIMVO 114
nilotinib hcl 41
nilutamide 41
NINLARO 41
nintedanib 90
nitazoxanide 61
nitisinone 227
nitrofurantoin macrocrystal .138
nitrofurantoin monohyd/m-cryst 138
nitroglycerin 83, 130
NIVESTYM 227
NORDITROPIN FLEXPRO 108
norelgestromin-ethin.estradiol 150
norethindrone (contraceptive) 150
norethindrone acetate 109
norethindrone-e.estradiol-iron 150
norgestimate-ethinyl estradiol 150
nortrel 1/35 (21) 150
nortrel 1/35 (28) 150
nortrel 7/7/7 (28) 150
nortriptyline 161
NORVIR 169
NOVOFINE 32 200
NOVOFINE AUTOCOVER 200
NOVOFINE PLUS 200
NOVOLIN 70/30 U-100 INSULIN 56
NOVOLIN 70-30 FLEXPEN U-100 56
NOVOLIN N FLEXPEN 56
NOVOLIN N NPH U-100 INSULIN 56
NOVOLIN R FLEXPEN 56
NOVOLIN R REGULAR U100 INSULIN 56
NOVOLOG FLEXPEN U-100 INSULIN 56
NOVOLOG MIX 70-30 U-100 INSULN 56
NOVOLOG MIX 70-30FLEXPEN U-100 57
NOVOLOG PENFILL U-100 INSULIN 57
NOVOLOG U-100 INSULIN ASPART 57
NUBEQA 41
NUCALA 90
NULOJIX 114
NUPLAZID 68
NURTEC ODT 59
nyamyc 164
nylia 1/35 (28) 150
nylia 7/7/7 (28) 150
nystatin 164
nystatin-triamcinolone 164
nystop 165
NYVEPRIA 227
O
obstetrix dha 229
obstetrix dha prenatal duo 229
octreotide acetate 108
ODEFSEY 169
ODOMZO 41
ofloxacin 126
OGIVRI 41
OGSIVEO 41
OJEMDA 41
OJJAARA 41
olanzapine 68
olmesartan 76
olmesartan-amlodipin-hcthiazid 77
olmesartan-hydrochlorothiazide 77
olopatadine 128, 129
omega-3 acid ethyl esters 79
omeprazole 100
OMLYCLO 114
OMNIPOD 5 (LIBRE 2/3 PLUS) 200

OMNIPOD 5 G6-G7 INTRO KT(GEN5) 200
OMNIPOD 5 G6-G7 PODS (GEN 5) 200
OMNIPOD 5 INTRO (LIBRE2/3PLUS)..... 201
OMNIPOD CLASSIC PODS (GEN 3) 201
OMNIPOD DASH INTRO KIT (GEN 4) 201
OMNIPOD DASH PDM KIT (GEN 4) 201
OMNIPOD DASH PODS (GEN 4) 201
ONAPGO 63
ondansetron 60
ondansetron hcl 60
ONUREG 42
OPDIVO..... 42
OPDIVO QVANTIG 42
OPDUALAG 42
OPIPZA..... 68
ORENCIA 114
ORENCIA (WITH MALTOSE) 114
ORENCIA CLICKJECT..... 114
ORFADIN 227
ORGOVYX 108
ORILISSA 109
ORKAMBI 90
orquidea 150
ORSERDU 42
oseltamivir 172
OSENVELT..... 84
OTEZLA 114
OTEZLA STARTER 114
OTEZLA XR 114
OTEZLA XR INITIATION 114
oxcarbazepine 156
oxybutynin chloride..... 104
oxycodone 134, 135
oxycodone-acetaminophen .. 135
OZEMPIC 53
P
pacerone 73
paclitaxel protein-bound 42
paliperidone.....68, 69
PANRETIN 98
pantoprazole 100
paricalcitol 84
paroxetine hcl 161
PAXLOVID 172
pazopanib 42
PEDIARIX (PF) 120
PEDVAX HIB (PF) 120
peg 3350-electrolytes 103
PEGASYS 172, 173
peg-electrolyte soln.....103
PEMAZYRE 42
pemetrexed disodium 42
PEMRYDI RTU 42
PEN NEEDLE.....201
PEN NEEDLE, DIABETIC 181, 192, 193, 199, 201, 204
PEN NEEDLE, DIABETIC, SAFETY.....205
PENBRAYA (PF).....120
PENBRAYA MENACWY COMPONENT(PF).....120
PENBRAYA MENB COMPONENT (PF).....120
penicillamine 136
penicillin g potassium 142
penicillin v potassium 142
PENMENVY MEN A-B-C-W-Y (PF).....120
PENMENVY MENACWY COMPONENT(PF).....120
PENMENVY MENB COMPONENT (PF).....121
PENTACEL (PF).....121
pentamidine 62
PENTIPS PEN NEEDLE.....202
pentoxifylline 226
perampanel.....156
perindopril erbumine 82
periogard.....94
permethrin 99
perphenazine 69
perphenazine-amitriptyline ..161
PERSERIS 69
phenelzine.....162
phenobarbital 156
phenytek 156
phenytoin.....156
phenytoin sodium..... 156, 157
phenytoin sodium extended ..156
PIFELTRO.....169
pilocarpine hcl.....94, 124
pimecrolimus 97
pimozide 69
pimtrea (28).....150
pioglitazone 53
pioglitazone-metformin 53
PIP PEN NEEDLE 202
piperacillin-tazobactam 142
PIQRAY.....42
pirfenidone 90
pitavastatin calcium.....79
PLEGRIDY 88
pnv-dha + docusate 230
pnv-omega.....230
podofilox 98
polycin.....126
polymyxin b sulf-trimethoprim 126
pomalidomide.....43
POMALYST 43
portia 28.....151
posaconazole 165
potassium chloride.....223
potassium citrate 223
pr natal 400.....230
pr natal 400 ec.....230
pr natal 430.....230
pr natal 430 ec.....230

pramipexole 63
prasugrel hcl 226
pravastatin 79
praziquantel 62
prazosin 72
prednisolone 107
prednisolone acetate 128
prednisolone sodium phosphate 107
prednisone 107
pregabalin 157
PREMARIN 106
PREMPHASE 106
PREMPRO 106
prenaissance 230
prenaissance plus 230
prenatabs fa 230
prenatal 19 230
prenatal 19 (with docusate) 230
prenatal plus 230
prenatal plus (calcium carb) 229
prenatal vitamin plus low iron 230
prenatal-u 230
prevalite 79
PREVENT DROPSAFE PEN NEEDLE 202
PREVYMIS 172
PREZCOBIX 169
PREZISTA 169
PRIMAQUINE 62
primidone 157
PRIORIX (PF) 121
PRO COMFORT ALCOHOL PADS 202
PRO COMFORT INSULIN SYRINGE 202
PRO COMFORT PEN NEEDLE 202, 203
probenecid 58
probenecid-colchicine 58
prochlorperazine 60
prochlorperazine edisylate 60
prochlorperazine maleate 60
PRO-COMFORT ALCOHOL PADS 203
procto-med hc 97
proctosol hc 97
proctozone-hc 97
PRODIGY INSULIN SYRINGE 203
progesterone micronized 110
PROGRAF 114, 115
PROLASTIN-C 90
promethazine 60
promethegan 60
propafenone 73
propranolol 74
propylthiouracil 105
PROQUAD (PF) 121
protriptyline 162
PULMOZYME 228
PURE COMFORT ALCOHOL PADS 203
PURE COMFORT PEN NEEDLE 203
PURE COMFORT SAFETY PEN NEEDLE 203
pyrazinamide 165
pyridostigmine bromide 130
pyrimethamine 62

Q

QINLOCK 43
QUADRACEL (PF) 121
quetiapine 69
quinapril 82
quinapril-hydrochlorothiazide 82
quinidine sulfate 73
quinine sulfate 62
QULIPTA 59

R

RABAVERT (PF) 121
rabeprazole 100
RALDESY 162
raloxifene 106
ramipril 82
ranolazine 76
rasagiline 63
RASONQUE 43
RASUVO (PF) 115
RAYALDEE 84
reclipsen (28) 151
RECOMBIVAX HB (PF) 121
RELENZA DISKHALER 172
repaglinide 53
REPATHA PUSHTRONEX 80
REPATHA SURECLICK 80
REPATHA SYRINGE 80
RETACRIT 227
RETEVMO 43
RETROVIR 169
REVCOVI 228
REVUFORJ 43
REXULTI 69
REYATAZ 169
REZDIFFRA 105
REZLIDHIA 43
REZUROCK 115
RHOPRESSA 124
ribavirin 173
rifabutin 165
rifampin 165
rifapentine 166
rilpivirine 170
rilpivirine hcl 170
riluzole 89
RINVOQ 115
RINVOQ LQ 115
risperidone 69, 70
risperidone microspheres 69
ritonavir 170
RITUXAN HYCELA 43
rivaroxaban 225
rivastigmine 52
rivastigmine tartrate 52
rizatriptan 59

r-natal ob 230
ROCKLATAN 124
roflumilast 90
ROMVIMZA 43
ropinirole 63
rosadan 99
rosuvastatin 80
ROTARIX 121
ROTATEQ VACCINE 121
ROZLYTREK 43
RUBRACA 44
rufinamide 157
RUKOBIA 170
RYBELSUS 53
RYBREVANT 44
RYBREVANT FASPRO 44
RYDAPT 44
RYKINDO 70
RYTELO 44
S
sacubitril-valsartan 77
SAFESNAP INSULIN SYRINGE 204, 205
SAFETY PEN NEEDLE 205
SANTYL 98
sapropterin 228
SCEMBLIX 44
scopolamine base 61
SECUADO 70
SECURESAFE INSULIN SYRINGE 205
SECURESAFE PEN NEEDLE 205
SELARSDI 115
select-ob 230
select-ob (folic acid) 230
selegiline hcl 63
selenium sulfide 99
SELZENTRY 170
se-natal 19 chewable 230
SEREVENT DISKUS 93
SEROSTIM 109
sertraline 162
setlakin 151
sevelamer carbonate 103
sevelamer hcl 103
SEZABY 157
sf 5000 plus 94
sharobel 151
SHINGRIX (PF) 122
SIGNIFOR 109
sildenafil (pulm.hypertension) 130
silver sulfadiazine 99
SIMBRINZA 124
simliya (28) 151
SIMPLI PEN NEEDLE 192
simvastatin 80
sirolimus 115
SIRTURO 166
sitagliptin phos-metformin 53, 54
sitagliptin phosphate 54
SKY SAFETY PEN NEEDLE 205
SKYLA 151
SKYRIZI 115, 116
sodium chloride 0.45 % 223
sodium chloride 0.9 % 224
sodium fluoride-pot nitrate 95
sodium oxybate 85
sodium polystyrene sulfonate 102
sodium,potassium,mag sulfates 103
solifenacin 104
SOLIQUA 100/33 57
SOLTAMOX 44
SOMATULINE DEPOT 109
SOMAVERT 109
sorafenib 44
sotalol 74
sotalol af 74
SPIRIVA RESPIMAT 93
spironolactone 81
spironolacton-hydrochlorothiaz 81
SPRAVATO 162
sprintec (28) 151
SPRITAM 157
sps (with sorbitol) 102
sronyx 151
ssd 99
stavudine 170
STERILE PADS 192
STIOLTO RESPIMAT 94
STIVARGA 44
STOBOCLO 84
STRENSIQ 228
streptomycin 137
STRIBILD 170
STRIVERDI RESPIMAT 94
subvenite 157
SUBVENITE 157
sucralfate 101
sulfacetamide sodium 126
sulfacetamide-prednisolone 126
sulfadiazine 143
sulfamethoxazole-trimethoprim 143
sulfasalazine 83
sulindac 132
sumatriptan 59
sumatriptan succinate 59
sunitinib malate 44
SUNLENCA 170
SURE COMFORT ALCOHOL PREP PADS 206
SURE COMFORT INS. SYR. U-100 205
SURE COMFORT INSULIN SYRINGE 205, 206
SURE COMFORT PEN NEEDLE 206
SURE COMFORT SAFETY PEN NEEDLE 205

SURE-FINE PEN NEEDLES 206, 207
SURE-JECT INSULIN SYRINGE..... 207
SURE-PREP ALCOHOL PREP PADS..... 207
SYMPAZAN 157
SYMTUZA..... 170
SYNJARDY 54
SYNJARDY XR..... 54
SYNRIBO..... 44
SYRINGE WITH NEEDLE, SAFETY..... 205
T
TABLOID..... 44
TABRECTA..... 44
tacrolimus.....97, 116
tadalafil 130
TAFINLAR 44, 45
TAGRISSO..... 45
TALVEY..... 45
TALZENNA..... 45
tamoxifen 45
tamsulosin..... 103
tarina 24 fe 151
tarina fe 1-20 eq (28) 151
taron-c dha 230
taron-prex prenatal-dha..... 230
TAVNEOS 116
tazarotene 100
tazicef 140
taztia xt..... 75
TDVAX..... 122
TECHLITE INSULIN SYRINGE..... 208
TECHLITE INSULN SYR(HALF UNIT) 207
TECHLITE PEN NEEDLE. 208
TECHLITE PLUS PEN NEEDLE..... 208
TECVAYLI..... 45
telmisartan..... 77
telmisartan-hydrochlorothiazid 77
temazepam.....51
TENIVAC (PF) 122
tenofovir disoproxil fumarate 170
TEPMETKO.....45
terazosin 103
terbinafine hcl.....165
terconazole 136
teriparatide.....84
TERUMO INSULIN SYRINGE 208, 209
testosterone.....105
testosterone cypionate.....105
testosterone enanthate 105
tetrabenazine 89
tetracycline.....144
TEVIMBRA 45
THALOMID.....130
theophylline 94
THINPRO INSULIN SYRINGE 209
thioridazine.....70
thiothixene 70
tiadylt er 75
tiagabine.....157
TIBSOVO 45
ticagrelor.....226
TICE BCG.....45
TICOVAC 122
tigecycline.....144
tilia fe 151
timolol 124
timolol maleate 74, 124
tinidazole 62
tiotropium bromide 94
TIVDAK 45
TIVICAY 170
TIVICAY PD 170
tizanidine.....228, 229
TOBI PODHALER.....137
tobramycin 126
tobramycin in 0.225 % nacl.137
tobramycin sulfate 137
tobramycin-dexamethasone .126
tobramycin-lotepred 126
tofacitinib 116
tolterodine 104
tolvaptan (polycys kidney dis) 81
TOPFINE INSULIN PEN NEEDLE 209
topiramate 157, 158
toremifene.....45
torpenz 45
torsemide.....81
TOUJEO MAX U-300 SOLOSTAR 57
TOUJEO SOLOSTAR U-300 INSULIN.....57
TRADJENTA.....54
tramadol.....135
tramadol-acetaminophen 135
trandolapril 82
tranexamic acid 224
tranylcypromine.....162
travoprost 124
trazodone.....162
TRECATOR.....166
TRELEGY ELLIPTA.....94
TRELSTAR.....45
TREMFYA.....116
TREMFYA ONE-PRESS 116
TREMFYA PEN 116
TREMFYA PEN INDUCTION PK(2PEN) 116
tretinoin.....100
tretinoin (antineoplastic) 45
*triamcinol ac (pf) in 0.9%nacl*97
triamcinolone acetonide..95, 97, 107
triamterene-hydrochlorothiazid 81
tridacaine iii.....135

trientine 136
tri-estarylla 151
trifluoperazine 70
trifluridine 126
trihexyphenidyl 63
TRIJARDY XR 54
TRIKAFTA 90
tri-legest fe 151
tri-linyah 151
tri-lo-estarylla 151
tri-lo-marzia 151
tri-lo-mili 151
tri-lo-sprintec 152
trimethoprim 138
tri-mili 152
trimipramine 162
TRINTELLIX 162
tri-nymyo 152
tri-sprintec (28) 152
TRIUMEQ 171
TRIUMEQ PD 171
trivora (28) 152
tri-vylibra 152
tri-vylibra lo 152
TRIZIVIR 171
TROGARZO 171
trospium 104
TRUE COMFORT ALCOHOL PADS 210
TRUE COMFORT INSULIN SYRINGE 210
TRUE COMFORT PEN NEEDLE 210
TRUE COMFORT PRO ALCOHOL PADS 211
TRUE COMFORT PRO INS SYRINGE 209, 210, 211
TRUE COMFORT SAFE INSULIN SYRG 210, 211
TRUE COMFORT SAFETY PEN NEEDLE 209, 210
TRUE-COMFORT PRO PEN NEEDLE 211
TRUEPLUS INSULIN 212
TRUEPLUS PEN NEEDLE 211
TRULANCE 102
TRULICITY 54
TRUMENBA 122
TRUQAP 46
TRUXIMA 46
TUKYSA 46
TURALIO 46
turqoz (28) 152
TWINRIX (PF) 122
tyblume 152
TYBOST 130
TYENNE 117
TYENNE AUTOINJECTOR 117
TYMLOS 85
TYPHIM VI 122
U
UBRELVY 59
UDENYCA ONBODY 227
ULTICARE 213
ULTICARE INSULIN SYRINGE 212, 213
ULTICARE INSULN SYR(HALF UNIT) 212
ULTICARE PEN NEEDLE 213
ULTICARE SAFETY PEN NEEDLE 213
ULTIGUARD SAFEPACK-INSULIN SYR 213, 214
ULTIGUARD SAFEPACK-PEN NEEDLE 214
ULTILET ALCOHOL SWAB 214
ULTILET INSULIN SYRINGE 195, 214
ULTILET PEN NEEDLE 215
ULTRA CMFT INS SYR (HALF UNIT) 192, 212
ULTRA COMFORT INSULIN SYRINGE 192, 193, 215
ULTRA FLO INSUL SYR(HALF UNIT) 215, 216
ULTRA FLO INSULIN SYRINGE 216
ULTRA FLO PEN NEEDLE 216
ULTRA THIN PEN NEEDLE 216
ULTRACARE INSULIN SYRINGE 216, 217
ULTRACARE PEN NEEDLE 217
ULTRA-FINE INS SYR (HALF UNIT) 217
ULTRA-FINE INSULIN SYRINGE 217, 218
ULTRA-FINE PEN NEEDLE 218
ULTRA-FINE SAFETY INSULIN SYRN 217
ULTRA-THIN II (SHORT) INS SYR 218, 219
ULTRA-THIN II (SHORT) PEN NDL 219
ULTRA-THIN II INS PEN NEEDLES 219
ULTRA-THIN II INSULIN SYRINGE 218
UNIFINE OTC PEN NEEDLE 219
UNIFINE PENTIPS 219
UNIFINE PENTIPS MAXFLOW 219
UNIFINE PENTIPS PLUS 219, 220, 222
UNIFINE PENTIPS PLUS MAXFLOW 219
UNIFINE PROTECT 220
UNIFINE SAFECONTROL PEN NEEDLE 220

UNIFINE ULTRA PEN NEEDLE.....220, 221
UPTRAVI.....130, 131
ursodiol..... 102
ustekinumab-aauz 117
UZEDY 70, 71
V
valacyclovir 173
VALCHLOR 98
valganciclovir 173
valproate sodium..... 158
valproic acid 158
valproic acid (as sodium salt) 158
valsartan..... 77
valsartan-hydrochlorothiazide 77
VALTOCO 158
valtya 152
vancomycin 138
VANFLYTA..... 46
VANISHPOINT INSULIN SYRINGE..... 221
VANISHPOINT SYRINGE 221
VAQTA (PF)..... 122
varenicline tartrate 50
VARIVAX (PF)..... 123
VAXCHORA VACCINE.... 123
VELTASSA..... 102
VEMLIDY..... 171
VENCLEXTA 46
VENCLEXTA STARTING PACK 46
venlafaxine..... 162
VEOZAH..... 130
VEPPANU..... 46
verapamil..... 75
VERIFINE INSULIN SYRINGE.....221, 222
VERIFINE PEN NEEDLE.. 221
VERIFINE PLUS PEN NEEDLE.....221, 222
VERIFINE PLUS PEN NEEDLE-SHARP.....222
VERQUVO 76
VERSACLOZ.....71
VERSALON.....222
VERZENIO.....46
V-GO 20.....222
V-GO 30.....222
V-GO 40.....222
vienva 152
vigabatrin 158
vigadrone.....158
vigpoder 158
vilazodone 162
VIMKUNYA (PF).....123
vinorelbine.....46
viorele (28) 152
VIRACEPT 171
VIREAD.....171
vitafol gummies.....231
vitafol-ob+dha.....231
VITRAKVI.....46
VIVIMUSTA.....46
VIVOTIF.....123
VIZIMPRO.....47
VOCABRIA 171
volnea (28).....152
VONJO.....47
VOQUEZNA.....101
VORANIGO.....47
voriconazole 165
VOSEVI.....172
VOWST 130
vp-ch-pnv.....231
VRAYLAR.....71
VUMERITY.....89
VYALEV 63
vylibra 152
VYLOY.....47
VYNDAMAX 76
VYZULTA.....124
W
warfarin.....225
WEBCOL.....222
WELIREG.....47
WINREVAIR.....91
wixela inhub 92
X
XALKORI.....47
xarah fe 152
XARELTO..... 225, 226
XARELTO DVT-PE TREAT 30D START 225
XATMEP 47
XCOPRI.....158
XCOPRI MAINTENANCE PACK.....158
XCOPRI TITRATION PACK 158, 159
XDEMVY 127
XERMELO 102
XIFAXAN.....138
XIGDUO XR.....54
XIIDRA.....128
XOLAIR 91
XOSPATA 47
XPOVIO 47
XTANDI 48
xulane.....152
XULTOPHY 100/3.6.....57
Y
YERVOY 48
YESINTEK 117
YF-VAX (PF).....123
YONSA.....48
YUFLYMA(CF).....117
YUFLYMA(CF) AI CROHN'S-UC-HS.....117
YUFLYMA(CF) AUTOINJECTOR 117
yulithira.....48
YUTREPIA.....131
yuvafem 106

Z

zafemy 152
zafirlukast 92
zaleplon 85
zatean-pn dha 231
zatean-pn plus 231
ZEJULA 48
ZELBORAF 48
zenatane 98
ZENBEXUS 48
ZENPEP 228
zidovudine 171
ZIIHERA 48
zingiber 231
ziprasidone hcl 71
ziprasidone mesylate 71
ZIRABEV 48
ZIRGAN 127
ZOLADEX 48
ZOLINZA 48
zolpidem 85
ZONISADE 159
zonisamide 159
zovia 1-35 (28) 152
ZTALMY 159
ZTLIDO 135
ZURZUVAE 162
ZYDELIG 48
ZYKADIA 48
ZYNLONTA 48
ZYNYZ 49
ZYPREXA RELPREVV 71

Health Plan of San Joaquin

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Esta *Lista de medicamentos* se actualizó el 11/01/2026 .

Si desea obtener información más reciente o tiene otras preguntas, llámenos al 1-888-361-7526 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo, y de lunes a viernes del 1 de abril al 30 de septiembre, o visite www.hpsj-mvhp.org.