



Lista de medicamentos cubiertos por Medical Assistance (formulario)

South Country Health Alliance:

Families and Children (*También se conoce como Prepaid Medical Assistance Program [PMAP]*)
MinnesotaCare
Minnesota Senior Care Plus (MSC+)
SingleCare (SNBC)
SharedCare (SNBC)

Para afiliados de los condados Brown, Dodge, Goodhue, Sibley, Steele, Wabasha y Waseca.

South Country Health Alliance
6380 West Frontage Road, Medford, MN 55049

Member Services

1-866-567-7242. Los usuarios de TTY deben llamar al 1-800-627-3529 o al 711.

El horario de atención es de lunes a viernes de 8:00 a.m. a 4:30 p.m.

Fecha de entrada en vigencia: 04/13/2026

La información que se incluye en esta lista de medicamentos cubiertos estaba vigente hasta 04/2026. Para acceder a la información más actualizada, visite nuestro sitio web www.mnscha.org. Si tiene preguntas, comuníquese con Servicios para Afiliados en el número de teléfono que figura en esta página. Puede solicitar una copia impresa de esta lista de medicamentos cubiertos de Medical Assistance en cualquier momento.

Fecha de aceptación de DHS 12/31/2025

ATENCIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE SE CUBREN EN EL PLAN. Los afiliados deben acudir a las farmacias de la red de South Country Health Alliance para recibir los beneficios de medicamentos recetados.

Esta lista está sujeta a cambios y no es exhaustiva. El documento está sujeto a las normas y las reglamentaciones específicas de cada estado, entre las que se incluyen las que regulan la sustitución de medicamentos genéricos, las listas de sustancias controladas, la preferencia de marcas y los medicamentos genéricos obligatorios, siempre que sean aplicables. Nota para los afiliados actuales: Esta lista de medicamentos cubiertos ha cambiado desde el año pasado y puede modificarse a lo largo del año. Revise este documento para asegurarse de que la lista sigue incluyendo los medicamentos que toma. Si tiene alguna pregunta, comuníquese con Servicios para Afiliados en el número de teléfono que figura en esta página. También puede encontrar la lista actualizada en www.mnscha.org.

Si tiene Medicare, debe surtir la mayoría de sus medicamentos recetados por medio del Programa de Medicamentos Recetados de Medicare (Medicare Parte D). Debe estar inscrito en un plan de medicamentos recetados de Medicare para recibir los beneficios.

NO ENGLISH



1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ:- አማርኛ ተናጋሪ ከሆኑ ፣ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភាសាភាសាខ្មែរមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntauv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH



1-866-567-7242

TRS: 711

ဟ်သ့ၣ်ဟ်သး- နမ့ၢ်ကတိၢ်ကညီၣ်ကိၣ်အသိ, နမၤန့ၢ် ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢကတၢ်လၢကတၢ်စ့ၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟ့ၣ်ဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကိၣ်ၤ လၢပုၤအါဂၤန့ၢ်ပၢ်အီၤသ့ လၢတအိၣ်ဒီးအဘူးအလဲ ဒီးချူးဆါချူးကတိၢ်န့ၣ်လီၤ. ဝံသးစ့ၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၣ်တၢ်မၤစၢၤ တက့ၢ်. ကညီၣ်ကိၣ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົາເຈົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проводов. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

Aviso de derechos civiles

La discriminación es ilegal. South Country Health Alliance (South Country) no discrimina por ninguno de los siguientes motivos:

- raza
- color
- país de origen
- credo
- religión
- orientación sexual
- estado de asistencia pública
- edad
- discapacidad (incluyendo impedimento físico o mental)
- sexo (incluye los estereotipos sexuales y la identidad de género)
- estado civil
- creencias políticas
- condición médica
- estado de salud
- recibo de servicios de salud
- experiencia en reclamos
- historial médico
- información genética

Usted tiene derecho a presentar una queja por discriminación si cree que South Country lo trató de manera discriminatoria. Puede presentar una queja y pedir ayuda para presentar una queja en persona o por correo, teléfono, fax o correo electrónico a:

Coordinador de Derechos Civiles

South Country Health Alliance

6380 West Frontage Road, Medford, MN 55049

Línea gratuita: 866-567-7242 TTY: 800-627-3529 o 711 Fax: 507-444-7774

Correo electrónico: grievances-appeals@mnscha.org

Ayuda y servicios auxiliares: South Country brinda ayuda y servicios auxiliares, como intérpretes calificados o información en formatos accesibles, sin cargo y de manera oportuna para garantizar la igualdad de oportunidades para participar en nuestros programas de atención médica. **Comuníquese** con Servicios para Afiliados en members@mnscha.org llame al 866-567-7242, TTY 800-627-3529 o 711.

Servicios de asistencia lingüística: South Country proporciona documentos traducidos e interpretación de idiomas hablados sin cargo y de manera oportuna cuando los servicios de asistencia lingüística sean necesarios para garantizar que las personas cuyo dominio de inglés es limitado tengan un acceso significativo a nuestra información y servicios. **Comuníquese** con Servicios para Afiliados en members@mnscha.org llame al 866-567-7242, TTY 800-627-3529 o 711.

Quejas relacionadas con los derechos civiles

Usted tiene derecho a presentar una queja por discriminación si cree que South Country lo trató de manera discriminatoria. También puede comunicarse directamente con cualquiera de las siguientes agencias para presentar una queja por discriminación.

Oficina de Derechos Civiles (OCR, por sus siglas en inglés) del Departamento de Salud y Servicios Humanos de EE. UU.

Usted tiene derecho a presentar una queja ante la OCR, una agencia federal, si cree que ha sido discriminado por alguno de los siguientes motivos:

- raza
- color
- país de origen
- edad
- discapacidad
- sexo
- religión (en algunos casos)

Comuníquese directamente con la **OCR** para presentar una queja:

Oficina de Derechos Civiles, Departamento de Salud y Servicios Humanos de EE. UU.

Región del Medio Oeste

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Centro de respuesta al cliente: 800-368-1019, TTY: 800-537-7697

Correo electrónico ocrmail@hhs.gov

Departamento de Derechos Humanos de Minnesota (MDHR)

En Minnesota, tiene derecho a presentar una queja ante el MDHR si ha sido discriminado por alguno de los siguientes motivos:

- raza
- color
- país de origen
- religión
- credo
- sexo
- orientación sexual
- estado civil
- estado de asistencia pública
- discapacidad

Comuníquese directamente con el **MDHR** para presentar una queja:

Departamento de Derechos Humanos de Minnesota
 540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
 651-539-1100 (voz), 800-657-3704 (llamada gratuita), 800-627-3529 o 711 (retransmisión de MN),
 651-296-9042 (fax)
Info.MDHR@state.mn.us (correo electrónico)

Departamento de Servicios Humanos de Minnesota (DHS)

Usted tiene derecho a presentar una queja ante el DHS si cree que ha sido discriminado en nuestros programas de atención médica debido a cualquiera de los siguientes motivos:

- raza
- color
- país de origen
- religión (en algunos casos)
- edad
- discapacidad (incluyendo impedimento físico o mental)
- sexo (incluidos los estereotipos sexuales y la identidad de género)

Las quejas deben hacerse por escrito y presentarse dentro de los 180 días a partir de la fecha en que descubrió la supuesta discriminación. La queja debe contener su nombre y dirección y describir la discriminación por la que se queja. La revisaremos y le notificaremos por escrito si tenemos autoridad para investigar. Si lo hacemos, investigaremos la queja.

DHS le notificará por escrito el resultado de la investigación. Tiene derecho a apelar si no está de acuerdo con la decisión. Para apelar, debe enviar una solicitud por escrito para que DHS revise el resultado de la investigación. Sea breve y explique por qué no está de acuerdo con la decisión. Incluya información adicional que considere importante.

Si presenta una queja de esta manera, las personas que trabajan para la agencia mencionada en la queja no podrán tomar represalias contra usted. Esto significa que no pueden castigarlo de ninguna manera por presentar una queja. Presentar una queja de esta manera no le impide buscar otras acciones legales o administrativas.

Comuníquese directamente con el **DHS** para presentar una queja por discriminación:

Coordinador de Derechos Civiles
 Departamento de Derechos Humanos de Minnesota
 División de Igualdad de Oportunidades y Acceso
 P.O. Box 64997
 St. Paul, MN 55164-0997
 651-431-3040 (voz) o use su servicio de retransmisión preferido.

Los indígenas estadounidenses pueden continuar o comenzar a usar las clínicas de los Servicios de salud para indígenas (IHS) y tribales. No necesitaremos aprobación previa ni impondremos ninguna condición para que reciba servicios en estas clínicas. Para las personas mayores de 65 años, esto incluye los servicios de Exención para personas mayores (EW) a los que se accede a través de la tribu. Si un médico u otro proveedor de una clínica tribal o de IHS lo deriva a un proveedor de nuestra red, no le solicitaremos que consulte a su proveedor de atención primaria antes de la derivación.

Esta página se ha dejado intencionalmente en blanco.

Índice

Índice.....	1
¿Qué es una lista de medicamentos cubiertos?	2
¿Alguna vez cambia la lista de medicamentos cubiertos?	2
¿Cómo figuran los medicamentos en la lista de medicamentos cubiertos?	2
¿Qué es una lista de medicamentos preferidos?	2
¿Qué son los medicamentos genéricos o biosimilares?....	3
¿Qué es un medicamento de venta libre?	3
¿Qué es un medicamento de especialidad?	3
¿Qué ocurre si un medicamento no figura en la lista de medicamentos cubiertos?	4
¿Existen restricciones en mi cobertura?	4
¿Puedo solicitar una excepción a las restricciones de cobertura?	5
¿Cuánto cuesta una receta?	5
Lista de medicamentos cubiertos	5
Índice.....	199

Información importante

¿Qué es una lista de medicamentos cubiertos?

Una lista de medicamentos cubiertos incluye los medicamentos recetados cubiertos por South Country Health Alliance (South Country). Los medicamentos de la lista han sido seleccionados por South Country con ayuda de un equipo de médicos y farmacéuticos. Por lo general, South Country cubre los medicamentos incluidos en la lista de medicamentos cubiertos siempre y cuando el medicamento sea necesario por motivos médicos, la receta se expida en una farmacia de la red de South Country y se cumplan otros requisitos relacionados con el medicamento.

La mayoría de los medicamentos y ciertos suministros están disponibles en cantidades para un máximo 34 días. Ciertos medicamentos que toma de forma habitual para tratar una afección crónica o a largo plazo están disponibles en cantidades para un máximo de 90 días y se identifican en la columna de notas de esta lista de medicamentos cubiertos como EDS.

¿Alguna vez cambia la lista de medicamentos cubiertos?

La lista de medicamentos cubiertos por South Country puede cambiar en el transcurso de un año natural. Si se producen cambios que afecten la cobertura de un medicamento que esté tomando, South Country hará todo lo posible por comunicarse con usted y con la persona que le recetó el medicamento para informarle del cambio. South Country también le informará sobre los medicamentos alternativos que sí están cubiertos.

Algunos ejemplos de los cambios que pueden producirse incluyen los siguientes:

- Un medicamento que está tomando ya no se incluye en la lista de preferidos. (Consulte la sección "¿Qué es una lista de medicamentos preferidos?" que se encuentra a continuación).
- Se retira un medicamento de la lista de medicamentos cubiertos por razones de seguridad.
- Se han modificado los requisitos de autorización. (Consulte "¿Existen restricciones en mi cobertura?")

¿Cómo figuran los medicamentos en la lista de medicamentos cubiertos?

Hay dos maneras de encontrar un medicamento:

- puede buscar por tipo de medicamento, o
- puede buscar alfabéticamente (si sabe cómo se escribe el medicamento)

Para buscar por tipo de medicamento, consulte la sección "Lista de medicamentos por tipo". Los medicamentos en esta sección se agrupan en categorías por tipo. Por ejemplo, si está tomando un medicamento para una afección estomacal, debe buscar en la categoría "Medicamentos gastrointestinales". Allí encontrará medicamentos para tratar afecciones estomacales.

Para buscar por orden alfabético, consulte la sección "Índice". El índice de medicamentos es una lista alfabética de todos los medicamentos incluidos en la lista de medicamentos.

¿Qué es una lista de medicamentos preferidos?

En Minnesota, todos los planes de salud están obligados a utilizar la lista de medicamentos preferidos (PDL) del Departamento de Servicios Humanos de Minnesota. El DHS crea la PDL, en colaboración con el Comité de Formularios de Medicamentos, para informar a quienes emiten las recetas y a los afiliados sobre los medicamentos o las clases de medicamentos que son rentables. Por lo general,

los medicamentos "preferidos" son más rentables que los "no preferidos". Los afiliados tienen menos restricciones para acceder a los medicamentos preferidos. Los medicamentos no preferidos requieren una autorización. Para conseguir un medicamento no preferido, su médico o proveedor de atención médica deberá obtener una autorización. La PDL se incluye en la lista de medicamentos cubiertos de South Country. La lista completa de medicamentos cubiertos de South Country incluye otros medicamentos además de aquellos incluidos en la PDL. La PDL está disponible en el sitio web del DHS <https://minnesota.primetherapeutics.com/links>.

¿Qué son los medicamentos genéricos o biosimilares?

Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) y cuenta con el mismo principio activo que el medicamento de marca. Produce el mismo efecto clínico que el medicamento de marca.

Un medicamento biosimilar es un medicamento biológico aprobado por la FDA (en la mayoría de los casos es un medicamento inyectable de venta con receta) que es muy similar a un producto biológico ya aprobado. No presenta diferencias clínicas significativas en cuanto a seguridad y eficacia.

La sustitución genérica o biosimilar consiste en administrar una versión genérica o biosimilar de un medicamento en lugar de la versión de marca o no biosimilar del mismo medicamento.

South Country cubrirá la versión de marca o no biosimilar del medicamento solo en estos casos:

1. El médico recetador informa por escrito a South Country que la marca o la versión no biosimilar del medicamento es necesaria.
2. South Country puede preferir brindar ciertas versiones de marca en lugar de la versión genérica del medicamento o la versión no biosimilar en lugar de la versión biosimilar del medicamento; o
3. La ley de Minnesota exige que se brinde la versión de marca o la versión no biosimilar del medicamento.

En la lista de medicamentos cubiertos, los medicamentos de marca se indican en mayúscula (p. ej., JANTOVEN) y los genéricos en minúscula (p. ej., amoxicilina).

¿Qué es un medicamento de venta libre?

Los medicamentos y productos que se pueden comprar sin receta se denominan de venta libre (OTC). Aunque un producto OTC pueda adquirirse sin receta, si un médico receta un producto OTC, es posible que South Country lo cubra. En la lista de medicamentos cubiertos, los medicamentos y productos OTC se indican como "OTC" en la columna de notas.

¿Qué es un medicamento de especialidad?

Las personas con enfermedades complejas o crónicas utilizan medicamentos de especialidad. Estos medicamentos suelen requerir una manipulación, preparación o control especial a cargo de un farmacéutico especializado.

Si le recetan un medicamento que está en la lista de medicamentos de especialidad de South Country, quien le emite la receta deberá enviar la receta a la farmacia de especialidad de South Country.

Nombre de la farmacia de especialidad: AcariaHealth

Número de teléfono y TTY: 1-800-511-5144 o 711

Fax: 1-877-541-1503

Horarios de atención:

Lunes a viernes, de 8:00 a. m. a 9:00 p. m. CST

Sábados de 8:00 a. m. a 2:00 p. m. CST

Fuera del horario de atención: AcariaHealth ofrece un servicio de guardia fuera del horario de atención para que los pacientes puedan hablar con un farmacéutico las 24 horas al día, los 7 días a la semana y los 365 días del año.

- <https://acariahealth.envolvehealth.com/>

La farmacia de especialidad se comunicará con usted para configurar su cuenta cuando usted haya autorizado a su médico a enviar la receta a la farmacia de especialidad y se reciba la autorización de South Country Health Alliance.

¿Qué ocurre si un medicamento no figura en la lista de medicamentos cubiertos?

- No todos los medicamentos están cubiertos. Si un medicamento no figura en la lista de medicamentos cubiertos, puede llamar a Servicios para Afiliados al 1-866-567-7242, los usuarios de TTY deben llamar al 1-800-627-3529 o al 711, y preguntar si el medicamento está cubierto. Si no es así, se considera un “medicamento no incluido en el formulario”. Si necesita un medicamento que no está incluido en la lista de medicamentos cubiertos, puede realizar una de las siguientes acciones:
- Llevar una copia de este formulario a su proveedor de atención médica y pedirle que le recete un medicamento similar que esté cubierto por South Country.
- Pedirle a su proveedor de atención médica que solicite una excepción al formulario.*

***Nota:** Por lo general, South Country solo aprobará la solicitud de excepción al formulario presentada por su proveedor de atención médica si los medicamentos alternativos que se incluyen no son tan eficaces para tratar su afección o le provocan efectos adversos.

¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** South Country requiere que usted o su proveedor de atención médica obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de South Country antes de surtir sus medicamentos. Si no la obtiene, es posible que South Country no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, South Country limita la cantidad que cubre.
- **Requisitos de edad:** algunos medicamentos tienen requisitos de edad. Es posible que necesite una autorización previa según su edad y el medicamento específico.

Para saber si su medicamento requiere autorización, tiene límites de cantidad o tiene requisitos de edad, consulte esta Lista de medicamentos cubiertos. Se puede hacer una excepción a una restricción o límite en un medicamento si su médico presenta una declaración o documentación que respalde el pedido. Para obtener más información, consulte el apartado *Medicamentos recetados* de la sección 7: Servicios cubiertos del Manual para Afiliados. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos llamando al número de Servicios para Afiliados 1-866-567-7242. Los usuarios de TTY deben llamar al 1-800-627-3529 o 711 o visitar la

página web www.mnscha.org. Consulte también "¿Puedo solicitar una excepción a las restricciones de cobertura?".

Medicamentos excluidos: algunos medicamentos están excluidos de la lista de medicamentos cubiertos. Esto quiere decir que no están cubiertos. Entre los medicamentos excluidos figuran los siguientes:

- Medicamentos usados para tratar la disfunción sexual o eréctil
- Medicamentos usados para mejorar la fertilidad
- Medicamentos usados con propósitos estéticos, inclusive aquellos para tratar la pérdida de cabello
- Medicamentos excluidos de la cobertura por la ley federal o estatal
- Medicamentos experimentales, medicamentos en investigación o medicamentos no aprobados ni autorizados por la Administración de Alimentos y Medicamentos (FDA).
- Cannabis medicinal

¿Puedo solicitar una excepción a las restricciones de cobertura?

Sí. Usted o su proveedor de atención médica pueden conseguir el *formulario uniforme de Minnesota para solicitudes de autorización previa (PA) de medicamentos recetados y el formulario de excepciones* en www.mnscha.org o pueden llamar a Servicios para Afiliados al 1-866-567-7242; los usuarios de TTY deben llamar al 1-800-627-3529 o al 711. Su proveedor debe enviar este formulario al número de fax o a la dirección que figuran en el documento. Para permitir una revisión exhaustiva y garantizar que usted o su proveedor de atención médica reciban una respuesta en un plazo de 24 horas, se debe proporcionar toda la información que se solicita en el formulario, inclusive la documentación sobre los medicamentos que se han probado y han fracasado, así como las dosis utilizadas y el motivo identificado del fracaso (por ejemplo, efectos secundarios).

¿Cuánto cuesta una receta?

Los medicamentos cubiertos por la Medical Assistance ya no tienen copagos. No tiene que compartir costos por los medicamentos cubiertos por Medical Assistance. Los afiliados a MinnesotaCare pueden tener copagos. Puede encontrar toda la información sobre los copagos de los medicamentos recetados en el Manual para Afiliados, sección 6: "Costo compartido". Si tiene más preguntas, llame a Servicios para Afiliados al 1-866-567-7242, los usuarios de TTY deben llamar al 1-800-627-3529 o al 711 o visite nuestro sitio web www.mnscha.org.

Lista de medicamentos cubiertos

Para buscar por tipo de medicamento, consulte la sección "Lista de medicamentos por tipo" que comienza en la página siguiente. Los medicamentos en esta sección se agrupan en categorías por tipo. Por ejemplo, si toma un medicamento para una afección estomacal, debe buscar en la categoría "Medicamentos gastrointestinales". Allí encontrará medicamentos para tratar afecciones estomacales.

Para buscar por orden alfabético, consulte la sección "Índice". El índice de medicamentos es una lista alfabética de todos los medicamentos incluidos en la lista de medicamentos.

A continuación, se indica el significado de los códigos utilizados en las tablas de la “Lista de medicamentos por tipo”:

<p>Medicamento: minúsculas = medicamentos genéricos MAYÚSCULA = medicamentos de marca</p> <p>Nivel: Formulario = este medicamento está en el formulario No preferido = no está incluido en la lista de medicamentos preferidos de Minnesota Se requiere autorización previa. Preferido = este medicamento está incluido en la lista de medicamentos preferidos de Minnesota</p>	<p>Notas: Suministro para 90 días = suministro para 90 días permitido AL = se aplica límite de edad EDS = suministro para 12 meses permitido OTC = de venta libre PA = se requiere autorización QL = se aplica límite de cantidad Especialidad = medicamento de especialidad, AcariaHealth ST = se requiere tratamiento escalonado</p>
--	---

LISTA DE MEDICAMENTOS POR TIPO

Antidote Therapeutics	8
Antihistamine Drugs	9
Anti-Infective Agents	14
Antineoplastic Agents	22
Antitoxins,Immune Glob,Toxoids,Vaccines	23
Autonomic Drugs	25
Blood Formation, Coagulation, Thrombosis	34
Cardiovascular Drugs	39
Central Nervous System Agents.....	56
Dental Agents	85
Devices	85
Diagnostic Agents.....	91
Electrolytic, Caloric, And Water Balance	92
Enzymes	99
Eye, Ear, Nose And Throat (Eent) Preps.	99
Gastrointestinal Drugs	108
Heavy Metal Antagonists.....	119
Hormones And Synthetic Substitutes.....	120
Immunomodulatory Agents.....	143
Local Anesthetics	149
Miscellaneous Therapeutic Agents.....	149
Nonhormonal Contraceptives.....	161
Oxytocics	162
Pharmaceutical Aids	162
Respiratory Tract Agents	163
Skin And Mucous Membrane Agents.....	172
Smooth Muscle Relaxants	185
Vitamins	186

Droga	Nivel	Requisitos y límites de cobertura
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation solution	Formulary	
Alcohol Deterrents		
acamprosate calcium oral tablet delayed release	Formulary	
disulfiram oral tablet	Formulary	
naltrexone hcl oral tablet	Formulary	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Antidote Therapeutics		
BAQSIMI ONE PACK NASAL POWDER	Preferred	QL
BAQSIMI TWO PACK NASAL POWDER	Preferred	QL
CHEMET ORAL CAPSULE	Formulary	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Formulary	QL
glucagon emergency injection solution reconstituted 1 mg	Preferred	QL
glucagon emergency injection solution reconstituted 1 mg/ml	Non-Preferred	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
hyoscyamine sulfate er oral tablet extended release 12 hour	Formulary	
hyoscyamine sulfate oral tablet	Formulary	
hyoscyamine sulfate oral tablet dispersible	Formulary	
hyoscyamine sulfate sublingual tablet sublingual	Formulary	
KLOXXADO NASAL LIQUID	Preferred	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naloxone hcl nasal liquid	Non-Preferred	PA
NARCAN NASAL LIQUID	Preferred	
NULEV ORAL TABLET DISPERSIBLE	Formulary	
oscimin oral tablet	Formulary	
oscimin sublingual tablet sublingual	Formulary	
phytonadione oral tablet	Formulary	
REXTOVY NASAL LIQUID	Preferred	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
Antidotes		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naltrexone hcl oral tablet	Formulary	
RENVELA ORAL PACKET	Non-Preferred	PA; QL
RENVELA ORAL TABLET	Preferred	QL
sevelamer carbonate oral packet	Preferred	
sevelamer carbonate oral tablet	Preferred	
sevelamer hcl oral tablet	Non-Preferred	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Formulary	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	Formulary	
SPS ORAL SUSPENSION	Formulary	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
Chemotherapy Antidotes/Protectants		
leucovorin calcium oral tablet	Formulary	PA
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	Formulary	90 Day Supply
Ethanolamine Derivatives		
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
clemastine fumarate oral tablet 1.34 mg	Formulary	OTC
clemastine fumarate oral tablet 2.68 mg	Formulary	
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
night time pain medicine ex st oral tablet	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
Ethylenediamine Derivatives		
ra menstrual relief oral tablet	Formulary	OTC
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral syrup	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
cyproheptadine hcl oral tablet	Formulary	90 Day Supply
First Generation Antihistamines		
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
allergy oral tablet 4 mg	Formulary	OTC
allergy relief oral tablet 4 mg	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
childrens cold & allergy oral elixir	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
clemastine fumarate oral tablet 1.34 mg	Formulary	OTC
clemastine fumarate oral tablet 2.68 mg	Formulary	
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
cvs motion sickness ii oral tablet	Formulary	OTC
cyproheptadine hcl oral syrup	Formulary	
cyproheptadine hcl oral tablet	Formulary	90 Day Supply
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
ed chlorped jr oral syrup	Formulary	OTC
ENDACOF-DM ORAL LIQUID	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
hydroxyzine hcl oral syrup	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate oral capsule	Formulary	
LOHIST-D ORAL LIQUID	Formulary	OTC
meclizine hcl oral tablet 12.5 mg, 25 mg	Formulary	
meclizine hcl oral tablet chewable	Formulary	
motion sickness relief oral tablet chewable	Formulary	OTC
motion-time oral tablet chewable	Formulary	OTC
night time pain medicine ex st oral tablet	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine hcl injection solution	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
promethazine vc oral syrup	Formulary	
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
rynex pe oral elixir	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
sm motion sickness oral tablet 25 mg	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
total allergy oral tablet	Formulary	OTC
travel-ease oral tablet 25 mg	Formulary	OTC
Other Antihistamines		
acid controller max st oral tablet	Formulary	90 Day Supply; OTC
acid reducer maximum strength oral tablet 20 mg	Formulary	90 Day Supply; OTC
bepotastine besilate ophthalmic solution	Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION	Preferred	QL
cimetidine oral tablet 200 mg	Formulary	
cvs olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
eql heartburn prevention oral tablet 10 mg	Formulary	OTC
eql heartburn prevention oral tablet 20 mg	Formulary	90 Day Supply; OTC
famotidine oral suspension reconstituted	Formulary	
famotidine oral tablet 10 mg	Formulary	OTC
famotidine oral tablet 20 mg, 40 mg	Formulary	90 Day Supply
gnp olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
heartburn relief max st oral tablet 20 mg	Formulary	90 Day Supply; OTC
heartburn relief oral tablet 10 mg	Formulary	OTC
hydroxyzine hcl oral syrup	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate oral capsule	Formulary	
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	OTC; QL
kp ketotifen fumarate ophthalmic solution	Preferred	OTC; QL
olopatadine hcl nasal solution	Non-Preferred	PA
olopatadine hcl ophthalmic solution	Preferred	90 Day Supply
px acid reducer oral tablet 200 mg	Formulary	OTC
qc olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
sm acid reducer oral tablet 10 mg	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sm olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	Non-Preferred	PA; OTC; QL
Phenothiazine Derivatives		
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
promethazine vc oral syrup	Formulary	
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Propylamine Derivatives		
allergy oral tablet 4 mg	Formulary	OTC
allergy relief oral tablet 4 mg	Formulary	OTC
childrens cold & allergy oral elixir	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
ed chlorped jr oral syrup	Formulary	OTC
ENDACOF-DM ORAL LIQUID	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
LOHIST-D ORAL LIQUID	Formulary	OTC
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
rynex pe oral elixir	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
Second Generation Antihistamines		
12hr allergy relief oral tablet	Preferred	OTC; QL
24hr allergy relief oral tablet	Preferred	OTC; QL
all day allergy d oral tablet extended release 12 hour	Preferred	OTC; QL
all day allergy oral tablet	Preferred	OTC; QL
all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy 24-hr oral tablet	Preferred	OTC; QL
allergy childrens oral suspension	Preferred	OTC; QL
allergy childrens oral syrup	Preferred	OTC; QL
allergy rel child (loratadine) oral solution	Preferred	OTC
allergy relief (cetirizine) oral tablet	Preferred	OTC; QL
allergy relief d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-12 oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-24 oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief oral tablet 10 mg, 180 mg	Preferred	OTC; QL
allergy relief oral tablet 5 mg	Formulary	90 Day Supply; OTC
allergy relief/indoor/outdoor oral tablet	Preferred	OTC; QL
allergy relief/nasal decongest oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief-d oral tablet extended release 24 hour	Preferred	OTC; QL
allergy/congestion relief oral tablet extended release 12 hour	Preferred	OTC; QL
cetirizine hcl allergy child oral solution	Preferred	90 Day Supply; OTC; QL
cetirizine hcl childrens alrly oral solution	Preferred	90 Day Supply; OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
cetirizine hcl childrens oral solution 5 mg/5ml	Preferred	90 Day Supply; OTC
cetirizine hcl oral solution	Preferred	90 Day Supply
cetirizine hcl oral tablet	Preferred	OTC; QL
cetirizine hcl oral tablet chewable	Non-Preferred	PA; OTC; QL
cetirizine-pseudoephedrine er oral tablet extended release 12 hour	Preferred	OTC; QL
childrens loratadine oral solution	Preferred	OTC; QL
CLARINEX ORAL TABLET	Non-Preferred	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
desloratadine oral tablet	Non-Preferred	PA
desloratadine oral tablet dispersible	Non-Preferred	PA
epinastine hcl ophthalmic solution	Non-Preferred	PA
fexofenadine hcl oral tablet 180 mg, 60 mg	Preferred	OTC; QL
ft allergy relief 12 hour oral tablet	Preferred	OTC; QL
ft allergy relief 24 hour oral tablet	Preferred	OTC; QL
ft allergy relief oral tablet 180 mg	Preferred	OTC; QL
gnp all day allergy childrens oral solution 1 mg/ml	Preferred	90 Day Supply; OTC; QL
gnp all day allergy oral tablet	Preferred	OTC; QL
gnp all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
gnp allergy & congestion oral tablet extended release 24 hour	Preferred	OTC; QL
gnp allergy relief oral tablet 180 mg	Preferred	OTC; QL
gnp allergy/congestion relief oral tablet extended release 24 hour	Preferred	OTC; QL
gnp fexofenadine hcl oral tablet	Preferred	OTC; QL
gnp loratadine childrens oral solution	Preferred	OTC; QL
gnp loratadine oral tablet	Preferred	OTC; QL
goodsense all day allergy oral tablet	Preferred	OTC; QL
goodsense aller-ease oral tablet	Preferred	OTC; QL
hm allergy relief oral tablet 180 mg, 60 mg	Preferred	OTC; QL
hm allergy relief/nasal decong oral tablet extended release 24 hour	Preferred	OTC; QL
hm cetirizine hcl oral tablet	Preferred	OTC; QL
hm fexofenadine hcl oral tablet	Preferred	OTC; QL
hm loratadine childrens oral syrup	Preferred	OTC; QL
hm loratadine oral tablet	Preferred	OTC; QL
KLS ALLER-TEC ORAL TABLET	Preferred	OTC; QL
levocetirizine dihydrochloride oral solution	Preferred	
levocetirizine dihydrochloride oral tablet	Preferred	90 Day Supply
loratadine childrens oral tablet chewable	Formulary	OTC; QL
loratadine oral tablet	Preferred	OTC; QL
loratadine-d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
loratadine-d 24hr oral tablet extended release 24 hour	Preferred	OTC; QL
px allergy relief cetirizine oral tablet	Preferred	OTC; QL
qc all day allergy oral tablet	Preferred	OTC; QL
qc loratadine allergy relief oral tablet	Preferred	OTC; QL
qc loratadine-d oral tablet extended release 24 hour	Preferred	OTC; QL
ra allergy relief childrens oral tablet chewable	Preferred	OTC; QL
sm all day allergy oral tablet	Preferred	OTC; QL
sm all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
sm allergy childrens oral syrup	Preferred	OTC; QL
sm allergy relief oral tablet 60 mg	Preferred	OTC; QL
sm childrens loratadine oral syrup	Preferred	OTC; QL
sm fexofenadine hcl oral tablet	Preferred	OTC; QL
sm loratadine d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sm lorata-dine d oral tablet extended release 24 hour	Preferred	OTC; QL
sm loratadine oral syrup	Preferred	OTC; QL
sm loratadine oral tablet	Preferred	OTC; QL
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	Preferred	OTC; QL
WAL-ZYR ORAL TABLET	Preferred	OTC; QL
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule	Preferred	
cefadroxil oral suspension reconstituted	Preferred	
cefadroxil oral tablet	Non-Preferred	PA
cephalexin oral capsule	Preferred	
cephalexin oral suspension reconstituted	Preferred	
cephalexin oral tablet	Non-Preferred	PA
2Nd Generation Cephalosporin Antibiotics		
cefaclor er oral tablet extended release 12 hour	Non-Preferred	PA
cefaclor oral capsule	Preferred	
cefaclor oral suspension reconstituted	Preferred	
cefprozil oral suspension reconstituted	Preferred	
cefprozil oral tablet	Preferred	
cefuroxime axetil oral tablet	Preferred	QL
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule	Preferred	QL
cefdinir oral suspension reconstituted	Preferred	
cefixime oral capsule	Preferred	
cefixime oral suspension reconstituted	Non-Preferred	PA
cefpodoxime proxetil oral suspension reconstituted	Non-Preferred	PA
cefpodoxime proxetil oral tablet	Non-Preferred	PA
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	Non-Preferred	PA
SUPRAX ORAL TABLET CHEWABLE	Non-Preferred	PA
Adamantane Antivirals		
amantadine hcl oral capsule	Formulary	90 Day Supply
amantadine hcl oral solution 50 mg/5ml	Formulary	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Allylamine Antifungals		
athletes foot (terbinafine) external cream	Formulary	OTC
cvs jock itch external cream	Formulary	OTC
gnp terbinafine hydrochloride external cream	Preferred	OTC
ra antifungal foot care external cream	Formulary	OTC
terbinafine hcl external cream	Preferred	OTC
terbinafine hcl oral tablet	Preferred	QL
Amebicides		
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
chlorhexidine gluconate mouth/throat solution	Formulary	QL
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Aminoglycoside Antibiotics		
ARIKAYCE INHALATION SUSPENSION	Non-Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
gentamicin sulfate ophthalmic solution	Formulary	QL
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
TOBI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA; Specialty
TOBI PODHALER INHALATION CAPSULE	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/4ml	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	Specialty
tobramycin ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
Aminopenicillin Antibiotics		
amoxicillin oral capsule	Formulary	
amoxicillin oral suspension reconstituted	Formulary	
amoxicillin oral tablet	Formulary	
amoxicillin oral tablet chewable 125 mg, 250 mg	Formulary	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Non-Preferred	PA
amoxicillin-pot clavulanate oral suspension reconstituted	Preferred	
amoxicillin-pot clavulanate oral tablet	Preferred	
amoxicillin-pot clavulanate oral tablet chewable	Non-Preferred	PA
ampicillin oral capsule 500 mg	Formulary	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Non-Preferred	PA
Anthelmintics		
praziquantel oral tablet	Formulary	
Antifungals, Miscellaneous		
BREXAFEMME ORAL TABLET	Non-Preferred	PA
griseofulvin microsize oral suspension	Non-Preferred	PA
griseofulvin microsize oral tablet	Non-Preferred	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Non-Preferred	PA
Antileprosy Agents		
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
Antimalarials		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
chloroquine phosphate oral tablet	Formulary	
DARAPRIM ORAL TABLET	Formulary	PA
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
mefloquine hcl oral tablet	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
primaquine phosphate oral tablet 26.3 (15 base) mg	Formulary	
quinidine sulfate oral tablet	Formulary	
tetracycline hcl oral capsule	Formulary	
Antimycobacterials, Miscellaneous		
dapsone oral tablet	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Antiprotozoals, Miscellaneous		
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
sulfamethoxazole-trimethoprim oral suspension	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ethambutol hcl oral tablet	Formulary	
isoniazid oral syrup	Formulary	
isoniazid oral tablet	Formulary	
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL
moxifloxacin hcl oral tablet	Non-Preferred	PA
pyrazinamide oral tablet	Formulary	
rifabutin oral capsule	Formulary	
rifampin oral capsule	Formulary	
Antivirals, Miscellaneous		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non-Preferred	PA
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
DIFLUCAN ORAL TABLET	Non-Preferred	PA
fluconazole oral suspension reconstituted	Preferred	
fluconazole oral tablet	Preferred	
itraconazole oral capsule	Non-Preferred	PA
ketoconazole external cream	Preferred	
ketoconazole external foam	Non-Preferred	PA
ketoconazole external shampoo 2 %	Preferred	
ketoconazole oral tablet	Non-Preferred	PA
NOXAFIL ORAL SUSPENSION	Non-Preferred	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
posaconazole oral tablet delayed release	Non-Preferred	PA
SPORANOX ORAL CAPSULE	Non-Preferred	PA
SPORANOX ORAL SOLUTION	Non-Preferred	PA
tolsura oral capsule	Non-Preferred	PA
VFEND ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
VFEND ORAL TABLET	Non-Preferred	PA
VIVJOA ORAL CAPSULE THERAPY PACK	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
voriconazole oral suspension reconstituted	Non-Preferred	PA
voriconazole oral tablet	Preferred	
Bacitracin Antibiotics		
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
double antibiotic external ointment	Formulary	OTC
eql first aid antibiotic external ointment	Formulary	OTC
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
POLYCIN OPHTHALMIC OINTMENT	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
wal-sporin external ointment	Formulary	OTC
Coronavirus (Covid-19)		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non-Preferred	PA
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	Non-Preferred	PA
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ery external pad	Formulary	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ERY-TAB ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Non-Preferred	PA
erythromycin base oral capsule delayed release particles	Non-Preferred	PA
erythromycin base oral tablet	Preferred	
erythromycin base oral tablet delayed release	Preferred	
erythromycin ethylsuccinate oral suspension reconstituted	Non-Preferred	PA
erythromycin ethylsuccinate oral tablet	Non-Preferred	PA
erythromycin external gel	Preferred	
erythromycin external solution	Preferred	
erythromycin oral tablet delayed release	Non-Preferred	PA
Glycopeptide Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED	Formulary	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA ORAL PACKET	Non-Preferred	PA; Specialty
EPCLUSA ORAL TABLET	Non-Preferred	PA; Specialty

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HARVONI ORAL PACKET	Non-Preferred	PA; Specialty
HARVONI ORAL TABLET	Non-Preferred	PA; Specialty
ledipasvir-sofosbuvir oral tablet	Non-Preferred	PA; Specialty
sofosbuvir-velpatasvir oral tablet	Non-Preferred	PA; Specialty
SOVALDI ORAL PACKET	Non-Preferred	PA; Specialty
SOVALDI ORAL TABLET	Non-Preferred	PA; Specialty
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET	Preferred	Specialty; QL
MAVYRET ORAL TABLET	Preferred	Specialty; QL
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
ZEPATIER ORAL TABLET	Non-Preferred	PA; Specialty
Hcv Replication Complex Inhibitors		
EPCLUSA ORAL PACKET	Non-Preferred	PA; Specialty
EPCLUSA ORAL TABLET	Non-Preferred	PA; Specialty
HARVONI ORAL PACKET	Non-Preferred	PA; Specialty
HARVONI ORAL TABLET	Non-Preferred	PA; Specialty
ledipasvir-sofosbuvir oral tablet	Non-Preferred	PA; Specialty
MAVYRET ORAL PACKET	Preferred	Specialty; QL
MAVYRET ORAL TABLET	Preferred	Specialty; QL
sofosbuvir-velpatasvir oral tablet	Non-Preferred	PA; Specialty
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
ZEPATIER ORAL TABLET	Non-Preferred	PA; Specialty
Hiv Entry And Fusion Inhibitors		
maraviroc oral tablet	Formulary	
SELZENTRY ORAL SOLUTION	Formulary	
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY ORAL TABLET	Formulary	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Formulary	QL
DOVATO ORAL TABLET	Formulary	QL
GENVOYA ORAL TABLET	Formulary	QL
ISENTRESS HD ORAL TABLET	Formulary	
ISENTRESS ORAL PACKET	Formulary	QL
ISENTRESS ORAL TABLET	Formulary	
ISENTRESS ORAL TABLET CHEWABLE	Formulary	QL
JULUCA ORAL TABLET	Formulary	QL
TIVICAY ORAL TABLET 50 MG	Formulary	QL
TRIUMEQ ORAL TABLET	Formulary	
Hiv Nonnucleoside Rev. Transcrip. Inhib.		
BIKTARVY ORAL TABLET	Formulary	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Formulary	QL
COMPLERA ORAL TABLET	Formulary	
EDURANT ORAL TABLET	Formulary	
efavirenz oral capsule	Formulary	
efavirenz oral tablet	Formulary	
JULUCA ORAL TABLET	Formulary	QL
methocarbamol oral tablet 500 mg	Formulary	
nevirapine er oral tablet extended release 24 hour 400 mg	Formulary	QL
nevirapine oral suspension	Formulary	QL
nevirapine oral tablet	Formulary	90 Day Supply; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ODEFSEY ORAL TABLET	Formulary	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	Formulary	QL
abacavir sulfate oral tablet	Formulary	QL
abacavir sulfate-lamivudine oral tablet	Formulary	QL
BIKTARVY ORAL TABLET	Formulary	QL
COMPLERA ORAL TABLET	Formulary	
DESCOVY ORAL TABLET 120-15 MG	Formulary	QL
DESCOVY ORAL TABLET 200-25 MG	Formulary	
DOVATO ORAL TABLET	Formulary	QL
emtricitabine oral capsule	Formulary	
emtricitabine-tenofovir df oral tablet	Formulary	QL
EMTRIVA ORAL SOLUTION	Formulary	
EPIVIR ORAL SOLUTION	Preferred	QL
EPIVIR ORAL TABLET	Preferred	QL
GENVOYA ORAL TABLET	Formulary	QL
lamivudine oral solution 10 mg/ml	Formulary	QL
lamivudine oral tablet 100 mg	Preferred	PA
lamivudine oral tablet 150 mg, 300 mg	Preferred	QL
ODEFSEY ORAL TABLET	Formulary	
SYMTUZA ORAL TABLET	Formulary	QL
tenofovir disoproxil fumarate oral tablet	Formulary	
TRIUMEQ ORAL TABLET	Formulary	
zidovudine oral capsule	Formulary	QL
zidovudine oral syrup	Formulary	
zidovudine oral tablet	Formulary	
Hiv Protease Inhibitor Antiretrovirals		
atazanavir sulfate oral capsule	Formulary	
darunavir oral tablet	Formulary	
lopinavir-ritonavir oral solution	Formulary	QL
lopinavir-ritonavir oral tablet	Formulary	
NORVIR ORAL PACKET	Formulary	
PREZCOBIX ORAL TABLET 800-150 MG	Formulary	
PREZISTA ORAL TABLET 150 MG, 75 MG	Formulary	
ritonavir oral tablet	Formulary	
SYMTUZA ORAL TABLET	Formulary	QL
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION	Preferred	Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
Lincomycin Antibiotics		
ACANYA EXTERNAL GEL	Non-Preferred	PA
CLEOCIN-T EXTERNAL LOTION	Non-Preferred	PA
clindamycin hcl oral capsule 150 mg, 300 mg	Formulary	
clindamycin palmitate hcl oral solution reconstituted	Formulary	
clindamycin phos (once-daily) gel 1 % external	Non-Preferred	PA; QL
clindamycin phos (twice-daily) gel 1 % external	Preferred	QL
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
clindamycin phosphate external foam	Non-Preferred	PA
clindamycin phosphate external lotion	Preferred	QL
clindamycin phosphate external solution	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
clindamycin phosphate external swab	Preferred	
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
Monoclonal Antibodies		
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
SYNAGIS INTRAMUSCULAR SOLUTION	Formulary	
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted	Formulary	
penicillin v potassium oral tablet	Formulary	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule	Preferred	
oseltamivir phosphate oral suspension reconstituted	Preferred	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Preferred	
TAMIFLU ORAL CAPSULE	Non-Preferred	PA
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non-Preferred	PA
Nitroimidazole Derivatives, Misc		
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
Nucleoside And Nucleotide Antivirals		
acyclovir external cream	Non-Preferred	PA
acyclovir external ointment	Preferred	
acyclovir oral capsule	Preferred	90 Day Supply
acyclovir oral suspension 200 mg/5ml	Preferred	
acyclovir oral tablet	Preferred	90 Day Supply
adefovir dipivoxil oral tablet	Non-Preferred	PA
BARACLUDE ORAL SOLUTION	Preferred	PA
BARACLUDE ORAL TABLET	Non-Preferred	PA
COMPLERA ORAL TABLET	Formulary	
DESCOVY ORAL TABLET 120-15 MG	Formulary	QL
DESCOVY ORAL TABLET 200-25 MG	Formulary	
emtricitabine-tenofovir df oral tablet	Formulary	QL
entecavir oral tablet	Preferred	PA
famciclovir oral tablet	Non-Preferred	PA
LAGEVRIO ORAL CAPSULE	Formulary	QL; AL
ODEFSEY ORAL TABLET	Formulary	
ribavirin oral capsule	Preferred	Specialty; QL
ribavirin oral tablet 200 mg	Preferred	Specialty; QL
SITAVIG BUCCAL TABLET	Non-Preferred	PA
valacyclovir hcl oral tablet	Preferred	90 Day Supply
VALTREX ORAL TABLET	Non-Preferred	PA
VEMLIDY ORAL TABLET	Non-Preferred	PA
XERESE EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL OINTMENT	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Other Macrolide Antibiotics		
azithromycin oral packet	Preferred	QL
azithromycin oral suspension reconstituted	Preferred	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ZITHROMAX ORAL PACKET	Non-Preferred	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ZITHROMAX TRI-PAK ORAL TABLET	Non-Preferred	PA; QL
ZITHROMAX Z-PAK ORAL TABLET	Non-Preferred	PA; QL
Other Macrolides		
azithromycin oral packet	Preferred	QL
azithromycin oral suspension reconstituted	Preferred	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ZITHROMAX ORAL PACKET	Non-Preferred	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ZITHROMAX TRI-PAK ORAL TABLET	Non-Preferred	PA; QL
ZITHROMAX Z-PAK ORAL TABLET	Non-Preferred	PA; QL
Oxazolidinone Antibiotics		
linezolid oral tablet	Formulary	QL
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule	Formulary	
Polyene Antifungals		
NYAMYC EXTERNAL POWDER	Preferred	
nystatin external cream	Preferred	
nystatin external ointment	Preferred	
nystatin external powder	Preferred	
nystatin mouth/throat suspension	Preferred	
nystatin oral tablet	Non-Preferred	PA
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
Polymyxin Antibiotics		
polymyxin b-trimethoprim ophthalmic solution	Formulary	
Pyrimidine Antifungals		
ANCOBON ORAL CAPSULE	Non-Preferred	PA
flucytosine oral capsule	Non-Preferred	PA
Quinolone Antibiotics		
BAXDELA ORAL TABLET	Non-Preferred	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL
moxifloxacin hcl (2x day) ophthalmic solution	Non-Preferred	PA
moxifloxacin hcl ophthalmic solution	Preferred	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
moxifloxacin hcl oral tablet	Non-Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ofloxacin ophthalmic solution	Preferred	90 Day Supply; QL
ofloxacin oral tablet 300 mg, 400 mg	Non-Preferred	PA
ofloxacin otic solution	Preferred	90 Day Supply
VIGAMOX OPHTHALMIC SOLUTION	Non-Preferred	PA
Rifamycin Antibiotics		
rifabutin oral capsule	Formulary	
rifampin oral capsule	Formulary	
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
sulfadiazine oral tablet	Formulary	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
Tetracycline Antibiotics		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
tetracycline hcl oral capsule	Formulary	
Urinary Anti-Infectives		
nitrofurantoin macrocrystal oral capsule	Formulary	
nitrofurantoin oral suspension 25 mg/5ml	Formulary	
sulfamethoxazole-trimethoprim oral suspension	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
trimethoprim oral tablet	Formulary	
Antineoplastic Agents		
Antineoplastic Agents		
ALTRENO EXTERNAL LOTION	Non-Preferred	PA
ATRALIN EXTERNAL GEL	Non-Preferred	PA; AL
AVITA EXTERNAL CREAM	Non-Preferred	PA; AL
bicalutamide oral tablet	Formulary	
cyclophosphamide oral capsule	Formulary	
DROXIA ORAL CAPSULE	Preferred	QL
EMCYT ORAL CAPSULE	Formulary	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg	Non-Preferred	PA
FARESTON ORAL TABLET	Formulary	PA
fluorouracil external cream 5 %	Formulary	QL
hydroxyurea oral capsule	Formulary	90 Day Supply
letrozole oral tablet	Formulary	PA; 90 Day Supply; QL
LEUKERAN ORAL TABLET	Formulary	PA
lomustine oral capsule	Formulary	
LYSODREN ORAL TABLET	Formulary	PA
MATULANE ORAL CAPSULE	Formulary	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Preferred	QL
megestrol acetate oral suspension 625 mg/5ml	Non-Preferred	PA
megestrol acetate oral tablet	Preferred	90 Day Supply
melphalan oral tablet	Formulary	PA
mercaptopurine oral tablet	Formulary	
methotrexate sodium oral tablet	Formulary	
MYLERAN ORAL TABLET	Formulary	PA
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
RETIN-A MICRO EXTERNAL GEL	Non-Preferred	PA; AL
RETIN-A MICRO PUMP EXTERNAL GEL	Non-Preferred	PA; AL
SIKLOS ORAL TABLET	Non-Preferred	PA
TABLOID ORAL TABLET	Formulary	Specialty
tamoxifen citrate oral tablet	Formulary	90 Day Supply
toremifene citrate oral tablet	Formulary	PA
tretinoin external cream	Preferred	AL
tretinoin external gel 0.01 %, 0.025 %	Preferred	AL
tretinoin external gel 0.05 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.08 %	Non-Preferred	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere pump external gel 0.08 %	Non-Preferred	PA
ZORTRESS ORAL TABLET	Non-Preferred	PA
Antitoxins, Immune Glob, Toxoids, Vaccines		
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Formulary	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
TDVAX INTRAMUSCULAR SUSPENSION	Formulary	AL
TENIVAC INTRAMUSCULAR SUSPENSION	Formulary	AL
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
AFLURIA INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL; AL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Formulary	AL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Formulary	QL; AL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	Formulary	QL; AL
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
FLUMIST NASAL LIQUID	Formulary	QL; AL
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	Formulary	AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
HIBERIX INJECTION SOLUTION RECONSTITUTED	Formulary	QL; AL
IPOL INJECTION SUSPENSION	Formulary	QL; AL
JYNNEOS SUBCUTANEOUS SUSPENSION	Formulary	QL; AL
MENQUADFI INTRAMUSCULAR SOLUTION	Formulary	QL; AL
MENVEO INTRAMUSCULAR SOLUTION	Formulary	QL; AL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
M-M-R II INJECTION SOLUTION RECONSTITUTED	Formulary	AL
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
novavax covid-19 vaccine intramuscular suspension prefilled syringe	Formulary	AL
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe	Formulary	AL
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL; AL
penmenvy intramuscular suspension reconstituted	Formulary	QL; AL
PNEUMOVAX 23 INJECTION SOLUTION	Formulary	QL; AL
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
PREHEVBRIO INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Formulary	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	Formulary	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML	Formulary	QL; AL
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Formulary	AL
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	Formulary	AL
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Formulary	QL; AL
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
12 hour decongestant oral tablet extended release 12 hour	Formulary	OTC
12 hour nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
all day allergy d oral tablet extended release 12 hour	Preferred	OTC; QL
all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-12 oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-24 oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief/nasal decongest oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief-d oral tablet extended release 24 hour	Preferred	OTC; QL
allergy/congestion relief oral tablet extended release 12 hour	Preferred	OTC; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Preferred	PA
cetirizine-pseudoephedrine er oral tablet extended release 12 hour	Preferred	OTC; QL
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Non-Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Preferred	QL
EPIPEN 2-PAK INJECTION DEVICE	Preferred	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN INJECTION DEVICE	Preferred	
EPIPEN JR 2-PAK INJECTION DEVICE	Preferred	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN JR INJECTION DEVICE	Preferred	
gnp all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
gnp allergy & congestion oral tablet extended release 24 hour	Preferred	OTC; QL
gnp allergy/congestion relief oral tablet extended release 24 hour	Preferred	OTC; QL
gnp nasal decongestant oral tablet	Formulary	OTC
hm allergy relief/nasal decong oral tablet extended release 24 hour	Preferred	OTC; QL
LOHIST-D ORAL LIQUID	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
loratadine-d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
loratadine-d 24hr oral tablet extended release 24 hour	Preferred	OTC; QL
mucus relief d oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
NEFFY NASAL SOLUTION	Non-Preferred	PA
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
pseudoephedrine hcl er oral tablet extended release 12 hour	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
qc loratadine-d oral tablet extended release 24 hour	Preferred	OTC; QL
ra mucus relief d max strength oral tablet extended release 12 hour	Formulary	OTC; QL
ra suphedrine oral tablet 30 mg	Formulary	OTC
ra suphedrine oral tablet extended release 12 hour	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
sm all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
sm loratadine d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
sm lorata-dine d oral tablet extended release 24 hour	Preferred	OTC; QL
sm nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
SUDAFED CHILDRENS ORAL LIQUID	Formulary	OTC
sudogest 12 hour oral tablet extended release 12 hour	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Formulary	OTC
WAL-PHED D ORAL TABLET	Formulary	OTC
WAL-PHED ORAL TABLET	Formulary	OTC
Alpha-Adrenergic Agonists		
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
childrens cold & allergy oral elixir	Formulary	OTC
clonidine hcl oral tablet	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
cvs sinus pe decongestant oral tablet	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
ed bron gp oral liquid	Formulary	OTC; QL
ENDACOF-DM ORAL LIQUID	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
hemorrhoidal cooling external gel	Formulary	OTC
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
nasal four nasal solution	Formulary	OTC
non-pseudo sinus decongestant oral tablet	Formulary	OTC
promethazine vc oral syrup	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
ra nose drops extra strength nasal solution	Formulary	OTC
rynex dm oral liquid	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
rynex pe oral elixir	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
WAL-PHED PE ORAL TABLET	Formulary	OTC
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
ATROVENT HFA INHALATION AEROSOL SOLUTION	Preferred	
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
dicyclomine hcl oral capsule	Formulary	90 Day Supply
dicyclomine hcl oral tablet 20 mg	Formulary	
diphenoxylate-atropine oral liquid	Formulary	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Formulary	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
glycopyrrolate oral tablet 1 mg	Formulary	90 Day Supply; QL
glycopyrrolate oral tablet 2 mg	Formulary	90 Day Supply
hydrocodone bit-homatrop mbr oral solution	Formulary	AL
hydrocodone bit-homatrop mbr oral tablet	Formulary	AL
hydromet oral solution	Formulary	AL
hyoscyamine sulfate er oral tablet extended release 12 hour	Formulary	
hyoscyamine sulfate oral tablet	Formulary	
hyoscyamine sulfate oral tablet dispersible	Formulary	
hyoscyamine sulfate sublingual tablet sublingual	Formulary	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
ipratropium bromide inhalation solution	Preferred	90 Day Supply
ipratropium bromide nasal solution 0.03 %	Preferred	90 Day Supply; QL
ipratropium bromide nasal solution 0.06 %	Preferred	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
NULEV ORAL TABLET DISPERSIBLE	Formulary	
oscimin oral tablet	Formulary	
oscimin sublingual tablet sublingual	Formulary	
scopolamine transdermal patch 72 hour	Non-Preferred	PA
SPIRIVA HANDIHALER INHALATION CAPSULE	Preferred	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Preferred	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	QL
tiotropium bromide inhalation capsule	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Preferred	PA; QL
umeclidinium-vilanterol inhalation aerosol powder breath activated	Non-Preferred	PA; QL
YUPELRI INHALATION SOLUTION	Non-Preferred	PA
Antiparkinsonian Agents		
aler-cap oral capsule	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
benztropine mesylate oral tablet	Formulary	90 Day Supply
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
trihexyphenidyl hcl oral solution	Formulary	
trihexyphenidyl hcl oral tablet	Formulary	90 Day Supply
Autonomic Drugs, Miscellaneous		
apo-varenicline oral tablet	Formulary	AL
CHANTIX ORAL TABLET 1 MG	Formulary	AL
cvs nicotine mouth/throat gum	Formulary	OTC
cvs nicotine mouth/throat lozenge	Formulary	OTC
cvs nicotine polacrilex mouth/throat gum	Formulary	OTC
cvs nicotine polacrilex mouth/throat lozenge	Formulary	OTC
cvs nicotine transdermal patch 24 hour	Formulary	OTC
eq nicotine mouth/throat gum 4 mg	Formulary	OTC
eq nicotine mouth/throat lozenge	Formulary	OTC
eq nicotine polacrilex mouth/throat gum	Formulary	OTC
eq nicotine polacrilex mouth/throat lozenge	Formulary	OTC
eq nicotine step 3 transdermal patch 24 hour	Formulary	OTC
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
ft nicotine mouth/throat gum	Formulary	OTC
gnp nicotine mini mouth/throat lozenge	Formulary	OTC
gnp nicotine mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat lozenge	Formulary	OTC
gnp nicotine transdermal patch 24 hour	Formulary	OTC
goodsense nicotine mouth/throat gum	Formulary	OTC
goodsense nicotine mouth/throat lozenge	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HABITROL TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
hm nicotine polacrilex mouth/throat gum	Formulary	OTC
hm nicotine polacrilex mouth/throat lozenge 2 mg	Formulary	OTC
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	Formulary	OTC
KLS QUIT2 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT2 MOUTH/THROAT LOZENGE	Formulary	OTC
KLS QUIT4 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT4 MOUTH/THROAT LOZENGE	Formulary	OTC
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
NICORELIEF MOUTH/THROAT GUM 2 MG	Formulary	OTC
NICORETTE MINI MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE MOUTH/THROAT GUM	Formulary	OTC
NICORETTE MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE STARTER KIT MOUTH/THROAT GUM	Formulary	OTC
nicotine mini mouth/throat lozenge	Formulary	OTC
nicotine polacrilex mini mouth/throat lozenge	Formulary	OTC
nicotine polacrilex mouth/throat gum	Formulary	OTC
nicotine polacrilex mouth/throat lozenge	Formulary	OTC
nicotine step 1 transdermal patch 24 hour	Formulary	OTC
nicotine step 2 transdermal patch 24 hour	Formulary	OTC
nicotine step 3 transdermal patch 24 hour	Formulary	OTC
nicotine transdermal kit	Formulary	OTC
nicotine transdermal patch 24 hour	Formulary	OTC
NICOTROL INHALATION INHALER	Formulary	
NICOTROL NS NASAL SOLUTION	Formulary	
px stop smoking aid mouth/throat gum	Formulary	OTC
px stop smoking aid mouth/throat lozenge	Formulary	OTC
qc nicotine transdermal system transdermal patch 24 hour	Formulary	OTC
ra mini nicotine mouth/throat lozenge	Formulary	OTC
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Formulary	OTC
ra nicotine mouth/throat gum	Formulary	OTC
ra nicotine polacrilex mouth/throat lozenge	Formulary	OTC
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
sm nicotine mouth/throat gum	Formulary	OTC
sm nicotine mouth/throat lozenge	Formulary	OTC
sm nicotine polacrilex mouth/throat gum	Formulary	OTC
sm nicotine polacrilex mouth/throat lozenge	Formulary	OTC
sm nicotine transdermal patch 24 hour	Formulary	OTC
THRIVE MOUTH/THROAT GUM 2 MG	Formulary	OTC
varenicline tartrate (starter) oral tablet therapy pack	Formulary	AL
varenicline tartrate oral tablet 0.5 mg, 1 mg	Formulary	AL
varenicline tartrate(continue) oral tablet	Formulary	AL
Centrally Acting Skeletal Muscle Relaxant		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Formulary	QL
cyclobenzaprine hcl oral tablet 7.5 mg	Formulary	
methocarbamol oral tablet 500 mg, 750 mg	Formulary	
tizanidine hcl oral tablet	Formulary	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	Formulary	90 Day Supply; QL
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Non-SEL. Beta-Adrenergic Blocking Agents		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
TEZRULY ORAL SOLUTION	Non-Preferred	PA
Parasympathomimetic (Cholinergic Agents)		
ADLARITY TRANSDERMAL PATCH WEEKLY	Non-Preferred	PA
ARICEPT ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; QL; AL
ARICEPT ORAL TABLET 23 MG	Non-Preferred	PA
bethanechol chloride oral tablet	Formulary	
donepezil hcl oral tablet 10 mg, 5 mg	Preferred	90 Day Supply; QL; AL
donepezil hcl oral tablet 23 mg	Non-Preferred	PA
donepezil hcl oral tablet dispersible	Preferred	AL
EXELON TRANSDERMAL PATCH 24 HOUR	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
galantamine hydrobromide er oral capsule extended release 24 hour	Non-Preferred	PA
galantamine hydrobromide oral solution	Non-Preferred	PA
galantamine hydrobromide oral tablet	Non-Preferred	PA
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	Non-Preferred	PA
pilocarpine hcl oral tablet 5 mg	Formulary	QL
pyridostigmine bromide er oral tablet extended release	Formulary	
pyridostigmine bromide oral tablet 60 mg	Formulary	
rivastigmine tartrate oral capsule	Non-Preferred	PA; QL; AL
rivastigmine transdermal patch 24 hour	Non-Preferred	PA
VUITY OPHTHALMIC SOLUTION	Non-Preferred	PA
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er oral tablet extended release 24 hour	Preferred	90 Day Supply; QL
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
dutasteride-tamsulosin hcl oral capsule	Non-Preferred	PA
FLOMAX ORAL CAPSULE	Non-Preferred	PA
JALYN ORAL CAPSULE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
RAPAFLO ORAL CAPSULE	Non-Preferred	PA
silodosin oral capsule	Non-Preferred	PA
tamsulosin hcl oral capsule	Preferred	90 Day Supply
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Preferred	90 Day Supply; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Preferred	QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	Preferred	
albuterol sulfate oral syrup 2 mg/5ml	Preferred	
albuterol sulfate oral tablet	Non-Preferred	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
arformoterol tartrate inhalation nebulization solution	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
BREYNA INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BROVANA INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
budesonide-formoterol fumarate inhalation aerosol	Non-Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
DULERA INHALATION AEROSOL	Preferred	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
formoterol fumarate inhalation nebulization solution	Non-Preferred	PA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Non-Preferred	PA
levalbuterol tartrate inhalation aerosol	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Non-Preferred	PA
SYMBICORT INHALATION AEROSOL	Preferred	QL
terbutaline sulfate oral tablet	Formulary	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
umeclidinium-vilanterol inhalation aerosol powder breath activated	Non-Preferred	PA; QL
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Preferred	QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XOPENEX HFA INHALATION AEROSOL	Preferred	
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
betaxolol hcl ophthalmic solution	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
TENORMIN ORAL TABLET	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Skeletal Muscle Relaxants, Miscellaneous		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Smoking Cessation Agents		
apo-varenicline oral tablet	Formulary	AL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Formulary	
CHANTIX ORAL TABLET 1 MG	Formulary	AL
cvs nicotine mouth/throat gum	Formulary	OTC
cvs nicotine mouth/throat lozenge	Formulary	OTC
cvs nicotine polacrilex mouth/throat gum	Formulary	OTC
cvs nicotine polacrilex mouth/throat lozenge	Formulary	OTC
cvs nicotine transdermal patch 24 hour	Formulary	OTC
eq nicotine mouth/throat gum 4 mg	Formulary	OTC
eq nicotine mouth/throat lozenge	Formulary	OTC
eq nicotine polacrilex mouth/throat gum	Formulary	OTC
eq nicotine polacrilex mouth/throat lozenge	Formulary	OTC
eq nicotine step 3 transdermal patch 24 hour	Formulary	OTC
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
ft nicotine mouth/throat gum	Formulary	OTC
gnp nicotine mini mouth/throat lozenge	Formulary	OTC
gnp nicotine mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat lozenge	Formulary	OTC
gnp nicotine transdermal patch 24 hour	Formulary	OTC
goodsense nicotine mouth/throat gum	Formulary	OTC
goodsense nicotine mouth/throat lozenge	Formulary	OTC
HABITROL TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
hm nicotine polacrilex mouth/throat gum	Formulary	OTC
hm nicotine polacrilex mouth/throat lozenge 2 mg	Formulary	OTC
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	Formulary	OTC
KLS QUIT2 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT2 MOUTH/THROAT LOZENGE	Formulary	OTC
KLS QUIT4 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT4 MOUTH/THROAT LOZENGE	Formulary	OTC
naltrexone hcl oral tablet	Formulary	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
NICORELIEF MOUTH/THROAT GUM 2 MG	Formulary	OTC
NICORETTE MINI MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE MOUTH/THROAT GUM	Formulary	OTC
NICORETTE MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE STARTER KIT MOUTH/THROAT GUM	Formulary	OTC
nicotine mini mouth/throat lozenge	Formulary	OTC
nicotine polacrilex mini mouth/throat lozenge	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
nicotine polacrilex mouth/throat gum	Formulary	OTC
nicotine polacrilex mouth/throat lozenge	Formulary	OTC
nicotine step 1 transdermal patch 24 hour	Formulary	OTC
nicotine step 2 transdermal patch 24 hour	Formulary	OTC
nicotine step 3 transdermal patch 24 hour	Formulary	OTC
nicotine transdermal kit	Formulary	OTC
nicotine transdermal patch 24 hour	Formulary	OTC
NICOTROL INHALATION INHALER	Formulary	
NICOTROL NS NASAL SOLUTION	Formulary	
px stop smoking aid mouth/throat gum	Formulary	OTC
px stop smoking aid mouth/throat lozenge	Formulary	OTC
qc nicotine transdermal system transdermal patch 24 hour	Formulary	OTC
ra mini nicotine mouth/throat lozenge	Formulary	OTC
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Formulary	OTC
ra nicotine mouth/throat gum	Formulary	OTC
ra nicotine polacrilex mouth/throat lozenge	Formulary	OTC
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
sm nicotine mouth/throat gum	Formulary	OTC
sm nicotine mouth/throat lozenge	Formulary	OTC
sm nicotine polacrilex mouth/throat gum	Formulary	OTC
sm nicotine polacrilex mouth/throat lozenge	Formulary	OTC
sm nicotine transdermal patch 24 hour	Formulary	OTC
THRIVE MOUTH/THROAT GUM 2 MG	Formulary	OTC
TYRVAYA NASAL SOLUTION	Non-Preferred	PA
varenicline tartrate (starter) oral tablet therapy pack	Formulary	AL
varenicline tartrate oral tablet 0.5 mg, 1 mg	Formulary	AL
varenicline tartrate(continue) oral tablet	Formulary	AL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	PA; Specialty
PROCRIT INJECTION SOLUTION	Non-Preferred	PA; Specialty
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Preferred	PA; Specialty
Anticoagulants, Miscellaneous		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Blood Form.,Coag,Thrombosis Agents Misc.		
ADAKVEO INTRAVENOUS SOLUTION	Preferred	PA
OXBRYTA ORAL TABLET 500 MG	Preferred	PA
Coumarin Derivatives		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 7.5 MG	Preferred	90 Day Supply
JANTOVEN ORAL TABLET 6 MG	Preferred	
warfarin sodium oral tablet	Preferred	90 Day Supply

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
warfarin sodium powder	Preferred	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Preferred	QL
ELIQUIS ORAL TABLET	Preferred	90 Day Supply; QL
SAVAYSA ORAL TABLET	Non-Preferred	PA
XARELTO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Preferred	90 Day Supply; QL
XARELTO ORAL TABLET 2.5 MG	Preferred	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Preferred	QL
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule	Non-Preferred	PA; QL
PRADAXA ORAL CAPSULE	Preferred	QL
PRADAXA ORAL PACKET	Non-Preferred	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	PA; Specialty
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NIVESTYM INJECTION SOLUTION	Formulary	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Formulary	PA
PROCRIT INJECTION SOLUTION	Non-Preferred	PA; Specialty
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Non-Preferred	PA; Specialty
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Formulary	PA; Specialty
Hemorrhologic Agents		
pentoxifylline er oral tablet extended release	Formulary	
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
adynovate intravenous solution reconstituted	Preferred	PA; Specialty
AFSTYLA INTRAVENOUS KIT	Preferred	PA; Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
aminocaproic acid oral solution	Formulary	
aminocaproic acid oral tablet	Formulary	
BENEFIX INTRAVENOUS KIT	Preferred	PA; Specialty
COAGADDEX INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
CORIFACT INTRAVENOUS KIT	Preferred	PA; Specialty
desmopressin ace spray refriger nasal solution	Formulary	QL
desmopressin acetate oral tablet 0.1 mg	Formulary	90 Day Supply; QL; AL
desmopressin acetate oral tablet 0.2 mg	Formulary	QL; AL
desmopressin acetate spray nasal solution	Formulary	QL
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Preferred	PA; Specialty

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Formulary	PA; Specialty
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Preferred	PA; Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Preferred	PA; Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Preferred	PA; Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	Preferred	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Preferred	PA; Specialty
KOGENATE FS INTRAVENOUS KIT	Preferred	PA; Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	PA; Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	PA; Specialty
obizur intravenous solution reconstituted	Preferred	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	Preferred	PA; Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
rixubis intravenous solution reconstituted	Preferred	PA; Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Preferred	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
WILATE INTRAVENOUS KIT	Preferred	PA; Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Preferred	PA; Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT	Preferred	PA; Specialty
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	Preferred	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml, 40 mg/0.4ml, 60 mg/0.6ml	Preferred	QL
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 30 mg/0.3ml, 80 mg/0.8ml	Preferred	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	Preferred	
LOVENOX INJECTION SOLUTION	Non-Preferred	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 150 MG/ML, 40 MG/0.4ML, 60 MG/0.6ML	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 30 MG/0.3ML, 80 MG/0.8ML	Non-Preferred	PA
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Iron Preparations		
BPROTECTED PEDIA IRON ORAL SOLUTION	Formulary	OTC
classic prenatal oral tablet	Formulary	OTC
cvs childrens complete oral tablet chewable 18 mg	Formulary	OTC
cvs iron oral tablet 240 (27 fe) mg	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
EZFE 200 ORAL CAPSULE	Formulary	OTC
fe c tab plus oral tablet	Formulary	OTC
FEOSOL ORAL TABLET 200 (65 FE) MG	Formulary	OTC
FERATE ORAL TABLET 240 (27 FE) MG	Formulary	OTC
FEROSUL ORAL TABLET	Formulary	OTC
FERREX 150 ORAL CAPSULE	Formulary	OTC; QL
ferric x-150 oral capsule	Formulary	OTC; QL
FERROCITE ORAL TABLET	Formulary	OTC; QL
ferrous fumarate oral tablet 324 (106 fe) mg	Formulary	OTC; QL
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg	Formulary	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml	Formulary	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Formulary	OTC
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG	Formulary	OTC
gnp childrens chewables/iron oral tablet chewable	Formulary	OTC
gnp iron oral tablet 200 (65 fe) mg	Formulary	OTC
gnp iron oral tablet extended release	Formulary	OTC
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE	Formulary	OTC
iron 100 plus oral tablet	Formulary	OTC
iron oral tablet 240 (27 fe) mg	Formulary	OTC
iron supplement childrens oral solution	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
m-natal plus oral tablet	Formulary	90 Day Supply
multi prenatal oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
multi-vitamin/fluoride/iron oral solution	Formulary	
NIVA-PLUS ORAL TABLET	Formulary	
one daily multivitamin/iron oral tablet	Formulary	OTC
POLY-IRON 150 ORAL CAPSULE	Formulary	OTC; QL
polysaccharide iron complex oral capsule	Formulary	OTC; QL
polysaccharide-iron complex oral capsule	Formulary	OTC; QL
PRENATABS RX ORAL TABLET	Formulary	OTC
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal complete oral tablet	Formulary	OTC
prenatal formula a-free oral tablet	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
prenatal one daily oral tablet	Formulary	OTC
prenatal oral tablet 27-0.8 mg	Formulary	
prenatal oral tablet 27-1 mg	Formulary	90 Day Supply
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Formulary	OTC
prenatal plus oral tablet	Formulary	90 Day Supply
prenatal vitamins oral tablet 28-0.8 mg	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
slow iron oral tablet extended release	Formulary	OTC
slow release iron oral tablet extended release 45 mg	Formulary	OTC
sm animal shapes complete oral tablet chewable 18 mg	Formulary	OTC
sm iron slow release oral tablet extended release 160 (50 fe) mg	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
stress formula/iron oral tablet	Formulary	OTC
TAB-A-VITE/IRON ORAL TABLET	Formulary	OTC
trinatal rx 1 oral tablet	Formulary	
VINATE ONE ORAL TABLET	Formulary	
westab plus oral tablet	Formulary	
Liver And Stomach Preparations		
B-12 DOTS ORAL TABLET DISPERSIBLE	Formulary	OTC
b-12 tr oral tablet extended release 1000 mcg	Formulary	OTC
cyanocobalamin injection solution 1000 mcg/ml	Formulary	QL
MULTIGEN ORAL TABLET	Formulary	
vitamin b12 oral tablet 100 mcg	Formulary	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Formulary	OTC
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BRILINTA ORAL TABLET	Preferred	
BUFFERIN ORAL TABLET	Formulary	OTC
childrens aspirin oral tablet chewable	Formulary	OTC
cilostazol oral tablet	Formulary	90 Day Supply
clopidogrel bisulfate oral tablet 300 mg	Preferred	QL
clopidogrel bisulfate oral tablet 75 mg	Preferred	90 Day Supply; QL
dipyridamole oral tablet	Preferred	
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
EFFIENT ORAL TABLET	Non-Preferred	PA
gnp aspirin oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
PLAVIX ORAL TABLET 75 MG	Non-Preferred	PA; QL
prasugrel hcl oral tablet	Preferred	
qc aspirin low dose oral tablet delayed release	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
YOSPRALA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
Thrombolytic Agents		
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
childrens aspirin oral tablet chewable	Formulary	OTC
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
gnp aspirin oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
Cardiovascular Drugs		
AcI Inhibitors		
NEXLETOL ORAL TABLET	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
TEZRULY ORAL SOLUTION	Non-Preferred	PA
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
Angiotensin Ii Recep Antagonist/Neprols		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Preferred	QL
Angiotensin Ii Receptor Antagon.(Hypotn)		
ATACAND ORAL TABLET	Non-Preferred	PA
AVAPRO ORAL TABLET	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BENICAR ORAL TABLET	Non-Preferred	PA
candesartan cilexetil oral tablet	Non-Preferred	PA
COZAAR ORAL TABLET	Non-Preferred	PA; QL
DIOVAN ORAL TABLET	Non-Preferred	PA
EDARBI ORAL TABLET	Non-Preferred	PA
irbesartan oral tablet	Preferred	90 Day Supply
losartan potassium oral tablet	Preferred	90 Day Supply; QL
MICARDIS ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil oral tablet 20 mg, 5 mg	Preferred	
olmesartan medoxomil oral tablet 40 mg	Preferred	90 Day Supply
telmisartan oral tablet	Non-Preferred	PA
valsartan oral tablet 160 mg	Preferred	
valsartan oral tablet 320 mg, 40 mg, 80 mg	Preferred	90 Day Supply
Angiotensin II Receptor Antagonists		
amlodipine besylate-valsartan oral tablet	Preferred	
amlodipine-olmesartan oral tablet	Non-Preferred	PA
amlodipine-valsartan-hctz oral tablet	Preferred	
ATACAND HCT ORAL TABLET	Non-Preferred	PA
ATACAND ORAL TABLET	Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Preferred	PA
AVAPRO ORAL TABLET	Non-Preferred	PA
AZOR ORAL TABLET	Non-Preferred	PA
BENICAR HCT ORAL TABLET	Non-Preferred	PA
BENICAR ORAL TABLET	Non-Preferred	PA
candesartan cilexetil oral tablet	Non-Preferred	PA
candesartan cilexetil-hctz oral tablet	Non-Preferred	PA
COZAAR ORAL TABLET	Non-Preferred	PA; QL
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	Non-Preferred	PA
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	Non-Preferred	PA; QL
DIOVAN ORAL TABLET	Non-Preferred	PA
EDARBI ORAL TABLET	Non-Preferred	PA
EDARBYCLOR ORAL TABLET	Non-Preferred	PA
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Preferred	QL
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
EXFORGE ORAL TABLET	Non-Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG	Non-Preferred	PA
HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG	Non-Preferred	PA; QL
irbesartan oral tablet	Preferred	90 Day Supply
irbesartan-hydrochlorothiazide oral tablet	Preferred	
losartan potassium oral tablet	Preferred	90 Day Supply; QL
losartan potassium-hctz oral tablet 100-12.5 mg	Preferred	90 Day Supply
losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg	Preferred	90 Day Supply; QL
MICARDIS HCT ORAL TABLET	Non-Preferred	PA
MICARDIS ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil oral tablet 20 mg, 5 mg	Preferred	
olmesartan medoxomil oral tablet 40 mg	Preferred	90 Day Supply
olmesartan medoxomil-hctz oral tablet	Preferred	
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
telmisartan oral tablet	Non-Preferred	PA
telmisartan-amlodipine oral tablet	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
telmisartan-hctz oral tablet	Non-Preferred	PA
TRIBENZOR ORAL TABLET	Non-Preferred	PA
valsartan oral tablet 160 mg	Preferred	
valsartan oral tablet 320 mg, 40 mg, 80 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-25 mg	Preferred	90 Day Supply; QL
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg	Preferred	QL
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ALTACE ORAL CAPSULE	Non-Preferred	PA
benazepril hcl oral tablet	Preferred	90 Day Supply; QL
captopril oral tablet	Preferred	
enalapril maleate oral solution	Non-Preferred	PA
enalapril maleate oral tablet	Preferred	90 Day Supply; QL
EPANED ORAL SOLUTION	Non-Preferred	PA
fosinopril sodium oral tablet 10 mg, 20 mg	Preferred	90 Day Supply; QL
fosinopril sodium oral tablet 40 mg	Preferred	QL
lisinopril oral tablet	Preferred	90 Day Supply; QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
moexipril hcl oral tablet	Preferred	
perindopril erbumine oral tablet	Preferred	
quinapril hcl oral tablet 10 mg, 5 mg	Non-Preferred	PA
quinapril hcl oral tablet 20 mg, 40 mg	Non-Preferred	PA; 90 Day Supply
ramipril oral capsule 1.25 mg	Preferred	
ramipril oral capsule 10 mg, 2.5 mg, 5 mg	Preferred	90 Day Supply
trandolapril oral tablet	Preferred	
VASOTEC ORAL TABLET	Non-Preferred	PA; QL
ZESTRIL ORAL TABLET	Non-Preferred	PA; QL
Angiotensin-Converting Enzyme Inhibitors		
ALTACE ORAL CAPSULE	Non-Preferred	PA
amlodipine besy-benazepril hcl oral capsule	Preferred	90 Day Supply
benazepril hcl oral tablet	Preferred	90 Day Supply; QL
benazepril-hydrochlorothiazide oral tablet	Preferred	QL
captopril oral tablet	Preferred	
captopril-hydrochlorothiazide oral tablet	Preferred	
enalapril maleate oral solution	Non-Preferred	PA
enalapril maleate oral tablet	Preferred	90 Day Supply; QL
enalapril-hydrochlorothiazide oral tablet	Preferred	
EPANED ORAL SOLUTION	Non-Preferred	PA
fosinopril sodium oral tablet 10 mg, 20 mg	Preferred	90 Day Supply; QL
fosinopril sodium oral tablet 40 mg	Preferred	QL
fosinopril sodium-hctz oral tablet	Preferred	
lisinopril oral tablet	Preferred	90 Day Supply; QL
lisinopril-hydrochlorothiazide oral tablet	Preferred	90 Day Supply; QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA; QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Preferred	PA
moexipril hcl oral tablet	Preferred	
perindopril erbumine oral tablet	Preferred	
QBRELIS ORAL SOLUTION	Non-Preferred	PA
quinapril hcl oral tablet 10 mg, 5 mg	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
quinapril hcl oral tablet 20 mg, 40 mg	Non-Preferred	PA; 90 Day Supply
quinapril-hydrochlorothiazide oral tablet	Preferred	
ramipril oral capsule 1.25 mg	Preferred	
ramipril oral capsule 10 mg, 2.5 mg, 5 mg	Preferred	90 Day Supply
trandolapril oral tablet	Preferred	
trandolapril-verapamil hcl er oral tablet extended release	Non-Preferred	PA
VASERETIC ORAL TABLET	Non-Preferred	PA
VASOTEC ORAL TABLET	Non-Preferred	PA; QL
ZESTORETIC ORAL TABLET	Non-Preferred	PA; QL
ZESTRIL ORAL TABLET	Non-Preferred	PA; QL
Angptl3 Inhibitors		
EVKEEZA INTRAVENOUS SOLUTION	Non-Preferred	PA
Antiarrhythmics, Miscellaneous		
DIGOX ORAL TABLET	Formulary	QL
digoxin oral tablet 125 mcg	Formulary	90 Day Supply; QL
Antilipemic Agents, Miscellaneous		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE	Formulary	OTC
EVKEEZA INTRAVENOUS SOLUTION	Non-Preferred	PA
icosapent ethyl oral capsule	Non-Preferred	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NEXLETOL ORAL TABLET	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
niacin (antihyperlipidemic) oral tablet	Preferred	
niacin er (antihyperlipidemic) oral tablet extended release	Preferred	
niacin er oral tablet extended release 250 mg, 500 mg	Formulary	OTC
omega-3-acid ethyl esters oral capsule	Preferred	QL
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
BYSTOLIC ORAL TABLET	Non-Preferred	PA
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
terazosin hcl oral capsule	Preferred	90 Day Supply
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Bile Acid Sequestrants		
cholestyramine light oral packet	Preferred	
cholestyramine light oral powder	Preferred	QL
cholestyramine oral packet	Preferred	
cholestyramine oral powder	Preferred	QL
colesevelam hcl oral packet	Non-Preferred	PA
colesevelam hcl oral tablet	Non-Preferred	PA
COLESTID ORAL TABLET	Non-Preferred	PA
colestipol hcl oral granules	Preferred	
colestipol hcl oral packet	Preferred	
colestipol hcl oral tablet	Preferred	
QUESTRAN LIGHT ORAL POWDER	Non-Preferred	PA; QL
QUESTRAN ORAL PACKET	Non-Preferred	PA
QUESTRAN ORAL POWDER	Non-Preferred	PA; QL
WELCHOL ORAL PACKET	Non-Preferred	PA
WELCHOL ORAL TABLET	Non-Preferred	PA
Bradykinin Receptors Antagonists		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Calcium-Channel Blocking Agents		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Calcium-Channel Blocking Agents, Misc.		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
trandolapril-verapamil hcl er oral tablet extended release	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL SOLUTION	Formulary	PA
ivabradine hcl oral tablet	Formulary	PA
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	Formulary	PA
DIGOX ORAL TABLET	Formulary	QL
digoxin oral tablet 125 mcg	Formulary	90 Day Supply; QL
ivabradine hcl oral tablet	Formulary	PA
Central Alpha-Agonists		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
clonidine hcl oral tablet	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate oral tablet	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Cgmp Synthesis Agent		
VERQUVO ORAL TABLET	Formulary	PA
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet	Preferred	90 Day Supply
ezetimibe-simvastatin oral tablet	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
VYTORIN ORAL TABLET	Non-Preferred	PA
ZETIA ORAL TABLET	Non-Preferred	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule	Formulary	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Formulary	
quinidine sulfate oral tablet	Formulary	
Class Ib Antiarrhythmics		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
DILANTIN INFATABS ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
DILANTIN ORAL CAPSULE	Preferred	QL
DILANTIN ORAL SUSPENSION	Non-Preferred	PA
mexiletine hcl oral capsule	Formulary	
PHENYTEK ORAL CAPSULE	Preferred	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	Preferred	QL
phenytoin oral suspension	Preferred	
phenytoin oral tablet chewable	Preferred	QL
phenytoin sodium extended oral capsule 100 mg	Preferred	90 Day Supply; QL
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Class Ic Antiarrhythmics		
flecainide acetate oral tablet 100 mg, 50 mg	Formulary	90 Day Supply
flecainide acetate oral tablet 150 mg	Formulary	
propafenone hcl oral tablet	Formulary	
Class II Antiarrhythmics		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl ophthalmic solution	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	Formulary	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
PACERONE ORAL TABLET 200 MG	Formulary	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
Class Iv Antiarrhythmics		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Dihydropyridines		
amlodipine besy-benazepril hcl oral capsule	Preferred	90 Day Supply
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
amlodipine besylate-valsartan oral tablet	Preferred	
amlodipine-atorvastatin oral tablet	Non-Preferred	PA
amlodipine-olmesartan oral tablet	Non-Preferred	PA
amlodipine-valsartan-hctz oral tablet	Preferred	
AZOR ORAL TABLET	Non-Preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Preferred	PA
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
EXFORGE ORAL TABLET	Non-Preferred	PA
felodipine er oral tablet extended release 24 hour 10 mg	Preferred	90 Day Supply
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Preferred	
isradipine oral capsule	Non-Preferred	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Preferred	PA
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	
nimodipine oral capsule	Non-Preferred	PA
nisoldipine er oral tablet extended release 24 hour	Non-Preferred	PA
NORLIQVA ORAL SOLUTION	Non-Preferred	PA
NORVASC ORAL TABLET	Non-Preferred	PA; QL
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non-Preferred	PA
telmisartan-amlodipine oral tablet	Non-Preferred	PA
TRIBENZOR ORAL TABLET	Non-Preferred	PA
Dihydropyridines (Antihypertensive)		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
felodipine er oral tablet extended release 24 hour 10 mg	Preferred	90 Day Supply
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Preferred	
isradipine oral capsule	Non-Preferred	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	
nimodipine oral capsule	Non-Preferred	PA
nisoldipine er oral tablet extended release 24 hour	Non-Preferred	PA
NORLIQVA ORAL SOLUTION	Non-Preferred	PA
NORVASC ORAL TABLET	Non-Preferred	PA; QL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non-Preferred	PA
Direct Vasodilators		
clonidine hcl oral tablet	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
hydralazine hcl oral tablet	Formulary	90 Day Supply
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
minoxidil oral tablet 10 mg	Formulary	
minoxidil oral tablet 2.5 mg	Formulary	90 Day Supply
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 90 MG	Non-Preferred	PA
fenofibrate micronized oral capsule 130 mg, 43 mg	Non-Preferred	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Preferred	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Preferred	
fenofibrate oral capsule 150 mg, 50 mg	Non-Preferred	PA
fenofibrate oral tablet 120 mg, 40 mg	Non-Preferred	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg	Preferred	90 Day Supply
fenofibrate oral tablet 54 mg	Preferred	
fenofibric acid oral capsule delayed release	Non-Preferred	PA
fenofibric acid oral tablet	Non-Preferred	PA
FENOGLIDE ORAL TABLET	Non-Preferred	PA
FIBRICOR ORAL TABLET	Non-Preferred	PA
gemfibrozil oral tablet	Preferred	90 Day Supply; QL
LIPOFEN ORAL CAPSULE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LOPID ORAL TABLET	Non-Preferred	PA; QL
TRICOR ORAL TABLET	Non-Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
Hmg-Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
amlodipine-atorvastatin oral tablet	Non-Preferred	PA
ATORVALIQ ORAL SUSPENSION	Non-Preferred	PA
atorvastatin calcium oral tablet	Preferred	90 Day Supply; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Preferred	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	Non-Preferred	PA
ezetimibe-simvastatin oral tablet	Non-Preferred	PA
flolipid oral suspension	Non-Preferred	PA
fluvastatin sodium er oral tablet extended release 24 hour	Non-Preferred	PA
fluvastatin sodium oral capsule	Non-Preferred	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
LIPITOR ORAL TABLET	Non-Preferred	PA; QL
LIVALO ORAL TABLET	Non-Preferred	PA
lovastatin oral tablet	Preferred	90 Day Supply; QL
pitavastatin calcium oral tablet	Non-Preferred	PA
pravastatin sodium oral tablet	Preferred	90 Day Supply; QL
rosuvastatin calcium oral tablet	Preferred	90 Day Supply
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	90 Day Supply; QL
simvastatin oral tablet 80 mg	Preferred	90 Day Supply
VYTORIN ORAL TABLET	Non-Preferred	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Preferred	PA
Kallikrein		
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
torseamide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
torseamide oral tablet 100 mg	Formulary	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
torseamide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
torseamide oral tablet 100 mg	Formulary	
Mineralocorticoid (Aldosterone) Antagnts		
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
spironolactone oral tablet	Formulary	90 Day Supply

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Nitrates And Nitrites		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Non-Preferred	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
isosorbide dinitrate oral tablet	Formulary	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	Formulary	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	Formulary	90 Day Supply
isosorbide mononitrate oral tablet	Formulary	
KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nitroglycerin sublingual tablet sublingual	Formulary	
nitroglycerin transdermal patch 24 hour	Formulary	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	Formulary	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate oral tablet	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Omega-3-Mediated Antilipemics		
icosapent ethyl oral capsule	Non-Preferred	PA
omega-3-acid ethyl esters oral capsule	Preferred	QL
Osmotic Diuretics		
urea external cream 40 %	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Pcsk9 Inhibitors		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	Non-Preferred	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA ORAL TABLET	Non-Preferred	PA
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
cilostazol oral tablet	Formulary	90 Day Supply
dipyridamole oral tablet	Preferred	
ENTADFI ORAL CAPSULE	Non-Preferred	PA
LIQREV ORAL SUSPENSION	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
Potassium-Sparing Diuretic		
amiloride hcl oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
triamterene oral capsule	Formulary	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
triamterene oral capsule	Formulary	
Renin Inhibitors		
aliskiren fumarate oral tablet	Non-Preferred	PA
TEKTRUNA ORAL TABLET	Non-Preferred	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Preferred	QL
Sodium-Gluc (Sglt) Cotransporter Inhib		
INPEFA ORAL TABLET	Non-Preferred	PA
Steroidal Mineralocorticoid Receptor Ant		
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
Thiazide Diuretics		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Thiazide-Like Diuretics		
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
Vasodilating Agents, Miscellaneous		
ambrisentan oral tablet	Preferred	PA
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
bosentan oral tablet	Non-Preferred	PA
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
CORLANOR ORAL SOLUTION	Formulary	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
dipyridamole oral tablet	Preferred	
ivabradine hcl oral tablet	Formulary	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	
nimodipine oral capsule	Non-Preferred	PA
NORLIQVA ORAL SOLUTION	Non-Preferred	PA
NORVASC ORAL TABLET	Non-Preferred	PA; QL
OPSUMIT ORAL TABLET	Non-Preferred	PA; QL
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Non-Preferred	PA; QL
TYVASO INHALATION SOLUTION	Non-Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION	Non-Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
VERQUVO ORAL TABLET	Formulary	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule	Formulary	90 Day Supply
amantadine hcl oral solution 50 mg/5ml	Formulary	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Adenosine A2a Receptor Antagonists		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
NOURIANZ ORAL TABLET	Non-Preferred	PA
Amphetamines		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	Non-Preferred	PA
amphetamine sulfate oral tablet	Non-Preferred	PA
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	Preferred	QL
amphetamine-dextroamphetamine oral tablet	Preferred	QL
amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour	Non-Preferred	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour	Preferred	QL
dextroamphetamine sulfate oral solution	Non-Preferred	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Preferred	QL
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	Non-Preferred	PA
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Non-Preferred	PA
EVEKEO ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
EVEKEO ORAL TABLET	Non-Preferred	PA
lisdexamfetamine dimesylate oral capsule	Preferred	QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
PROCENTRA ORAL SOLUTION	Non-Preferred	PA
VYVANSE ORAL CAPSULE	Preferred	QL
VYVANSE ORAL TABLET CHEWABLE	Non-Preferred	PA
XELSTRYM TRANSDERMAL PATCH	Non-Preferred	PA; QL
ZENZEDI ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Preferred	PA
Amyotrophic Lateral Sclerosis(ALS) Agent		
riluzole oral tablet	Formulary	
Analgesics And Antipyretics, Misc.		
8 hr arthritis pain relief oral tablet extended release	Formulary	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Formulary	OTC
acetaminophen er oral tablet extended release	Formulary	OTC
acetaminophen extra strength oral tablet	Formulary	OTC
acetaminophen infants oral suspension	Formulary	OTC
acetaminophen junior strength oral tablet dispersible	Formulary	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Formulary	OTC
acetaminophen oral tablet chewable 80 mg	Formulary	OTC
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
acetaminophen rectal suppository 120 mg, 650 mg	Formulary	OTC
acetaminophen-codeine oral solution	Formulary	
acetaminophen-codeine oral tablet	Formulary	QL
added strength headache relief oral tablet	Formulary	OTC
arthritis pain relief oral tablet extended release	Formulary	OTC
arthritis pain reliever oral tablet extended release	Formulary	OTC
betatemp childrens oral suspension	Formulary	OTC
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-cafeine oral tablet 50-325-40 mg	Formulary	
childrens acetaminophen oral suspension 160 mg/5ml	Formulary	OTC
childrens apap oral tablet chewable	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
childrens non-aspirin oral tablet chewable	Formulary	OTC
childrens silapap oral liquid	Formulary	OTC
cvs 8hr muscle aches & pain oral tablet extended release	Formulary	OTC
cvs acetaminophen ex st oral liquid	Formulary	OTC
cvs headache relief oral tablet	Formulary	OTC
cvs infants pain relief drops oral suspension 160 mg/5ml	Formulary	OTC
cvs pain relief childrens oral tablet chewable	Formulary	OTC
ed-apap oral liquid	Formulary	OTC
eq acetaminophen oral tablet 500 mg	Formulary	OTC
eq pain & fever childrens oral tablet chewable	Formulary	OTC
extraprin oral tablet	Formulary	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Formulary	OTC
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
gnp infants pain/fever oral suspension	Formulary	OTC
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
headache relief oral tablet	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET	Formulary	OTC
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
night time pain medicine ex st oral tablet	Formulary	OTC
non-aspirin extra strength oral tablet	Formulary	OTC
non-aspirin oral tablet 325 mg	Formulary	OTC
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever extra strength oral tablet	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
qc non-aspirin extra strength oral tablet	Formulary	OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra acetaminophen childrens oral tablet chewable	Formulary	OTC
ra acetaminophen ex st oral tablet	Formulary	OTC
ra acetaminophen oral tablet	Formulary	OTC
ra fever reducer/pain reliever oral suspension	Formulary	OTC
ra menstrual relief oral tablet	Formulary	OTC
sb non-aspirin extra strength oral tablet	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb non-aspirin oral tablet chewable 80 mg	Formulary	OTC
sb pain relief x-str oral tablet	Formulary	OTC
TENCON ORAL TABLET 50-325 MG	Formulary	
Anorexigenic Agents, Miscellaneous		
liraglutide subcutaneous solution pen-injector	Non-Preferred	PA; QL
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Anticholinergic Agents (Cns)		
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
benztropine mesylate oral tablet	Formulary	90 Day Supply
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
trihexyphenidyl hcl oral solution	Formulary	
trihexyphenidyl hcl oral tablet	Formulary	90 Day Supply
Anticonvulsants, Miscellaneous		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
APTIOM ORAL TABLET	Non-Preferred	PA
BANZEL ORAL SUSPENSION	Non-Preferred	PA
BANZEL ORAL TABLET	Non-Preferred	PA
BRIVIACT ORAL SOLUTION	Non-Preferred	PA
BRIVIACT ORAL TABLET	Non-Preferred	PA
carbamazepine er oral capsule extended release 12 hour	Non-Preferred	PA
carbamazepine er oral tablet extended release 12 hour	Preferred	
carbamazepine oral suspension 100 mg/5ml	Preferred	
carbamazepine oral tablet	Preferred	90 Day Supply; QL
carbamazepine oral tablet chewable 100 mg	Preferred	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
DIACOMIT ORAL CAPSULE	Non-Preferred	PA
DIACOMIT ORAL PACKET	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral capsule delayed release sprinkle	Preferred	
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
EPIDIOLEX ORAL SOLUTION	Non-Preferred	PA
EPRONTIA ORAL SOLUTION	Non-Preferred	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
felbamate oral suspension	Preferred	
felbamate oral tablet	Preferred	
FELBATOL ORAL TABLET	Non-Preferred	PA
FINTEPLA ORAL SOLUTION	Non-Preferred	PA
FYCOMPA ORAL SUSPENSION	Non-Preferred	PA
FYCOMPA ORAL TABLET	Non-Preferred	PA
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
KEPPRA INTRAVENOUS SOLUTION	Non-Preferred	PA
KEPPRA ORAL SOLUTION	Non-Preferred	PA; QL
KEPPRA ORAL TABLET 1000 MG	Non-Preferred	PA; QL
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG	Non-Preferred	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lacosamide oral solution	Preferred	
lacosamide oral tablet	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LAMICTAL ODT ORAL KIT	Non-Preferred	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
LAMICTAL ORAL TABLET	Non-Preferred	PA; QL
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non-Preferred	PA
LAMICTAL STARTER ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lamotrigine er oral tablet extended release 24 hour	Preferred	
lamotrigine oral kit 25 & 50 & 100 mg	Non-Preferred	PA
lamotrigine oral tablet	Preferred	90 Day Supply; QL
lamotrigine oral tablet chewable	Preferred	
lamotrigine oral tablet dispersible	Non-Preferred	PA
lamotrigine starter kit-blue oral kit	Non-Preferred	PA
lamotrigine starter kit-green oral kit	Non-Preferred	PA
lamotrigine starter kit-orange oral kit	Non-Preferred	PA
levetiracetam er oral tablet extended release 24 hour	Preferred	
levetiracetam intravenous solution	Preferred	
levetiracetam oral solution	Preferred	QL
levetiracetam oral tablet 1000 mg	Preferred	QL
levetiracetam oral tablet 250 mg, 500 mg	Preferred	90 Day Supply
levetiracetam oral tablet 750 mg	Preferred	
levetiracetam oral tablet disintegrating soluble 250 mg	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
oxcarbazepine oral suspension	Preferred	
oxcarbazepine oral tablet 150 mg	Preferred	90 Day Supply
oxcarbazepine oral tablet 300 mg, 600 mg	Preferred	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Preferred	
ROWEEPRA ORAL TABLET 500 MG	Preferred	
rufinamide oral suspension 40 mg/ml	Non-Preferred	PA
rufinamide oral tablet	Non-Preferred	PA
SABRIL ORAL PACKET	Non-Preferred	PA
SABRIL ORAL TABLET	Non-Preferred	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Non-Preferred	PA
TEGRETOL ORAL SUSPENSION	Non-Preferred	PA
TEGRETOL ORAL TABLET	Non-Preferred	PA; QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
tiagabine hcl oral tablet	Non-Preferred	PA
TOPAMAX ORAL TABLET	Non-Preferred	PA; QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG	Non-Preferred	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	Non-Preferred	PA; QL
topiramate er oral capsule er 24 hour sprinkle	Non-Preferred	PA
topiramate er oral capsule extended release 24 hour	Non-Preferred	PA
topiramate oral capsule sprinkle 15 mg	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
topiramate oral capsule sprinkle 25 mg	Preferred	QL
topiramate oral tablet	Preferred	90 Day Supply; QL
TRILEPTAL ORAL SUSPENSION	Non-Preferred	PA
TRILEPTAL ORAL TABLET	Non-Preferred	PA
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
vigabatrin oral packet	Non-Preferred	PA
vigabatrin oral tablet	Non-Preferred	PA
VIMPAT ORAL SOLUTION	Non-Preferred	PA
VIMPAT ORAL TABLET	Non-Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non-Preferred	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Non-Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK	Non-Preferred	PA
ZONISADE ORAL SUSPENSION	Non-Preferred	PA
zonisamide oral capsule	Preferred	90 Day Supply
ZTALMY ORAL SUSPENSION	Non-Preferred	PA
Antidepressants, Miscellaneous		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
AUVELITY ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Formulary	
bupropion hcl er (sr) oral tablet extended release 12 hour	Preferred	90 Day Supply; QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	90 Day Supply; QL
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Non-Preferred	PA
bupropion hcl oral tablet 100 mg	Preferred	QL
bupropion hcl oral tablet 75 mg	Preferred	90 Day Supply; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
mirtazapine oral tablet	Preferred	90 Day Supply; QL
mirtazapine oral tablet dispersible	Preferred	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Preferred	PA; QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE	Non-Preferred	PA
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
ZURZUVAE ORAL CAPSULE	Non-Preferred	PA; QL
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY ORAL TABLET	Non-Preferred	PA
aripiprazole oral solution	Preferred	QL
aripiprazole oral tablet	Preferred	90 Day Supply
aripiprazole oral tablet dispersible	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
asenapine maleate sublingual tablet sublingual	Non-Preferred	PA
carbamazepine er oral capsule extended release 12 hour	Non-Preferred	PA
carbamazepine er oral tablet extended release 12 hour	Preferred	
carbamazepine oral suspension 100 mg/5ml	Preferred	
carbamazepine oral tablet	Preferred	90 Day Supply; QL
carbamazepine oral tablet chewable 100 mg	Preferred	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral capsule delayed release sprinkle	Preferred	
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
GEODON ORAL CAPSULE	Non-Preferred	PA; QL
LAMICTAL ODT ORAL KIT	Non-Preferred	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
LAMICTAL ORAL TABLET	Non-Preferred	PA; QL
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non-Preferred	PA
LAMICTAL STARTER ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lamotrigine er oral tablet extended release 24 hour	Preferred	
lamotrigine oral kit 25 & 50 & 100 mg	Non-Preferred	PA
lamotrigine oral tablet	Preferred	90 Day Supply; QL
lamotrigine oral tablet chewable	Preferred	
lamotrigine oral tablet dispersible	Non-Preferred	PA
lamotrigine starter kit-blue oral kit	Non-Preferred	PA
lamotrigine starter kit-green oral kit	Non-Preferred	PA
lamotrigine starter kit-orange oral kit	Non-Preferred	PA
lithium carbonate er oral tablet extended release	Formulary	90 Day Supply
lithium carbonate oral capsule	Formulary	90 Day Supply
lithium carbonate oral tablet	Formulary	90 Day Supply
lithium oral solution	Formulary	
LYBALVI ORAL TABLET	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	Non-Preferred	PA
OPIPZA ORAL FILM	Non-Preferred	PA
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Preferred	90 Day Supply
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	90 Day Supply
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
RISPERDAL ORAL SOLUTION	Non-Preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA
risperidone microspheres er intramuscular suspension reconstituted er	Non-Preferred	PA
risperidone oral solution	Preferred	90 Day Supply
risperidone oral tablet	Preferred	90 Day Supply
risperidone oral tablet dispersible	Preferred	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non-Preferred	PA; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	Non-Preferred	PA
SECUADO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA
SEROQUEL ORAL TABLET	Non-Preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TEGRETOL ORAL SUSPENSION	Non-Preferred	PA
TEGRETOL ORAL TABLET	Non-Preferred	PA; QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
ziprasidone hcl oral capsule	Preferred	QL
ziprasidone mesylate intramuscular solution reconstituted	Non-Preferred	PA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Antimigraine Agents, Miscellaneous		
8 hr arthritis pain relief oral tablet extended release	Formulary	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Formulary	OTC
acetaminophen er oral tablet extended release	Formulary	OTC
acetaminophen extra strength oral tablet	Formulary	OTC
acetaminophen infants oral suspension	Formulary	OTC
acetaminophen junior strength oral tablet dispersible	Formulary	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Formulary	OTC
acetaminophen oral tablet chewable 80 mg	Formulary	OTC
acetaminophen rectal suppository 120 mg, 650 mg	Formulary	OTC
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
arthritis pain relief oral tablet extended release	Formulary	OTC
arthritis pain reliever oral tablet extended release	Formulary	OTC
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
betatemp childrens oral suspension	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
caffeine citrate oral solution 60 mg/3ml	Formulary	
childrens acetaminophen oral suspension 160 mg/5ml	Formulary	OTC
childrens apap oral tablet chewable	Formulary	OTC
childrens aspirin oral tablet chewable	Formulary	OTC
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Formulary	OTC
childrens non-aspirin oral tablet chewable	Formulary	OTC
childrens silapap oral liquid	Formulary	OTC
cvs 8hr muscle aches & pain oral tablet extended release	Formulary	OTC
cvs acetaminophen ex st oral liquid	Formulary	OTC
cvs infants pain relief drops oral suspension 160 mg/5ml	Formulary	OTC
cvs pain relief childrens oral tablet chewable	Formulary	OTC
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral capsule delayed release sprinkle	Preferred	
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
ed-apap oral liquid	Formulary	OTC
ELYXYB ORAL SOLUTION	Non-Preferred	PA
EPRONTIA ORAL SOLUTION	Non-Preferred	PA
eq acetaminophen oral tablet 500 mg	Formulary	OTC
eq pain & fever childrens oral tablet chewable	Formulary	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Formulary	OTC
gnp aspirin oral tablet 325 mg	Formulary	OTC
gnp infants pain/fever oral suspension	Formulary	OTC
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET	Formulary	OTC
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
IBU ORAL TABLET 400 MG, 800 MG	Preferred	
IBU ORAL TABLET 600 MG	Preferred	90 Day Supply
ibuprofen childrens oral suspension	Formulary	OTC
ibuprofen junior strength oral tablet chewable	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 300 mg	Non-Preferred	PA
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	90 Day Supply
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INFANTS ADVIL ORAL SUSPENSION	Formulary	OTC
infants ibuprofen oral suspension	Formulary	OTC
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ketoprofen er oral capsule extended release 24 hour	Non-Preferred	PA
ketoprofen oral capsule	Non-Preferred	PA
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
non-aspirin extra strength oral tablet	Formulary	OTC
non-aspirin oral tablet 325 mg	Formulary	OTC
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain reliever extra strength oral tablet 500 mg	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC
qc non-aspirin extra strength oral tablet	Formulary	OTC
ra acetaminophen childrens oral tablet chewable	Formulary	OTC
ra acetaminophen ex st oral tablet	Formulary	OTC
ra acetaminophen oral tablet	Formulary	OTC
ra fever reducer/pain reliever oral suspension	Formulary	OTC
sb non-aspirin extra strength oral tablet	Formulary	OTC
sb non-aspirin oral tablet chewable 80 mg	Formulary	OTC
sm ibuprofen ib oral tablet	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
timolol maleate oral tablet	Non-Preferred	PA
TOPAMAX ORAL TABLET	Non-Preferred	PA; QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG	Non-Preferred	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	Non-Preferred	PA; QL
topiramate er oral capsule extended release 24 hour	Non-Preferred	PA
topiramate oral capsule sprinkle 15 mg	Preferred	
topiramate oral capsule sprinkle 25 mg	Preferred	QL
topiramate oral tablet	Preferred	90 Day Supply; QL
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
Antipsychotics, Miscellaneous		
COBENFY ORAL CAPSULE	Non-Preferred	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
loxapine succinate oral capsule	Formulary	
pimozide oral tablet	Formulary	
Anxiolytics, Sedatives, And Hypnotics, Misc		
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
AMBIEN CR ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
AMBIEN ORAL TABLET	Non-Preferred	PA; QL
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BELSOMRA ORAL TABLET	Non-Preferred	PA
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
bupirone hcl oral tablet	Formulary	QL
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
DAYVIGO ORAL TABLET	Non-Preferred	PA
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
droperidol injection solution	Formulary	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
eszopiclone oral tablet	Preferred	QL
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HETLIOZ LQ ORAL SUSPENSION	Non-Preferred	PA
HETLIOZ ORAL CAPSULE	Non-Preferred	PA
hydroxyzine hcl oral syrup	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate oral capsule	Formulary	
LUNESTA ORAL TABLET	Non-Preferred	PA
meprobamate oral tablet	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
night time pain medicine ex st oral tablet	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
ramelteon oral tablet	Non-Preferred	PA
ROZEREM ORAL TABLET	Preferred	
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
tasimelteon oral capsule	Non-Preferred	PA
total allergy oral tablet	Formulary	OTC
zaleplon oral capsule	Preferred	QL
zolpidem tartrate er oral tablet extended release	Non-Preferred	PA
zolpidem tartrate oral capsule	Non-Preferred	PA
zolpidem tartrate oral tablet	Preferred	QL
zolpidem tartrate sublingual tablet sublingual	Non-Preferred	PA
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY ORAL TABLET	Non-Preferred	PA
aripiprazole oral solution	Preferred	QL
aripiprazole oral tablet	Preferred	90 Day Supply
aripiprazole oral tablet dispersible	Non-Preferred	PA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
asenapine maleate sublingual tablet sublingual	Non-Preferred	PA
CAPLYTA ORAL CAPSULE 42 MG	Non-Preferred	PA
clozapine oral tablet 100 mg	Preferred	QL
clozapine oral tablet 200 mg, 25 mg, 50 mg	Preferred	
clozapine oral tablet dispersible	Preferred	
CLOZARIL ORAL TABLET 100 MG	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	Non-Preferred	PA
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Non-Preferred	PA
FANAPT ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK A ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK B ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK C ORAL TABLET	Non-Preferred	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
GEODON ORAL CAPSULE	Non-Preferred	PA; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
LATUDA ORAL TABLET	Non-Preferred	PA
lurasidone hcl oral tablet	Preferred	
LYBALVI ORAL TABLET	Non-Preferred	PA
NUPLAZID ORAL CAPSULE	Non-Preferred	PA
NUPLAZID ORAL TABLET 10 MG	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
OPIPZA ORAL FILM	Non-Preferred	PA
paliperidone er oral tablet extended release 24 hour	Preferred	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Preferred	90 Day Supply
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Preferred	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	90 Day Supply
REXULTI ORAL TABLET	Non-Preferred	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
RISPERDAL ORAL SOLUTION	Non-Preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA
risperidone microspheres er intramuscular suspension reconstituted er	Non-Preferred	PA
risperidone oral solution	Preferred	90 Day Supply
risperidone oral tablet	Preferred	90 Day Supply
risperidone oral tablet dispersible	Preferred	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non-Preferred	PA; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	Non-Preferred	PA
SECUADO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA
SEROQUEL ORAL TABLET	Non-Preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Non-Preferred	PA
VERSACLOZ ORAL SUSPENSION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non-Preferred	PA
VRAYLAR ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
ziprasidone hcl oral capsule	Preferred	QL
ziprasidone mesylate intramuscular solution reconstituted	Non-Preferred	PA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Barbiturates (Anticonvulsants)		
MYSOLINE ORAL TABLET	Non-Preferred	PA
phenobarbital oral tablet	Formulary	
primidone oral tablet 250 mg, 50 mg	Preferred	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
butalbital-asa-caff-codeine oral capsule	Formulary	AL
phenobarbital oral tablet	Formulary	
TENCON ORAL TABLET 50-325 MG	Formulary	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension 2.5 mg/ml	Preferred	
clobazam oral tablet	Preferred	
clonazepam oral tablet	Formulary	QL
clorazepate dipotassium oral tablet	Formulary	
diazepam oral tablet	Formulary	QL
diazepam rectal gel	Preferred	
LIBERVANT BUCCAL FILM	Non-Preferred	PA
lorazepam oral tablet	Formulary	QL
NAYZILAM NASAL SOLUTION	Preferred	
ONFI ORAL SUSPENSION	Non-Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA
SYMPAZAN ORAL FILM	Non-Preferred	PA
VALTOCO 10 MG DOSE NASAL LIQUID	Preferred	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Preferred	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Preferred	
VALTOCO 5 MG DOSE NASAL LIQUID	Preferred	
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
alprazolam oral tablet	Formulary	QL
chlordiazepoxide hcl oral capsule	Formulary	
clobazam oral suspension 2.5 mg/ml	Preferred	
clobazam oral tablet	Preferred	
clonazepam oral tablet	Formulary	QL
clorazepate dipotassium oral tablet	Formulary	
diazepam oral tablet	Formulary	QL
diazepam rectal gel	Preferred	
LIBERVANT BUCCAL FILM	Non-Preferred	PA
lorazepam oral tablet	Formulary	QL
NAYZILAM NASAL SOLUTION	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ONFI ORAL SUSPENSION	Non-Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA
oxazepam oral capsule	Formulary	
SYMPAZAN ORAL FILM	Non-Preferred	PA
temazepam oral capsule 15 mg, 30 mg	Formulary	QL
triazolam oral tablet	Formulary	QL
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Formulary	
haloperidol lactate injection solution 5 mg/ml	Formulary	
haloperidol lactate oral concentrate 2 mg/ml	Formulary	90 Day Supply
haloperidol oral tablet 0.5 mg	Formulary	90 Day Supply
haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg	Formulary	
haloperidol oral tablet 5 mg	Formulary	90 Day Supply; QL
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
NURTEC ORAL TABLET DISPERSIBLE	Non-Preferred	PA; QL
QULIPTA ORAL TABLET	Non-Preferred	PA
UBRELVY ORAL TABLET	Preferred	PA; QL
VYEPTI INTRAVENOUS SOLUTION	Non-Preferred	PA
ZAVZPRET NASAL SOLUTION	Non-Preferred	PA
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Preferred	
entacapone oral tablet	Preferred	90 Day Supply
ONGENTYS ORAL CAPSULE	Non-Preferred	PA
STALEVO 100 ORAL TABLET	Non-Preferred	PA
STALEVO 125 ORAL TABLET	Non-Preferred	PA
STALEVO 150 ORAL TABLET	Non-Preferred	PA
STALEVO 200 ORAL TABLET	Non-Preferred	PA
STALEVO 50 ORAL TABLET	Non-Preferred	PA
STALEVO 75 ORAL TABLET	Non-Preferred	PA
TASMAR ORAL TABLET 100 MG	Non-Preferred	PA
tolcapone oral tablet	Non-Preferred	PA
Central Nervous System Agents, Misc.		
acamprosate calcium oral tablet delayed release	Formulary	
atomoxetine hcl oral capsule	Preferred	QL
guanfacine hcl er oral tablet extended release 24 hour	Preferred	QL
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
memantine hcl er oral capsule extended release 24 hour	Non-Preferred	PA
memantine hcl oral solution	Non-Preferred	PA
memantine hcl oral tablet 10 mg, 5 mg	Preferred	90 Day Supply; AL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Non-Preferred	PA; AL
NAMENDA ORAL TABLET	Non-Preferred	PA; AL
NAMENDA TITRATION PAK ORAL TABLET	Non-Preferred	PA; AL
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NOURIANZ ORAL TABLET	Non-Preferred	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
riluzole oral tablet	Formulary	
STRATTERA ORAL CAPSULE	Non-Preferred	PA; QL
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	Non-Preferred	PA
CELEBREX ORAL CAPSULE 400 MG	Non-Preferred	PA; QL
celecoxib oral capsule 100 mg, 200 mg	Preferred	90 Day Supply
celecoxib oral capsule 400 mg	Preferred	QL
celecoxib oral capsule 50 mg	Preferred	
ELYXYB ORAL SOLUTION	Non-Preferred	PA
Dibenzoxapines		
loxapine succinate oral capsule	Formulary	
Diphenylbutylperidines		
pimozide oral tablet	Formulary	
Dopamine Precursors		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Preferred	
carbidopa-levodopa oral tablet	Preferred	
carbidopa-levodopa oral tablet dispersible	Preferred	90 Day Supply
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Preferred	
DHIVY ORAL TABLET 25-100 MG	Non-Preferred	PA
INBRIJA INHALATION CAPSULE	Non-Preferred	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE	Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non-Preferred	PA
STALEVO 100 ORAL TABLET	Non-Preferred	PA
STALEVO 125 ORAL TABLET	Non-Preferred	PA
STALEVO 150 ORAL TABLET	Non-Preferred	PA
STALEVO 200 ORAL TABLET	Non-Preferred	PA
STALEVO 50 ORAL TABLET	Non-Preferred	PA
STALEVO 75 ORAL TABLET	Non-Preferred	PA
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Non-Preferred	PA
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral capsule	Formulary	
bromocriptine mesylate oral tablet	Formulary	
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred	90 Day Supply
duloxetine hcl oral capsule delayed release particles 40 mg	Non-Preferred	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA
SAVELLA ORAL TABLET	Preferred	QL
SAVELLA TITRATION PACK ORAL	Preferred	
Gaba-Mediated Anticonvulsants		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DIACOMIT ORAL CAPSULE	Non-Preferred	PA
DIACOMIT ORAL PACKET	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA
SABRIL ORAL PACKET	Non-Preferred	PA
SABRIL ORAL TABLET	Non-Preferred	PA
tiagabine hcl oral tablet	Non-Preferred	PA
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
vigabatrin oral packet	Non-Preferred	PA
vigabatrin oral tablet	Non-Preferred	PA
ZTALMY ORAL SUSPENSION	Non-Preferred	PA
Hydantoins		
DILANTIN INFATABS ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
DILANTIN ORAL CAPSULE	Preferred	QL
DILANTIN ORAL SUSPENSION	Non-Preferred	PA
PHENYTEK ORAL CAPSULE	Preferred	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	Preferred	QL
phenytoin oral suspension	Preferred	
phenytoin oral tablet chewable	Preferred	QL
phenytoin sodium extended oral capsule 100 mg	Preferred	90 Day Supply; QL
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET	Non-Preferred	PA
BANZEL ORAL SUSPENSION	Non-Preferred	PA
BANZEL ORAL TABLET	Non-Preferred	PA
lacosamide oral solution	Preferred	
lacosamide oral tablet	Preferred	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
oxcarbazepine oral suspension	Preferred	
oxcarbazepine oral tablet 150 mg	Preferred	90 Day Supply
oxcarbazepine oral tablet 300 mg, 600 mg	Preferred	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
rufinamide oral suspension 40 mg/ml	Non-Preferred	PA
rufinamide oral tablet	Non-Preferred	PA
TRILEPTAL ORAL SUSPENSION	Non-Preferred	PA
TRILEPTAL ORAL TABLET	Non-Preferred	PA
VIMPAT ORAL SOLUTION	Non-Preferred	PA
VIMPAT ORAL TABLET	Non-Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non-Preferred	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Non-Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK	Non-Preferred	PA
ZONISADE ORAL SUSPENSION	Non-Preferred	PA
zonisamide oral capsule	Preferred	90 Day Supply
Melatonin Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION	Non-Preferred	PA
HETLIOZ ORAL CAPSULE	Non-Preferred	PA
ramelteon oral tablet	Non-Preferred	PA
ROZEREM ORAL TABLET	Preferred	
tasimelteon oral capsule	Non-Preferred	PA
Monoamine Oxidase B Inhibitors		
selegiline hcl oral capsule	Formulary	
selegiline hcl oral tablet	Formulary	
XADAGO ORAL TABLET	Non-Preferred	PA
Monoamine Oxidase Inhibitors		
phenelzine sulfate oral tablet	Formulary	
selegiline hcl oral capsule	Formulary	
selegiline hcl oral tablet	Formulary	
tranylcypromine sulfate oral tablet	Formulary	
XADAGO ORAL TABLET	Non-Preferred	PA
Non-Benzodiazepine Anxiolytics		
bupirone hcl oral tablet	Formulary	QL
meprobamate oral tablet	Formulary	
Non-Benzodiazepine Hypnotics		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
AMBIEN ORAL TABLET	Non-Preferred	PA; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
eszopiclone oral tablet	Preferred	QL
LUNESTA ORAL TABLET	Non-Preferred	PA
zaleplon oral capsule	Preferred	QL
zolpidem tartrate er oral tablet extended release	Non-Preferred	PA
zolpidem tartrate oral capsule	Non-Preferred	PA
zolpidem tartrate oral tablet	Preferred	QL
zolpidem tartrate sublingual tablet sublingual	Non-Preferred	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA
pramipexole dihydrochloride er oral tablet extended release 24 hour	Non-Preferred	PA
pramipexole dihydrochloride oral tablet	Preferred	90 Day Supply; QL
ropinirole hcl er oral tablet extended release 24 hour	Non-Preferred	PA
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	90 Day Supply
ropinirole hcl oral tablet 5 mg	Preferred	
Non-Opioid Analgesics		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
8 hr arthritis pain relief oral tablet extended release	Formulary	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Formulary	OTC
acetaminophen er oral tablet extended release	Formulary	OTC
acetaminophen extra strength oral tablet	Formulary	OTC
acetaminophen infants oral suspension	Formulary	OTC
acetaminophen junior strength oral tablet dispersible	Formulary	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Formulary	OTC
acetaminophen oral tablet chewable 80 mg	Formulary	OTC
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
acetaminophen rectal suppository 120 mg, 650 mg	Formulary	OTC
acetaminophen-codeine oral solution	Formulary	
acetaminophen-codeine oral tablet	Formulary	QL
added strength headache relief oral tablet	Formulary	OTC
arthritis pain relief oral tablet extended release	Formulary	OTC
arthritis pain reliever oral tablet extended release	Formulary	OTC
betatemp childrens oral suspension	Formulary	OTC
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
childrens acetaminophen oral suspension 160 mg/5ml	Formulary	OTC
childrens apap oral tablet chewable	Formulary	OTC
childrens non-aspirin oral tablet chewable	Formulary	OTC
childrens silapap oral liquid	Formulary	OTC
cvs 8hr muscle aches & pain oral tablet extended release	Formulary	OTC
cvs acetaminophen ex st oral liquid	Formulary	OTC
cvs headache relief oral tablet	Formulary	OTC
cvs infants pain relief drops oral suspension 160 mg/5ml	Formulary	OTC
cvs pain relief childrens oral tablet chewable	Formulary	OTC
ed-apap oral liquid	Formulary	OTC
eq acetaminophen oral tablet 500 mg	Formulary	OTC
eq pain & fever childrens oral tablet chewable	Formulary	OTC
extraprin oral tablet	Formulary	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Formulary	OTC
gnp infants pain/fever oral suspension	Formulary	OTC
headache relief oral tablet	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET	Formulary	OTC
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
night time pain medicine ex st oral tablet	Formulary	OTC
non-aspirin extra strength oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
non-aspirin oral tablet 325 mg	Formulary	OTC
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever extra strength oral tablet	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
qc non-aspirin extra strength oral tablet	Formulary	OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra acetaminophen childrens oral tablet chewable	Formulary	OTC
ra acetaminophen ex st oral tablet	Formulary	OTC
ra acetaminophen oral tablet	Formulary	OTC
ra fever reducer/pain reliever oral suspension	Formulary	OTC
ra menstrual relief oral tablet	Formulary	OTC
sb non-aspirin extra strength oral tablet	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb non-aspirin oral tablet chewable 80 mg	Formulary	OTC
sb pain relief x-str oral tablet	Formulary	OTC
TENCON ORAL TABLET 50-325 MG	Formulary	
Nonsteroidal Anti-Inflamm. Agents, Misc		
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Formulary	OTC
diclofenac epolamine external patch	Non-Preferred	PA
diclofenac potassium oral capsule	Non-Preferred	PA
diclofenac potassium oral tablet	Non-Preferred	PA
diclofenac sodium er oral tablet extended release 24 hour	Preferred	
diclofenac sodium oral tablet delayed release 25 mg	Preferred	
diclofenac sodium oral tablet delayed release 50 mg, 75 mg	Preferred	90 Day Supply
diclofenac-misoprostol oral tablet delayed release	Non-Preferred	PA
diflunisal oral tablet	Non-Preferred	PA
etodolac er oral tablet extended release 24 hour	Non-Preferred	PA
etodolac oral capsule	Preferred	
etodolac oral tablet	Preferred	
fenoprofen calcium oral capsule	Non-Preferred	PA
fenoprofen calcium oral tablet	Non-Preferred	PA
FLECTOR EXTERNAL PATCH	Non-Preferred	PA; QL
flurbiprofen oral tablet	Preferred	
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
IBU ORAL TABLET 400 MG, 800 MG	Preferred	
IBU ORAL TABLET 600 MG	Preferred	90 Day Supply
ibuprofen childrens oral suspension	Formulary	OTC
ibuprofen junior strength oral tablet chewable	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	90 Day Supply
ibuprofen-famotidine oral tablet	Non-Preferred	PA
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
INFANTS ADVIL ORAL SUSPENSION	Formulary	OTC
infants ibuprofen oral suspension	Formulary	OTC
ketoprofen er oral capsule extended release 24 hour	Non-Preferred	PA
ketoprofen oral capsule	Non-Preferred	PA
ketorolac tromethamine oral tablet	Preferred	
LICART EXTERNAL PATCH 24 HOUR	Non-Preferred	PA
LOFENA ORAL TABLET	Non-Preferred	PA
meclofenamate sodium oral capsule	Non-Preferred	PA
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
mefenamic acid oral capsule	Non-Preferred	PA
meloxicam oral capsule	Non-Preferred	PA
meloxicam oral tablet	Preferred	90 Day Supply
nabumetone oral tablet 500 mg	Preferred	90 Day Supply
nabumetone oral tablet 750 mg	Preferred	
NALFON ORAL CAPSULE 400 MG	Non-Preferred	PA
NALFON ORAL TABLET	Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
oxaprozin oral tablet	Non-Preferred	PA
piroxicam oral capsule	Preferred	
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
RELAFEN DS ORAL TABLET	Non-Preferred	PA
sm ibuprofen ib oral tablet	Formulary	OTC
sulindac oral tablet 150 mg	Preferred	90 Day Supply
sulindac oral tablet 200 mg	Preferred	
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
tolmetin sodium oral capsule	Non-Preferred	PA
tolmetin sodium oral tablet 600 mg	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA
Opioid Agonists		
acetaminophen-codeine oral solution	Formulary	
acetaminophen-codeine oral tablet	Formulary	QL
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-asa-caff-codeine oral capsule	Formulary	AL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Non-Preferred	PA
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	Preferred	
hydrocodone bitartrate er oral capsule extended release 12 hour	Non-Preferred	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Non-Preferred	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
hydromorphone hcl er oral tablet extended release 24 hour	Non-Preferred	PA
hydromorphone hcl oral liquid	Formulary	
hydromorphone hcl oral tablet	Formulary	
hydromorphone hcl rectal suppository	Formulary	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Non-Preferred	PA
methadone hcl oral tablet	Non-Preferred	PA
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml	Formulary	
morphine sulfate er beads oral capsule extended release 24 hour	Non-Preferred	PA
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Non-Preferred	PA
morphine sulfate er oral tablet extended release	Preferred	
morphine sulfate oral solution	Formulary	
morphine sulfate oral tablet	Formulary	
morphine sulfate rectal suppository	Formulary	
MS CONTIN ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Non-Preferred	PA
oxycodone hcl oral capsule	Formulary	
oxycodone hcl oral concentrate 100 mg/5ml	Formulary	
oxycodone hcl oral solution	Formulary	
oxycodone hcl oral tablet	Formulary	
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	Non-Preferred	PA
oxymorphone hcl er oral tablet extended release 12 hour	Non-Preferred	PA
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Non-Preferred	PA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Non-Preferred	PA
tramadol hcl er oral tablet extended release 24 hour	Non-Preferred	PA
tramadol hcl oral tablet 50 mg	Formulary	AL
Opioid Antagonists		
buprenorphine hcl-naloxone hcl sublingual film	Non-Preferred	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Preferred	QL
KLOXXADO NASAL LIQUID	Preferred	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naloxone hcl nasal liquid	Non-Preferred	PA
naltrexone hcl oral tablet	Formulary	
NARCAN NASAL LIQUID	Preferred	
OPVEE NASAL SOLUTION	Non-Preferred	PA
REXTOVY NASAL LIQUID	Preferred	
SUBOXONE SUBLINGUAL FILM	Preferred	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
Opioid Partial Agonists		
BELBUCA BUCCAL FILM	Preferred	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
buprenorphine hcl sublingual tablet sublingual	Non-Preferred	PA
buprenorphine hcl-naloxone hcl sublingual film	Non-Preferred	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Preferred	QL
buprenorphine transdermal patch weekly	Preferred	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SUBOXONE SUBLINGUAL FILM	Preferred	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET	Non-Preferred	PA
DAYVIGO ORAL TABLET	Non-Preferred	PA
QUVIVIQ ORAL TABLET	Non-Preferred	PA; QL
Phenothiazines		
chlorpromazine hcl oral tablet	Formulary	
COMPRO RECTAL SUPPOSITORY	Formulary	
fluphenazine decanoate injection solution	Formulary	
fluphenazine hcl oral tablet	Formulary	
perphenazine oral tablet	Formulary	
perphenazine-amitriptyline oral tablet	Formulary	
prochlorperazine edisylate injection solution 10 mg/2ml	Formulary	
prochlorperazine maleate oral tablet	Formulary	
prochlorperazine rectal suppository	Formulary	
thioridazine hcl oral tablet	Formulary	
trifluoperazine hcl oral tablet	Formulary	
Respiratory And Cns Stimulants		
added strength headache relief oral tablet	Formulary	OTC
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
atomoxetine hcl oral capsule	Preferred	QL
AZSTARYS ORAL CAPSULE	Non-Preferred	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
butalbital-asa-caff-codeine oral capsule	Formulary	AL
caffeine citrate oral solution 60 mg/3ml	Formulary	
CONCERTA ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	Non-Preferred	PA
cvs headache relief oral tablet	Formulary	OTC
DAYTRANA TRANSDERMAL PATCH	Non-Preferred	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour	Preferred	QL
dexmethylphenidate hcl oral tablet	Preferred	QL
extraprin oral tablet	Formulary	OTC
FOCALIN ORAL TABLET	Non-Preferred	PA; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
headache relief oral tablet	Formulary	OTC
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
METHYLIN ORAL SOLUTION	Preferred	QL
methylphenidate hcl er (cd) oral capsule extended release	Non-Preferred	PA
methylphenidate hcl er (la) oral capsule extended release 24 hour	Non-Preferred	PA
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Preferred	QL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	Non-Preferred	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour	Non-Preferred	PA
methylphenidate hcl er oral tablet extended release	Preferred	QL
methylphenidate hcl er oral tablet extended release 24 hour	Preferred	QL
methylphenidate hcl oral solution	Preferred	QL
methylphenidate hcl oral tablet	Preferred	QL
methylphenidate hcl oral tablet chewable	Non-Preferred	PA; QL
methylphenidate transdermal patch	Non-Preferred	PA; QL
migraine relief oral tablet	Formulary	OTC
pain reliever extra strength oral tablet 250-250-65 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	Non-Preferred	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
ra menstrual relief oral tablet	Formulary	OTC
RELEXXII ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Preferred	QL
RITALIN ORAL TABLET	Non-Preferred	PA; QL
sb pain relief x-str oral tablet	Formulary	OTC
STRATTERA ORAL CAPSULE	Non-Preferred	PA; QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Reversible Cox-1/Cox-2 Inhibitors		
ACULAR LS OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACULAR OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACUVAIL OPHTHALMIC SOLUTION	Non-Preferred	PA
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Formulary	OTC
diflunisal oral tablet	Non-Preferred	PA
etodolac er oral tablet extended release 24 hour	Non-Preferred	PA
etodolac oral capsule	Preferred	
etodolac oral tablet	Preferred	
fenoprofen calcium oral capsule	Non-Preferred	PA
fenoprofen calcium oral tablet	Non-Preferred	PA
flurbiprofen oral tablet	Preferred	
flurbiprofen sodium ophthalmic solution	Non-Preferred	PA
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC
IBU ORAL TABLET 400 MG, 800 MG	Preferred	
IBU ORAL TABLET 600 MG	Preferred	90 Day Supply
ibuprofen childrens oral suspension	Formulary	OTC
ibuprofen junior strength oral tablet chewable	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 300 mg	Non-Preferred	PA
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	90 Day Supply
ibuprofen-famotidine oral tablet	Non-Preferred	PA
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
INFANTS ADVIL ORAL SUSPENSION	Formulary	OTC
infants ibuprofen oral suspension	Formulary	OTC
ketorolac tromethamine ophthalmic solution 0.4 %	Preferred	QL
ketorolac tromethamine ophthalmic solution 0.5 %	Preferred	90 Day Supply; QL
ketorolac tromethamine oral tablet	Preferred	
meclofenamate sodium oral capsule	Non-Preferred	PA
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
mefenamic acid oral capsule	Non-Preferred	PA
meloxicam oral capsule	Non-Preferred	PA
meloxicam oral tablet	Preferred	90 Day Supply
nabumetone oral tablet 500 mg	Preferred	90 Day Supply
nabumetone oral tablet 750 mg	Preferred	
NALFON ORAL CAPSULE 400 MG	Non-Preferred	PA
NALFON ORAL TABLET	Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
naproxen-esomeprazole oral tablet delayed release	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
oxaprozin oral tablet	Non-Preferred	PA
piroxicam oral capsule	Preferred	
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
RELAFEN DS ORAL TABLET	Non-Preferred	PA
sm ibuprofen ib oral tablet	Formulary	OTC
sulindac oral tablet 150 mg	Preferred	90 Day Supply
sulindac oral tablet 200 mg	Preferred	
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA
Salicylates		
added strength headache relief oral tablet	Formulary	OTC
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
butalbital-asa-caff-codeine oral capsule	Formulary	AL
childrens aspirin oral tablet chewable	Formulary	OTC
cvs headache relief oral tablet	Formulary	OTC
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
extraprin oral tablet	Formulary	OTC
gnp aspirin oral tablet 325 mg	Formulary	OTC
headache relief oral tablet	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
pain reliever extra strength oral tablet 250-250-65 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC
salsalate oral tablet	Formulary	
sb pain relief x-str oral tablet	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
desvenlafaxine er oral tablet extended release 24 hour	Preferred	
desvenlafaxine succinate er oral tablet extended release 24 hour	Preferred	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred	90 Day Supply
duloxetine hcl oral capsule delayed release particles 40 mg	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
SAVELLA ORAL TABLET	Preferred	QL
SAVELLA TITRATION PACK ORAL	Preferred	
venlafaxine hcl er oral capsule extended release 24 hour	Preferred	90 Day Supply; QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	Non-Preferred	PA
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Non-Preferred	PA; QL
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg	Preferred	90 Day Supply
venlafaxine hcl oral tablet 50 mg	Preferred	
Selective Serotonin Agonists		
almotriptan malate oral tablet	Non-Preferred	PA
eletriptan hydrobromide oral tablet	Non-Preferred	PA
FROVA ORAL TABLET	Non-Preferred	PA
frovatriptan succinate oral tablet	Non-Preferred	PA
IMITREX ORAL TABLET	Non-Preferred	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	QL
MAXALT ORAL TABLET 10 MG	Non-Preferred	PA; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non-Preferred	PA; QL
naratriptan hcl oral tablet 1 mg	Non-Preferred	PA
naratriptan hcl oral tablet 2.5 mg	Non-Preferred	PA; 90 Day Supply
RELPAX ORAL TABLET	Preferred	
REYVOW ORAL TABLET	Non-Preferred	PA; QL
rizatriptan benzoate oral tablet	Preferred	90 Day Supply; QL
rizatriptan benzoate oral tablet dispersible 10 mg	Preferred	90 Day Supply; QL
rizatriptan benzoate oral tablet dispersible 5 mg	Preferred	QL
sumatriptan nasal solution	Non-Preferred	PA; QL
sumatriptan succinate oral tablet	Preferred	90 Day Supply; QL
sumatriptan succinate refill subcutaneous solution cartridge	Non-Preferred	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Non-Preferred	PA
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Non-Preferred	PA
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
TOSYMRA NASAL SOLUTION	Non-Preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
zolmitriptan nasal solution	Non-Preferred	PA
zolmitriptan oral tablet	Preferred	QL
zolmitriptan oral tablet dispersible	Non-Preferred	PA
ZOMIG NASAL SOLUTION	Preferred	QL
ZOMIG ORAL TABLET	Non-Preferred	PA
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET	Non-Preferred	PA
citalopram hydrobromide oral capsule	Non-Preferred	PA
citalopram hydrobromide oral solution	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
citalopram hydrobromide oral tablet	Preferred	90 Day Supply
escitalopram oxalate oral solution 5 mg/5ml	Non-Preferred	PA
escitalopram oxalate oral tablet	Preferred	90 Day Supply
fluoxetine hcl (pmdd) oral tablet	Non-Preferred	PA
fluoxetine hcl oral capsule	Preferred	90 Day Supply
fluoxetine hcl oral capsule delayed release	Non-Preferred	PA
fluoxetine hcl oral solution	Preferred	
fluoxetine hcl oral tablet 10 mg	Non-Preferred	PA; 90 Day Supply
fluoxetine hcl oral tablet 20 mg, 60 mg	Non-Preferred	PA
fluvoxamine maleate er oral capsule extended release 24 hour	Non-Preferred	PA
fluvoxamine maleate oral tablet	Preferred	
LEXAPRO ORAL TABLET	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
paroxetine hcl er oral tablet extended release 24 hour	Non-Preferred	PA
paroxetine hcl oral suspension	Non-Preferred	PA
paroxetine hcl oral tablet	Preferred	90 Day Supply
paroxetine mesylate oral capsule	Non-Preferred	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
PAXIL ORAL SUSPENSION	Non-Preferred	PA
PAXIL ORAL TABLET	Non-Preferred	PA
PROZAC ORAL CAPSULE	Non-Preferred	PA
sertraline hcl oral capsule	Non-Preferred	PA
sertraline hcl oral concentrate	Preferred	QL
sertraline hcl oral tablet	Preferred	90 Day Supply
ZOLOFT ORAL CONCENTRATE	Non-Preferred	PA; QL
ZOLOFT ORAL TABLET	Non-Preferred	PA
Serotonin Modulators		
mirtazapine oral tablet	Preferred	90 Day Supply; QL
mirtazapine oral tablet dispersible	Preferred	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg	Preferred	QL
nefazodone hcl oral tablet 50 mg	Preferred	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Preferred	PA; QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE	Non-Preferred	PA
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Preferred	90 Day Supply
trazodone hcl oral tablet 300 mg	Preferred	
trazodone hcl powder	Preferred	
TRINTELLIX ORAL TABLET	Non-Preferred	PA
VIIBRYD ORAL TABLET	Preferred	
vilazodone hcl oral tablet	Non-Preferred	PA
Succinimides		
CELONTIN ORAL CAPSULE	Preferred	
ethosuximide oral capsule	Preferred	
ethosuximide oral solution	Preferred	
methsuximide oral capsule	Non-Preferred	PA
ZARONTIN ORAL CAPSULE	Non-Preferred	PA
ZARONTIN ORAL SOLUTION	Non-Preferred	PA
Thioxanthenes		
thiothixene oral capsule	Formulary	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Formulary	90 Day Supply
amitriptyline hcl oral tablet 150 mg, 75 mg	Formulary	
amoxapine oral tablet	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
clomipramine hcl oral capsule	Formulary	
desipramine hcl oral tablet	Formulary	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 75 mg	Formulary	
doxepin hcl oral capsule 25 mg, 50 mg	Formulary	90 Day Supply
doxepin hcl oral concentrate	Formulary	90 Day Supply
imipramine hcl oral tablet	Formulary	90 Day Supply
nortriptyline hcl oral capsule	Formulary	90 Day Supply
perphenazine-amitriptyline oral tablet	Formulary	
Wakefulness-Promoting Agents		
armodafinil oral tablet	Formulary	PA
diclofenac sodium oral tablet delayed release 75 mg	Preferred	90 Day Supply
modafinil oral tablet	Formulary	PA
Dental Agents		
Dental Agents		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride 5000 ppm dental paste	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
Nutritional Supplements		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
Devices		
Devices		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	Formulary	OTC
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Formulary	OTC
ACCU-CHEK AVIVA IN VITRO SOLUTION	Formulary	OTC
ACCU-CHEK FASTCLIX LANCET KIT	Formulary	OTC
ACCU-CHEK FASTCLIX LANCETS	Preferred	OTC
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	Formulary	OTC
ACCU-CHEK GUIDE KIT	Preferred	OTC; QL
ACCU-CHEK GUIDE ME KIT	Preferred	OTC; QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Formulary	OTC
ACCU-CHEK SOFTCLIX LANCETS	Preferred	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ACE AEROSOL CLOUD ENHANCER	Formulary	QL
ADVOCATE INSULIN PEN NEEDLES	Formulary	OTC
ADVOCATE INSULIN SYRINGE	Formulary	OTC
AEROCHAMBER MINI CHAMBER DEVICE	Formulary	QL
AEROCHAMBER MV	Formulary	QL
AEROCHAMBER PLUS FLO-VU	Formulary	QL
AEROCHAMBER PLUS FLO-VU LARGE	Formulary	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	Formulary	QL
AEROCHAMBER PLUS FLO-VU SMALL	Formulary	QL
AEROCHAMBER PLUS FLO-VU W/MASK	Formulary	QL
AEROCHAMBER PLUS FLOW VU	Formulary	QL
AEROCHAMBER W/FLOWSIGNAL	Formulary	QL
AEROCHAMBER Z-STAT PLUS	Formulary	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	Formulary	QL
AEROCHAMBER Z-STAT PLUS/LARGE	Formulary	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	Formulary	QL
AEROCHAMBER Z-STAT PLUS/SMALL	Formulary	QL
AEROTRACH PLUS	Formulary	QL
AGAMATRIX PRESTO KIT	Non-Preferred	PA; OTC; QL
alcohol prep pad 70 %	Formulary	OTC; QL
alcohol swabs pad 70 %	Formulary	OTC; QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	Formulary	OTC
BAND-AID GAUZE SMALL PAD	Formulary	OTC
BD AUTOSHIELD DUO	Formulary	OTC
BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, U-100 1 ML	Formulary	OTC
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Formulary	
BD INSULIN SYRINGE HALF-UNIT	Formulary	OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	Formulary	OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML	Formulary	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML	Formulary	OTC
BD INSULIN SYRINGE U-500	Formulary	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
BD PEN NEEDLE MICRO U/F	Formulary	OTC
BD PEN NEEDLE MICRO ULTRAFINE	Formulary	OTC
BD PEN NEEDLE MINI U/F	Formulary	OTC
BD PEN NEEDLE MINI ULTRAFINE	Formulary	OTC
BD PEN NEEDLE NANO ULTRAFINE	Formulary	OTC
BD PEN NEEDLE ORIG ULTRAFINE	Formulary	OTC
BD PEN NEEDLE ORIGINAL U/F	Formulary	OTC
BD PEN NEEDLE SHORT U/F	Formulary	OTC
BD PEN NEEDLE SHORT ULTRAFINE	Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	Formulary	
BD VEO INSULIN SYR U/F 1/2UNIT	Formulary	OTC
BD VEO INSULIN SYR ULTRAFINE	Formulary	OTC
BD VEO INSULIN SYRINGE U/F	Formulary	
BREATHERITE VALVED MDI CHAMBER DEVICE	Formulary	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CAREFINE PEN NEEDLES	Formulary	OTC
CARETOUCH ALCOHOL PREP PAD	Formulary	OTC; QL
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	Formulary	OTC
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Formulary	OTC
CLICKFINE PEN NEEDLES 31G X 6 MM , 32G X 4 MM	Formulary	OTC
clickfine pen needles 31g x 8 mm	Formulary	OTC
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Formulary	OTC
COMPACT SPACE CHAMBER DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/LG MASK DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/MED MASK DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/SM MASK DEVICE	Formulary	QL
CONTOUR BLOOD GLUCOSE SYSTEM KIT	Preferred	OTC; QL
CONTOUR CONTROL IN VITRO LIQUID	Formulary	OTC
CONTOUR MONITOR DEVICE	Preferred	OTC; QL
CONTOUR NEXT CONTROL IN VITRO SOLUTION	Formulary	OTC
CONTOUR NEXT EZ KIT	Preferred	OTC; QL
CONTOUR NEXT GEN MONITOR KIT	Non-Preferred	PA; OTC; QL
CONTOUR NEXT MONITOR KIT	Non-Preferred	PA; OTC; QL
CONTOUR NEXT ONE KIT	Preferred	OTC; QL
CURITY ALCOHOL PREPS PAD	Formulary	OTC; QL
CURITY ALL PURPOSE SPONGES PAD 2"X2"	Formulary	OTC
CURITY GAUZE PAD 2"X2"	Formulary	OTC
CURITY GAUZE SPONGE PAD 2"X2"	Formulary	OTC
CURITY SPONGES PAD 2"X2"	Formulary	OTC
cvs gauze pad 2"x2"	Formulary	OTC
DERMACEA GAUZE SPONGE PAD 2"X2"	Formulary	OTC
DERMACEA IV SPONGES PAD	Formulary	OTC
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	Formulary	OTC
DERMACEA TYPE VII GAUZE PAD 2"X2"	Formulary	OTC
DEXCOM G5 MOB/G4 PLAT SENSOR	Non-Preferred	PA
DEXCOM G5 MOBILE RECEIVER DEVICE	Non-Preferred	PA
DEXCOM G5 MOBILE TRANSMITTER	Non-Preferred	PA
DEXCOM G5 RECEIVER KIT DEVICE	Non-Preferred	PA
DEXCOM G6 RECEIVER DEVICE	Preferred	QL
DEXCOM G6 SENSOR	Preferred	QL
DEXCOM G6 TRANSMITTER	Preferred	QL
DEXCOM G7 RECEIVER DEVICE	Preferred	QL
DEXCOM G7 SENSOR	Preferred	QL
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Formulary	OTC
dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm	Formulary	OTC
DUODERM CGF DRESSING EXTERNAL	Formulary	OTC
DUODERM CGF EXTRA THIN EXTERNAL	Formulary	OTC
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Formulary	OTC
easy glide pen needles	Formulary	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD	Formulary	OTC; QL
EASY TOUCH FLIPLOCK INSULIN SY	Formulary	OTC
EASY TOUCH INSULIN BARRELS	Formulary	OTC
EASY TOUCH INSULIN BARRELS 1ML	Formulary	OTC
EASY TOUCH INSULIN SAFETY SYR	Formulary	OTC
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Formulary	OTC
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
EMBECTA AUTOSHIELD DUO	Formulary	OTC
EMBECTA INS SYR U/F 1/2 UNIT	Formulary	OTC
EMBECTA INSULIN SYR ULTRAFINE	Formulary	OTC
EMBECTA INSULIN SYRINGE	Formulary	
EMBECTA INSULIN SYRINGE U-100	Formulary	OTC
EMBECTA INSULIN SYRINGE U-500	Formulary	
EMBECTA PEN NEEDLE NANO	Formulary	OTC
EMBECTA PEN NEEDLE NANO 2 GEN	Formulary	OTC
EMBECTA PEN NEEDLE ULTRAFINE	Formulary	OTC
eql insulin syringe 30g x 5/16" 1 ml	Formulary	OTC
EXCILON IV SPONGES PAD	Formulary	OTC
FIFTY50 PEN NEEDLES	Formulary	OTC
FORA G20 BLOOD GLUCOSE SYSTEM KIT	Non-Preferred	PA; OTC; QL
FREESTYLE FREEDOM LITE KIT	Non-Preferred	PA; OTC; QL
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	QL
FREESTYLE LIBRE 2 PLUS SENSOR	Preferred	QL
FREESTYLE LIBRE 2 READER DEVICE	Preferred	QL
FREESTYLE LIBRE 2 SENSOR	Preferred	QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred	QL
FREESTYLE LIBRE 3 READER DEVICE	Preferred	QL
FREESTYLE LIBRE 3 SENSOR	Preferred	QL
FREESTYLE LITE DEVICE	Non-Preferred	PA; OTC; QL
FREESTYLE LITE KIT	Non-Preferred	PA; OTC; QL
global alcohol prep ease pad	Formulary	OTC; QL
global ease inject pen needles 32g x 4 mm	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml	Formulary	OTC
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml	Formulary	OTC
global insulin syringes 30g x 5/16" 0.3 ml	Formulary	OTC
GLUCOCARD EXPRESSION MONITOR KIT	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE DEVICE	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE KIT	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE XL DEVICE	Non-Preferred	PA; OTC; QL
gnp clickfine pen needles 31g x 6 mm	Formulary	OTC
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml	Formulary	OTC
gnp ulticare pen needles 31g x 5 mm	Formulary	OTC
gnp ultra com insulin syringe 28g x 1/2" 1 ml	Formulary	OTC
goodsense clickfine pen needle	Formulary	OTC
h-e-b incontrol alcohol pad	Formulary	OTC; QL
h-e-b incontrol pen needles	Formulary	OTC
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Formulary	QL
insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
insulin syringe-needle u-100 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	
insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml	Formulary	OTC
insupen pen needles 29g x 12mm , 31g x 5 mm , 32g x 4 mm , 33g x 4 mm	Formulary	OTC
INSUPEN SENSITIVE	Formulary	OTC
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	Formulary	OTC
kmart valu insulin syringe 29g u-100 0.5 ml	Formulary	OTC
leader insulin syringe 30g x 5/16" 0.5 ml	Formulary	OTC
LITETOUCH INSULIN SYRINGE	Formulary	OTC
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	Formulary	OTC
longs insulin syringe 31g x 5/16" 0.5 ml	Formulary	OTC
MAGELLAN INSULIN SAFETY SYR	Formulary	
MAXI-COMFORT INSULIN SYRINGE	Formulary	OTC
MAXI-COMFORT SAFETY PEN NEEDLE	Formulary	OTC
MICROCHAMBER	Formulary	QL
MICROCHAMBER DEVICE	Formulary	QL
MICRODOT PEN NEEDLE	Formulary	OTC
MICROLET NEXT LANCING DEVICE	Formulary	OTC
MICROSPACER	Formulary	QL
MINIMED 630G GUARDIAN PRESS	Formulary	PA
mm insulin syringe/needle 30g x 5/16" 0.5 ml	Formulary	OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Formulary	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Formulary	OTC
NOVOFINE 32G X 6 MM	Formulary	OTC
NOVOFINE AUTOCOVER PEN NEEDLE	Formulary	OTC
NOVOFINE PEN NEEDLE	Formulary	OTC
NOVOFINE PLUS	Formulary	OTC
NOVOFINE PLUS PEN NEEDLE	Formulary	OTC
NOVOTWIST 32G X 5 MM	Formulary	OTC
ONETOUCH ULTRA 2 KIT	Non-Preferred	PA; OTC; QL
ONETOUCH VERIO FLEX SYSTEM KIT	Non-Preferred	PA; OTC; QL
OPTICHAMBER DIAMOND	Formulary	QL
OPTICHAMBER DIAMOND-LG MASK DEVICE	Formulary	QL
OPTICHAMBER DIAMOND-MD MASK	Formulary	QL
OPTICHAMBER DIAMOND-SM MASK	Formulary	QL
pen needles 32g x 5 mm	Formulary	OTC
pen needles 5/16" 31g x 8 mm	Formulary	OTC
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Formulary	
PENTIPS 31G X 6 MM	Formulary	OTC
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Formulary	OTC
POCKET CHAMBER DEVICE	Formulary	QL
PRECISION XTRA-GLUCOSE/KETONE DEVICE	Non-Preferred	PA; OTC; QL
preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	Formulary	OTC
pro comfort alcohol pad	Formulary	OTC; QL
PRO COMFORT INSULIN SYRINGE	Formulary	OTC
pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm	Formulary	
pro comfort pen needles 32g x 6 mm , 32g x 8 mm	Formulary	OTC
prochamber vhc device	Formulary	QL
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Non-Preferred	PA; OTC; QL
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL
PRODIGY INSULIN SYRINGE	Formulary	OTC
PRODIGY POCKET BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL
PRODIGY VOICE BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Formulary	OTC
RELION MINI PEN NEEDLES	Formulary	OTC
RELION PEN NEEDLES 32G X 4 MM	Formulary	OTC
SIDESTREAM PEDIATRIC FACE MASK	Formulary	QL
silicone mask/pediatric	Formulary	QL
sm gauze pad 2"x2"	Formulary	OTC
sterile gauze pad 2"x2"	Formulary	OTC
sure comfort alcohol prep pad	Formulary	OTC; QL
sure comfort insulin syringe	Formulary	OTC
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 6 mm	Formulary	OTC
sure comfort pen needles 32g x 4 mm	Formulary	

Droga	Nivel	Requisitos y límites de cobertura
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
TECHLITE PEN NEEDLES	Formulary	OTC
TECHLITE PLUS PEN NEEDLES	Formulary	OTC
today's health pen needles	Formulary	OTC
topcare clickfine pen needles	Formulary	OTC
topcare ultra comfort ins syr	Formulary	OTC
true comfort alcohol prep pads pad	Formulary	OTC; QL
true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
true comfort pen needles	Formulary	OTC
TRUE METRIX AIR GLUCOSE METER KIT	Non-Preferred	PA; OTC; QL
TRUE METRIX METER DEVICE	Non-Preferred	PA; OTC; QL
TRUE METRIX METER KIT	Non-Preferred	PA; OTC; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	Formulary	OTC
TRUEPLUS INSULIN SYRINGE	Formulary	OTC
ULTICARE INSULIN SYR 1/2 UNIT	Formulary	OTC
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Formulary	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 32G X 4 MM	Formulary	OTC
ULTICARE MINI PEN NEEDLES 32G X 6 MM	Formulary	OTC
ULTICARE PEN NEEDLES 29G X 12.7MM	Formulary	
ULTICARE PEN NEEDLES 31G X 5 MM	Formulary	OTC
ULTICARE SHORT PEN NEEDLES 31G X 8 MM	Formulary	
ULTIGUARD SAFE PACK PEN NEEDLE 32G X 4 MM	Formulary	OTC
ultilet alcohol swabs pad	Formulary	OTC; QL
ULTILET PEN NEEDLE 32G X 4 MM	Formulary	OTC
ultracare insulin syringe	Formulary	OTC
ultracare pen needles	Formulary	OTC
ULTRA-THIN II INS SYR SHORT	Formulary	OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Formulary	OTC
ULTRA-THIN II MINI PEN NEEDLE	Formulary	OTC
ULTRA-THIN II PEN NEEDLE SHORT	Formulary	OTC
ULTRA-THIN II PEN NEEDLES	Formulary	OTC
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Formulary	OTC
UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Formulary	OTC
valved holding chamber device	Formulary	QL
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Formulary	OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Formulary	QL
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Formulary	QL
VORTEX VALVED HOLDING CHAMBER DEVICE	Formulary	QL
WEBCOL ALCOHOL PREP LARGE PAD	Formulary	OTC; QL
Diagnostic Agents		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Cardiac Function		
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
dipyridamole oral tablet	Preferred	
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK GUIDE IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Preferred	OTC; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
CONTOUR NEXT TEST IN VITRO STRIP	Preferred	OTC; QL
CONTOUR TEST IN VITRO STRIP	Preferred	OTC; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE LITE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH VERIO IN VITRO STRIP	Non-Preferred	PA; OTC; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Non-Preferred	PA; OTC; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Non-Preferred	PA; OTC; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
Ketones		
CHEMSTRIP K IN VITRO STRIP	Formulary	OTC; QL
ketone test in vitro strip	Formulary	OTC; QL
KETOSTIX IN VITRO STRIP	Formulary	OTC; QL
RELION KETONE TEST IN VITRO STRIP	Formulary	OTC; QL
Sugar		
DIASTIX IN VITRO STRIP	Formulary	OTC
Urine And Feces Contents		
CHEMSTRIP 10 MD IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 10/SG IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 2 GP IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 5 OB IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 7 IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 9 IN VITRO STRIP	Formulary	OTC
CHEMSTRIP UGK IN VITRO STRIP	Formulary	OTC
CVS KETONE CARE IN VITRO STRIP	Formulary	OTC
KETO-DIASTIX IN VITRO STRIP	Formulary	OTC
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	Formulary	
Ammonia Detoxicants		
constulose oral solution	Formulary	90 Day Supply
enulose oral solution	Formulary	90 Day Supply
generlac oral solution	Formulary	90 Day Supply
lactulose oral solution 10 gm/15ml	Formulary	90 Day Supply
Caloric Agents		
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Formulary	OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Formulary	OTC; QL
l-carnitine oral capsule 500 mg	Formulary	OTC
l-carnitine oral tablet 500 mg	Formulary	OTC
levocarnitine (dietary) oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
TYR COOLER ORAL LIQUID	Formulary	OTC
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
torseamide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
torseamide oral tablet 100 mg	Formulary	
Osmotic Diuretics		
urea external cream 40 %	Formulary	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET	Non-Preferred	PA
calcium acetate (phos binder) oral capsule	Preferred	
calcium acetate (phos binder) oral tablet	Preferred	
calcium acetate oral tablet 667 mg	Preferred	
FOSRENOL ORAL PACKET	Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
lanthanum carbonate oral tablet chewable	Non-Preferred	PA
RENVELA ORAL PACKET	Non-Preferred	PA; QL
RENVELA ORAL TABLET	Preferred	QL
sevelamer carbonate oral packet	Preferred	
sevelamer carbonate oral tablet	Preferred	
sevelamer hcl oral tablet	Non-Preferred	PA
VELPHORO ORAL TABLET CHEWABLE	Non-Preferred	PA
XPHOZAH ORAL TABLET	Non-Preferred	PA
Potassium-Removing Agents		
LOKELMA ORAL PACKET	Formulary	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Formulary	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	Formulary	
SPS ORAL SUSPENSION	Formulary	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Formulary	PA
XPHOZAH ORAL TABLET 30 MG	Non-Preferred	PA
Potassium-Sparing Diuretics		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
amiloride hcl oral tablet	Formulary	
amiloride-hydrochlorothiazide oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
triamterene oral capsule	Formulary	
triamterene-hctz oral capsule 37.5-25 mg	Formulary	90 Day Supply
triamterene-hctz oral tablet	Formulary	90 Day Supply
Replacement Preparations		
50+ adult eye health oral capsule	Formulary	OTC
a thru z advanced oral tablet	Formulary	OTC
a thru z high potency oral tablet	Formulary	OTC
a thru z select 50+ mens oral tablet	Formulary	OTC
a thru z select advanced oral tablet	Formulary	OTC
a thru z select oral tablet	Formulary	OTC
a thru z select ultimate women oral tablet	Formulary	OTC
a thru z ultimate mens oral tablet	Formulary	OTC
antioxidant a/c/e/selenium oral tablet	Formulary	OTC
BPROTECTED MULTI-VITE ORAL LIQUID	Formulary	OTC
cal-citrate plus vitamin d oral tablet	Formulary	OTC
calcium + d3 oral tablet 250-3 mg-mcg	Formulary	OTC
calcium 1000 + d oral tablet	Formulary	OTC
calcium 500 + d oral tablet 500-125 mg-unit, 500-3.125 mg-mcg, 500-5 mg-mcg	Formulary	OTC
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	Formulary	OTC
calcium 500+d high potency oral tablet	Formulary	OTC
calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
calcium 600 + d oral tablet	Formulary	OTC
calcium 600/vitamin d oral tablet chewable	Formulary	OTC
calcium 600+d oral tablet 600-5 mg-mcg	Formulary	OTC
calcium acetate (phos binder) oral capsule	Preferred	
calcium acetate (phos binder) oral tablet	Preferred	
calcium acetate oral tablet 667 mg	Preferred	
calcium acetate oral tablet 668 (169 ca) mg	Preferred	OTC
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	Formulary	OTC
calcium carbonate oral tablet chewable 1250 (500 ca) mg	Formulary	OTC
calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg	Formulary	OTC
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	Formulary	OTC
calcium citrate+d3 petites oral tablet	Formulary	OTC
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	Formulary	OTC
calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg	Formulary	OTC
calcium plus vitamin d3 oral tablet	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
calcium-vitamin d oral tablet 600-400 mg-unit	Formulary	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit	Formulary	OTC
centravites 50 plus oral tablet	Formulary	OTC
centravites adults oral tablet	Formulary	OTC
centravites oral tablet	Formulary	OTC
CENTRUM ADULTS ORAL TABLET	Formulary	OTC
CENTRUM SILVER ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CENTRUM ULTRA WOMENS ORAL TABLET	Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Formulary	OTC
CITRACAL MAXIMUM PLUS ORAL TABLET	Formulary	OTC
citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg	Formulary	OTC
companion oral tablet	Formulary	OTC
complete multivitamin/mineral oral liquid	Formulary	OTC
cvs calcium 600 + d/minerals oral tablet chewable	Formulary	OTC
cvs daily multiple for men oral tablet	Formulary	OTC
cvs daily multiple women 50+ oral tablet	Formulary	OTC
cvs gummy dinos oral tablet chewable	Formulary	OTC
cvs one daily essential oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs spectravite adult 50+ oral tablet	Formulary	OTC
cvs spectravite advanced oral tablet	Formulary	OTC
cvs spectravite senior oral tablet	Formulary	OTC
cvs spectravite ultra men 50+ oral tablet	Formulary	OTC
cvs spectravite ultra mens oral tablet	Formulary	OTC
cvs spectravite ultra women oral tablet	Formulary	OTC
cvs spectravite womens senior oral tablet	Formulary	OTC
cvs womens active daily oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
diabetes health formula oral tablet	Formulary	OTC
dialyvite 800/ultra d oral tablet	Formulary	OTC
eq calcium 500+d oral tablet	Formulary	OTC
eq complete multivit adult 50+ oral tablet	Formulary	OTC
eq1 one daily mens health oral tablet	Formulary	OTC
eq1 one daily womens 50+ adv oral tablet	Formulary	OTC
eq1 vision formula oral tablet	Formulary	OTC
ESSENTIA ORAL TABLET	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
glucoten oral capsule	Formulary	OTC
gnp calcium 500 +d3 oral tablet	Formulary	OTC
gnp hair/skin/nails oral tablet	Formulary	OTC
gnp mega multi for women oral tablet	Formulary	OTC
gnp one daily mens health 50+ oral tablet	Formulary	OTC
gnp one daily mens/lycopene oral tablet	Formulary	OTC
gnp one daily womens health oral tablet	Formulary	OTC
gnp one daily womens oral tablet	Formulary	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Formulary	OTC
hair/skin/nails oral capsule	Formulary	OTC
healthy eyes oral tablet	Formulary	OTC
hm complete men oral tablet	Formulary	OTC
hm complete women oral tablet	Formulary	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Formulary	OTC
ICAPS ORAL CAPSULE	Formulary	OTC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	Formulary	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
kp adults 50+ daily formula oral tablet	Formulary	OTC
kp mag-oxide magnesium oral tablet	Formulary	OTC
kp mens daily formula oral tablet	Formulary	OTC
KP VISION FORMULA/LUTEIN ORAL TABLET	Formulary	OTC
kp womens 50+ daily formula oral tablet	Formulary	OTC
kp womens daily formula oral tablet	Formulary	OTC
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
LYSIPLEX PLUS ORAL LIQUID	Formulary	OTC
MACUVITE/LUTEIN ORAL TABLET	Formulary	OTC
mag-g oral tablet	Formulary	OTC
magnesium gluconate oral tablet 27.5 mg	Formulary	OTC
magnesium lactate oral tablet extended release	Formulary	OTC
magnesium oral capsule 300 mg	Formulary	OTC
magnesium oral tablet 400 mg	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg, 500 mg	Formulary	OTC
MAGNESIUM-OXIDE ORAL TABLET	Formulary	OTC
mgo oral tablet	Formulary	OTC
multi complete/iron oral tablet	Formulary	OTC
multi for her 50+ oral tablet	Formulary	OTC
multi for him 50+ oral tablet	Formulary	OTC
MULTI FOR HIM ORAL TABLET	Formulary	OTC
multiple vit/minerals/no iron oral tablet	Formulary	OTC
multiple vitamins/womens oral tablet	Formulary	OTC
multiple vitamins-minerals oral liquid	Formulary	OTC
multivitamin & mineral oral liquid	Formulary	OTC
multivitamin men 50+ oral tablet	Formulary	OTC
multivitamin men oral tablet	Formulary	OTC
multivitamin oral liquid	Formulary	OTC
multivitamin women 50+ oral tablet	Formulary	OTC
multivitamin women oral tablet	Formulary	OTC
multi-vitamin/minerals oral tablet	Formulary	OTC
ocutabs-lutein oral tablet	Formulary	OTC
OCUVITE-LUTEIN ORAL CAPSULE	Formulary	OTC
OCUVITE-LUTEIN ORAL TABLET	Formulary	OTC
ONCOVITE ORAL TABLET	Formulary	OTC
one daily calcium/iron oral tablet	Formulary	OTC
one daily for men 50+ advanced oral tablet	Formulary	OTC
one daily for men/lycopene oral tablet	Formulary	OTC
one daily for women oral tablet	Formulary	OTC
one daily maximum oral tablet	Formulary	OTC
one daily womens 50 plus oral tablet	Formulary	OTC
one daily/minerals oral tablet	Formulary	OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	Formulary	OTC
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS PETITES ORAL TABLET	Formulary	OTC
oralyte oral solution	Formulary	OTC
OS-CAL CALCIUM + D3 ORAL TABLET	Formulary	OTC
OYSCO 500+D ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
oyster shell calcium 250+d oral tablet 250-125 mg-unit	Formulary	OTC
oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit	Formulary	OTC
oyster shell calcium oral tablet 500 mg	Formulary	OTC
oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-400 mg-unit	Formulary	OTC
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg	Formulary	OTC
OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT	Formulary	OTC
pediatric electrolyte oral solution	Formulary	OTC
potassium chloride crys er oral tablet extended release 20 meq	Formulary	90 Day Supply
potassium chloride er oral capsule extended release 10 meq	Formulary	90 Day Supply
potassium chloride er oral tablet extended release 10 meq	Formulary	90 Day Supply
potassium chloride er oral tablet extended release 20 meq, 8 meq	Formulary	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Formulary	
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	Formulary	OTC
PRORENAL + D ORAL TABLET	Formulary	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	Formulary	OTC
px complete senior multivits oral tablet	Formulary	OTC
px mens multivitamins oral tablet	Formulary	OTC
qc daily multivit/multimineral oral tablet	Formulary	OTC
quin b strong oral tablet	Formulary	OTC
quintabs-m oral tablet	Formulary	OTC
RA CENTRAL-VITE ORAL TABLET	Formulary	OTC
ra central-vite womens mature oral tablet	Formulary	OTC
selenium oral tablet 50 mcg	Formulary	OTC
senior tabs oral tablet	Formulary	OTC
sentry oral tablet	Formulary	OTC
sentry senior oral tablet	Formulary	OTC
sm antioxidant vitamins oral tablet	Formulary	OTC
sm calcium 500/vitamin d3 oral tablet	Formulary	OTC
sm calcium/vitamin d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
sm calcium-vitamin d oral tablet 600-10 mg-mcg	Formulary	OTC
sm complete 50+ oral tablet	Formulary	OTC
sm complete 50+ ultimate mens oral tablet	Formulary	OTC
sm complete 50+ ultimate women oral tablet	Formulary	OTC
sm complete advanced formula oral tablet	Formulary	OTC
sm complete oral tablet	Formulary	OTC
sm complete senior formula oral tablet	Formulary	OTC
sm magnesium oxide oral tablet	Formulary	OTC
sm one daily essential oral tablet	Formulary	OTC
sm one daily mens oral tablet	Formulary	OTC
sm one daily womens oral tablet	Formulary	OTC
sm opti-vitamins oral tablet	Formulary	OTC
sodium chloride oral tablet	Formulary	OTC
stress b complex/antioxid/zinc oral tablet	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
super antioxidant oral capsule	Formulary	OTC
super multiple oral tablet	Formulary	OTC
super thera vite m oral tablet	Formulary	OTC
support oral liquid	Formulary	
THERA M PLUS ORAL TABLET	Formulary	OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	Formulary	OTC
thera-m oral tablet	Formulary	OTC
therapeutic-m oral tablet	Formulary	OTC
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Formulary	OTC
THERATRUM COMPLETE ORAL TABLET	Formulary	OTC
v-c forte oral capsule	Formulary	
VIC-FORTE ORAL CAPSULE	Formulary	
vision vitamins oral tablet	Formulary	OTC
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin d3 complete oral tablet	Formulary	OTC
vitamins a-d-e/selenium oral tablet	Formulary	OTC
VITRUM SENIOR ORAL TABLET	Formulary	OTC
womens daily form/fa/ca/fe oral tablet	Formulary	OTC
YELETS TEENAGE FORMULA ORAL TABLET	Formulary	OTC
zinc gluconate oral tablet 100 mg, 50 mg	Formulary	OTC
zinc oral tablet 30 mg	Formulary	OTC
zinc sulfate oral capsule 220 (50 zn) mg	Formulary	OTC
Thiazide Diuretics		
amiloride-hydrochlorothiazide oral tablet	Formulary	
amlodipine-valsartan-hctz oral tablet	Preferred	
ATACAND HCT ORAL TABLET	Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Preferred	PA
benazepril-hydrochlorothiazide oral tablet	Preferred	QL
BENICAR HCT ORAL TABLET	Non-Preferred	PA
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
candesartan cilexetil-hctz oral tablet	Non-Preferred	PA
captopril-hydrochlorothiazide oral tablet	Preferred	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	Non-Preferred	PA
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	Non-Preferred	PA; QL
EDARBYCLOR ORAL TABLET	Non-Preferred	PA
enalapril-hydrochlorothiazide oral tablet	Preferred	
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
fosinopril sodium-hctz oral tablet	Preferred	
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
HYZAAR ORAL TABLET 100-12.5 MG	Non-Preferred	PA
HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG	Non-Preferred	PA; QL
irbesartan-hydrochlorothiazide oral tablet	Preferred	
lisinopril-hydrochlorothiazide oral tablet	Preferred	90 Day Supply; QL
losartan potassium-hctz oral tablet 100-12.5 mg	Preferred	90 Day Supply
losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg	Preferred	90 Day Supply; QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA; QL
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
MICARDIS HCT ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil-hctz oral tablet	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
quinapril-hydrochlorothiazide oral tablet	Preferred	
spironolactone-hctz oral tablet	Formulary	
telmisartan-hctz oral tablet	Non-Preferred	PA
triamterene-hctz oral capsule 37.5-25 mg	Formulary	90 Day Supply
triamterene-hctz oral tablet	Formulary	90 Day Supply
TRIBENZOR ORAL TABLET	Non-Preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-25 mg	Preferred	90 Day Supply; QL
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg	Preferred	QL
VASERETIC ORAL TABLET	Non-Preferred	PA
ZESTORETIC ORAL TABLET	Non-Preferred	PA; QL
Thiazide-Like Diuretics		
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
Uricosuric Agents		
colchicine-probenecid oral tablet	Formulary	
probenecid oral tablet	Formulary	
Vasopressin Antagonists		
VAPRISOL INTRAVENOUS SOLUTION	Preferred	
Enzymes		
Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Preferred	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Non-Preferred	PA
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
SANTYL EXTERNAL OINTMENT	Formulary	QL
VIOKACE ORAL TABLET	Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000- 24000 UNIT	Preferred	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Preferred	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	Preferred	
apraclonidine hcl ophthalmic solution	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.1 %	Preferred	QL
brimonidine tartrate ophthalmic solution 0.15 %	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.2 %	Preferred	90 Day Supply
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Non-Preferred	PA
Antiallergic Agents		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Preferred	90 Day Supply; QL
azelastine hcl nasal solution 0.15 %	Preferred	
azelastine hcl ophthalmic solution	Preferred	
azelastine-fluticasone nasal suspension	Non-Preferred	PA
bepotastine besilate ophthalmic solution	Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION	Preferred	QL
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
cvs olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
epinastine hcl ophthalmic solution	Non-Preferred	PA
gnp olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	OTC; QL
kp ketotifen fumarate ophthalmic solution	Preferred	OTC; QL
olopatadine hcl nasal solution	Non-Preferred	PA
olopatadine hcl ophthalmic solution	Preferred	90 Day Supply
qc olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
sm olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	Non-Preferred	PA; OTC; QL
ZERVIAE OPHTHALMIC SOLUTION	Non-Preferred	PA
Antibacterials		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
AZASITE OPHTHALMIC SOLUTION	Non-Preferred	PA
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
BESIVANCE OPHTHALMIC SUSPENSION	Non-Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
CILOXAN OPHTHALMIC OINTMENT	Non-Preferred	PA
CIPRO HC OTIC SUSPENSION	Preferred	
ciprofloxacin hcl ophthalmic solution	Preferred	QL
ciprofloxacin hcl otic solution	Non-Preferred	PA
ciprofloxacin-dexamethasone otic suspension	Preferred	QL
ciprofloxacin-fluocinolone pf otic solution	Non-Preferred	PA
CORTISPORIN-TC OTIC SUSPENSION	Non-Preferred	PA
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
double antibiotic external ointment	Formulary	OTC
eql first aid antibiotic external ointment	Formulary	OTC
ery external pad	Formulary	
erythromycin external gel	Preferred	
erythromycin external solution	Preferred	
erythromycin ophthalmic ointment	Formulary	QL
gatifloxacin ophthalmic solution	Non-Preferred	PA
gentamicin sulfate ophthalmic solution	Formulary	QL
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
moxifloxacin hcl (2x day) ophthalmic solution	Non-Preferred	PA
moxifloxacin hcl ophthalmic solution	Preferred	QL
neomycin-polymyxin-dexameth ophthalmic ointment	Formulary	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Formulary	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Formulary	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Formulary	
neomycin-polymyxin-hc otic solution	Preferred	
neomycin-polymyxin-hc otic suspension	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEO-POLYCIN OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
OCUFLOX OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ofloxacin ophthalmic solution	Preferred	90 Day Supply; QL
ofloxacin otic solution	Preferred	90 Day Supply
POLYCIN OPHTHALMIC OINTMENT	Formulary	
polymyxin b-trimethoprim ophthalmic solution	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
sulfacetamide sodium ophthalmic ointment	Non-Preferred	PA
sulfacetamide sodium ophthalmic solution	Formulary	
sulfacetamide-prednisolone ophthalmic solution	Formulary	
TOBI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA; Specialty
TOBI PODHALER INHALATION CAPSULE	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/4ml	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	Specialty
tobramycin ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
VIGAMOX OPHTHALMIC SOLUTION	Non-Preferred	PA
wal-sporin external ointment	Formulary	OTC
Antifungals (Eent)		
NATACYN OPHTHALMIC SUSPENSION	Non-Preferred	PA
Anti-Infectives, Miscellaneous		
chlorhexidine gluconate mouth/throat solution	Formulary	QL
ear drops otic solution	Formulary	OTC
ear wax removal kit otic solution	Formulary	OTC
earwax removal otic solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Formulary	OTC
Anti-Inflammatory Agents (Eent)		
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine ophthalmic emulsion	Non-Preferred	PA
cyclosporine oral capsule	Preferred	
MIEBO OPHTHALMIC SOLUTION	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
XIIDRA OPHTHALMIC SOLUTION	Preferred	QL
Antivirals (Eent)		
trifluridine ophthalmic solution	Formulary	
Astringents		
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
chlorhexidine gluconate mouth/throat solution	Formulary	QL
ear drops otic solution	Formulary	OTC
ear wax removal kit otic solution	Formulary	OTC
earwax removal otic solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic solution	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL
carteolol hcl ophthalmic solution	Non-Preferred	PA
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
COSOPT OPHTHALMIC SOLUTION	Non-Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
dorzolamide hcl-timolol mal ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
levobunolol hcl ophthalmic solution 0.5 %	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
AZOPT OPHTHALMIC SUSPENSION	Non-Preferred	PA
brinzolamide ophthalmic suspension	Non-Preferred	PA
COSOPT OPHTHALMIC SOLUTION	Non-Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
dorzolamide hcl ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Non-Preferred	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Non-Preferred	PA
Contact Lens Solutions		
B&L SENSITIVE EYES DAILY CLEAN SOLUTION	Formulary	OTC
B&L SENSITIVE EYES SOLUTION	Formulary	OTC
BIOTRUE SOLUTION	Formulary	OTC
BOSTON ADVANCE CLEANER SOLUTION	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BOSTON CONDITIONING SOLUTION	Formulary	OTC
BOSTON ONE STEP CLEANER SOLUTION	Formulary	OTC
BOSTON REWETTING SOLUTION	Formulary	OTC
BOSTON SIMPLUS SOLUTION	Formulary	OTC
cvs contact lens relief/rewet solution	Formulary	OTC
multi-purpose solution solution	Formulary	OTC
OPTI-FREE DAILY CLEANER SOLUTION	Formulary	OTC
OPTI-FREE REPLENISH SOLUTION	Formulary	OTC
ra cleaning/disinfecting lens solution	Formulary	OTC
RENU MULTIPLUS LUB/REWETTING SOLUTION	Formulary	OTC
RENU MULTIPLUS SOLUTION	Formulary	OTC
RENU REWETTING DROPS SOLUTION	Formulary	OTC
rewetting drops solution	Formulary	OTC
saline solution	Formulary	OTC
SENSITIVE EYES PLUS SALINE SOLUTION	Formulary	OTC
sm multi-purpose solution	Formulary	OTC
sm saline solution solution	Formulary	OTC
Corticosteroids (Eent)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ALREX OPHTHALMIC SUSPENSION	Preferred	QL
ALVESCO INHALATION AEROSOL SOLUTION	Non-Preferred	PA
AQUANIL HC EXTERNAL LOTION	Formulary	OTC
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
azelastine-fluticasone nasal suspension	Non-Preferred	PA
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
beta hc external lotion	Formulary	OTC
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
CIPRO HC OTIC SUSPENSION	Preferred	
ciprofloxacin-dexamethasone otic suspension	Preferred	QL
ciprofloxacin-fluocinolone pf otic solution	Non-Preferred	PA
CORTISPORIN-TC OTIC SUSPENSION	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC
cvs cortisone maximum strength external ointment	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
cvs eczema anti-itch external cream	Formulary	OTC
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Formulary	
dexamethasone oral elixir	Formulary	
dexamethasone oral solution	Formulary	
dexamethasone oral tablet 0.5 mg, 1 mg, 4 mg	Formulary	90 Day Supply
dexamethasone oral tablet 0.75 mg, 1.5 mg, 2 mg, 6 mg	Formulary	
dexamethasone sodium phosphate ophthalmic solution	Formulary	
DEXTENZA OPHTHALMIC INSERT	Non-Preferred	PA
difluprednate ophthalmic emulsion	Non-Preferred	PA
DUREZOL OPHTHALMIC EMULSION	Non-Preferred	PA
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
eql anti-itch maximum strength external cream	Formulary	OTC
EYSUVIS OPHTHALMIC SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluocinolone acetonide external cream 0.01 %	Formulary	
fluocinolone acetonide external cream 0.025 %	Formulary	QL
fluocinolone acetonide external ointment	Formulary	QL
fluocinolone acetonide external solution	Formulary	QL
fluorometholone ophthalmic suspension	Preferred	
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
FML FORTE OPHTHALMIC SUSPENSION	Formulary	
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
hydrocortisone (perianal) external cream 2.5 %	Formulary	
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %, 2.5 %	Formulary	
hydrocortisone external lotion 1 %	Formulary	OTC
hydrocortisone external lotion 2.5 %	Formulary	
hydrocortisone external ointment 0.5 %	Formulary	OTC
hydrocortisone external ointment 1 %, 2.5 %	Formulary	
hydrocortisone max st external cream	Formulary	OTC
hydrocortisone oral tablet	Formulary	
hydrocortisone rectal enema	Formulary	QL
hydrocortisone valerate external cream	Formulary	QL
hydrocortisone/aloe max str external cream	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
ILUVIEN INTRAVITREAL IMPLANT	Non-Preferred	PA
INVELTYS OPHTHALMIC SUSPENSION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LOTEMAX OPHTHALMIC GEL	Non-Preferred	PA
LOTEMAX OPHTHALMIC OINTMENT	Non-Preferred	PA
LOTEMAX OPHTHALMIC SUSPENSION	Non-Preferred	PA
LOTEMAX SM OPHTHALMIC GEL	Non-Preferred	PA
loteprednol etabonate ophthalmic gel	Non-Preferred	PA
loteprednol etabonate ophthalmic suspension	Non-Preferred	PA
MAXIDEX OPHTHALMIC SUSPENSION	Formulary	
MEDPURA HYDROCORTISONE EXTERNAL CREAM	Formulary	OTC
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
mometasone furoate nasal suspension	Preferred	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM	Formulary	OTC
neomycin-polymyxin-dexameth ophthalmic ointment	Formulary	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Formulary	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Formulary	
neomycin-polymyxin-hc otic solution	Preferred	
neomycin-polymyxin-hc otic suspension	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
OMNARIS NASAL SUSPENSION	Non-Preferred	PA
OZURDEX INTRAVITREAL IMPLANT	Non-Preferred	PA
PEDIAPRED ORAL SOLUTION	Formulary	
PRED MILD OPHTHALMIC SUSPENSION	Formulary	
prednisolone acetate ophthalmic suspension	Preferred	
prednisolone oral solution	Formulary	90 Day Supply
prednisolone sodium phosphate ophthalmic solution	Non-Preferred	PA
prednisolone sodium phosphate oral solution 15 mg/5ml	Formulary	90 Day Supply
prednisolone sodium phosphate oral solution 5 mg/5ml	Formulary	
PREPARATION H EXTERNAL CREAM 1 %	Formulary	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	Formulary	OTC
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
px hydrocream external cream	Formulary	OTC
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
ra anti-itch maximum strength external ointment	Formulary	OTC
RETISERT INTRAVITREAL IMPLANT	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
sulfacetamide-prednisolone ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
triamcinolone acetonide nasal aerosol	Formulary	OTC
TRIESENCE INTRAOCULAR SUSPENSION	Preferred	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
XIPERE INTRAOCULAR SUSPENSION	Non-Preferred	PA
YUTIQ INTRAVITREAL IMPLANT	Non-Preferred	PA

Eent Anti-Inflammatory Agents, Misc.

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine ophthalmic emulsion	Non-Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
XIIDRA OPHTHALMIC SOLUTION	Preferred	QL
Eent Drugs, Miscellaneous		
acetic acid otic solution	Formulary	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	Formulary	OTC
ALTACHLORE OPHTHALMIC OINTMENT	Formulary	OTC
ALTACHLORE OPHTHALMIC SOLUTION	Formulary	OTC
altamist spray nasal solution	Formulary	OTC
apraclonidine hcl ophthalmic solution	Non-Preferred	PA
artificial tears ophthalmic solution 0.1-0.3 %	Formulary	OTC; QL
artificial tears ophthalmic solution 1 %	Formulary	OTC
artificial tears pf ophthalmic solution	Formulary	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION	Formulary	OTC
BABY AYR SALINE NASAL SOLUTION	Formulary	OTC
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
cvs dry-eye relief nighttime ophthalmic ointment	Formulary	OTC
cvs eye lubricant ophthalmic ointment	Formulary	OTC
deep sea nasal spray nasal solution	Formulary	OTC
eq restore plus lubricant eye ophthalmic solution	Formulary	OTC
EQ RESTORE PM OPHTHALMIC OINTMENT	Formulary	OTC
eq restore tears ophthalmic solution	Formulary	OTC; QL
eq saline nasal spray nasal solution	Formulary	OTC
for sty relief ophthalmic ointment	Formulary	OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Formulary	OTC; QL
gnp eye drops long lasting ophthalmic solution	Formulary	OTC
gnp nasal moisturizing nasal solution	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
lubricant eye drops pf ophthalmic solution	Formulary	OTC
lubricating eye drops ophthalmic solution 0.4-0.3 %	Formulary	OTC
lubricating tears eye drops ophthalmic solution 0.1-0.3 %	Formulary	OTC
MIEBO OPHTHALMIC SOLUTION	Non-Preferred	PA
MOISTURE EYES OPHTHALMIC SOLUTION	Formulary	OTC
MURO 128 OPHTHALMIC OINTMENT	Formulary	OTC
MURO 128 OPHTHALMIC SOLUTION 2 %	Formulary	OTC
polyvinyl alcohol ophthalmic solution	Formulary	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	Formulary	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Formulary	OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Formulary	OTC
RETAIN CMC OPHTHALMIC SOLUTION	Formulary	OTC
RETAIN PM OPHTHALMIC OINTMENT	Formulary	OTC
saline mist spray nasal solution	Formulary	OTC
saline nasal spray nasal solution	Formulary	OTC
sb saline nose nasal solution	Formulary	OTC
sodium chloride (hypertonic) ophthalmic ointment	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sodium chloride (hypertonic) ophthalmic solution	Formulary	OTC
SOOTHE HYDRATION OPHTHALMIC SOLUTION	Formulary	OTC; QL
SOOTHE XP OPHTHALMIC SOLUTION	Formulary	OTC; QL
SYSTANE CONTACTS OPHTHALMIC SOLUTION	Formulary	OTC; QL
TRYPHYR OPHTHALMIC SOLUTION	Non-Preferred	PA
TYRVAYA NASAL SOLUTION	Non-Preferred	PA
ULTRA FRESH OPHTHALMIC SOLUTION	Formulary	OTC; QL
ULTRA FRESH PM OPHTHALMIC OINTMENT	Formulary	OTC
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR LS OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACULAR OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACUVAIL OPHTHALMIC SOLUTION	Non-Preferred	PA
bromfenac sodium (once-daily) ophthalmic solution	Non-Preferred	PA
bromfenac sodium ophthalmic solution 0.07 %	Non-Preferred	PA
BROMSITE OPHTHALMIC SOLUTION	Non-Preferred	PA
diclofenac sodium ophthalmic solution	Preferred	
flurbiprofen oral tablet	Preferred	
flurbiprofen sodium ophthalmic solution	Non-Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION	Non-Preferred	PA
ketorolac tromethamine ophthalmic solution 0.4 %	Preferred	QL
ketorolac tromethamine ophthalmic solution 0.5 %	Preferred	90 Day Supply; QL
ketorolac tromethamine oral tablet	Preferred	
NEVANAC OPHTHALMIC SUSPENSION	Non-Preferred	PA
PROLENSA OPHTHALMIC SOLUTION	Non-Preferred	PA
Local Anesthetics (Eent)		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL	Formulary	OTC
cvs oral anesthetic max str mouth/throat gel	Formulary	OTC
intense toothache pain relief mouth/throat gel	Formulary	OTC
lidocaine viscous hcl mouth/throat solution	Formulary	
oral analgesic max st mouth/throat gel	Formulary	OTC
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	Non-Preferred	PA
pilocarpine hcl oral tablet 5 mg	Formulary	QL
VUITY OPHTHALMIC SOLUTION	Non-Preferred	PA
Mydriatics		
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
HOMATROPAIRE OPHTHALMIC SOLUTION	Formulary	
nasal four nasal solution	Formulary	OTC
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Formulary	
ra nose drops extra strength nasal solution	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
Osmotic Agents		
urea external cream 40 %	Formulary	
Prostaglandin Analogs		
bimatoprost ophthalmic solution 0.03 %	Non-Preferred	PA
DURYSTA INTRAOCULAR IMPLANT	Non-Preferred	PA
IDOSE TR INTRAOCULAR IMPLANT	Non-Preferred	PA
IYUZEH OPHTHALMIC SOLUTION	Non-Preferred	PA
latanoprost ophthalmic solution	Preferred	90 Day Supply; QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ROCKLATAN OPHTHALMIC SOLUTION	Non-Preferred	PA
tafluprost (pf) ophthalmic solution	Non-Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION	Preferred	QL
travoprost (bak free) ophthalmic solution	Non-Preferred	PA; QL
VYZULTA OPHTHALMIC SOLUTION	Non-Preferred	PA
XALATAN OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
XELPROS OPHTHALMIC EMULSION	Non-Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non-Preferred	PA
Rho Kinase Inhibitors		
RHOPRESSA OPHTHALMIC SOLUTION	Non-Preferred	PA
ROCKLATAN OPHTHALMIC SOLUTION	Non-Preferred	PA
Vasoconstrictors		
12 hour decongestant nasal solution	Formulary	OTC
12 hour nasal relief spray nasal solution	Formulary	OTC
12 hour nasal spray nasal solution	Formulary	OTC
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION	Formulary	OTC
anefrin spray nasal solution	Formulary	OTC
cvs nasal mist nasal solution	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
long acting nasal spray nasal solution	Formulary	OTC
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION	Formulary	OTC
nasal decongestant spray nasal solution	Formulary	OTC
nasal four nasal solution	Formulary	OTC
nasal spray extra moisturizing nasal solution	Formulary	OTC
nasal spray nasal solution 0.05 %	Formulary	OTC
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Formulary	
px original nasal spray nasal solution	Formulary	OTC
QLEARQUIL NASAL SOLUTION	Formulary	OTC
ra nose drops extra strength nasal solution	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
sinus relief nasal solution	Formulary	OTC
sm nasal spray sinus nasal solution	Formulary	OTC
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION	Formulary	OTC
VICKS SINEX MOISTURIZING NASAL SOLUTION	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AKYNZEO ORAL CAPSULE	Non-Preferred	PA
ANZEMET ORAL TABLET 50 MG	Non-Preferred	PA
granisetron hcl oral tablet	Non-Preferred	PA
ondansetron hcl oral solution 4 mg/5ml	Preferred	90 Day Supply; QL
ondansetron hcl oral tablet 24 mg	Preferred	
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	90 Day Supply; QL
ondansetron oral tablet dispersible 4 mg, 8 mg	Preferred	90 Day Supply; QL
SANCUSO TRANSDERMAL PATCH	Non-Preferred	PA
Antacids And Adsorbents		
activated vegetable charcoal oral capsule	Formulary	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION	Formulary	OTC
aluminum hydroxide gel oral suspension 320 mg/5ml	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
antacid advanced oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid anti-gas max strength oral suspension	Formulary	OTC
antacid calcium oral tablet chewable	Formulary	OTC
antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
antacid liquid oral suspension	Formulary	OTC
antacid m oral suspension	Formulary	OTC
antacid maximum oral tablet chewable	Formulary	OTC
antacid maximum strength oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid soft chews oral tablet chewable	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
calcium antacid extra strength oral tablet chewable	Formulary	OTC
calcium antacid oral tablet chewable	Formulary	OTC
calcium carbonate antacid oral suspension	Formulary	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Formulary	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE	Formulary	OTC
charcoal oral capsule 200 mg	Formulary	OTC
childrens pepto oral tablet chewable	Formulary	OTC
CHILDRENS SOOTHE ORAL TABLET CHEWABLE	Formulary	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel oral suspension	Formulary	OTC
cvs anti-diarrheal oral suspension	Formulary	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
EZ CHAR ORAL SUSPENSION RECONSTITUTED 25 GM	Formulary	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	Formulary	OTC
geri-mox oral suspension	Formulary	OTC
gnp antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
KERR INSTA-CHAR ORAL LIQUID	Formulary	OTC
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
mag-al plus xs oral liquid	Formulary	OTC
magnesium oxide (antacid) oral capsule	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Formulary	OTC
mintox maximum strength oral suspension	Formulary	OTC
omeprazole-sodium bicarbonate oral capsule	Non-Preferred	PA
omeprazole-sodium bicarbonate oral packet	Non-Preferred	PA
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px antacid maximum strength oral tablet chewable	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
qc antacid/anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
sm antacid advanced oral suspension	Formulary	OTC
sm antacid anti-gas oral suspension	Formulary	OTC
sm foaming antacid oral tablet chewable	Formulary	OTC
sm smooth antacid ex st oral tablet chewable	Formulary	OTC
sodium bicarbonate oral tablet 650 mg	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE	Formulary	OTC
ZEGERID ORAL CAPSULE	Non-Preferred	PA
ZEGERID ORAL PACKET	Non-Preferred	PA
Antidiarrhea Agents		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
anti-diarrheal oral capsule	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
cvs anti-diarrheal oral suspension	Formulary	OTC
diamode oral tablet	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
diphenoxylate-atropine oral liquid	Formulary	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Formulary	
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
loperamide hcl oral capsule	Formulary	
meijer anti-diarrheal oral tablet	Formulary	OTC
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
sb anti-diarrhea oral tablet	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
VIBERZI ORAL TABLET	Non-Preferred	PA; QL
Antiemetics, Miscellaneous		
LYBALVI ORAL TABLET	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
scopolamine transdermal patch 72 hour	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Antiflatulents		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION	Formulary	OTC
antacid advanced oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid anti-gas max strength oral suspension	Formulary	OTC
antacid liquid oral suspension	Formulary	OTC
antacid m oral suspension	Formulary	OTC
antacid maximum strength oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel oral suspension	Formulary	OTC
cvs gas relief ultra strength oral capsule	Formulary	OTC
gas relief extra strength oral tablet chewable	Formulary	OTC
gas relief oral liquid	Formulary	OTC
gas relief oral tablet chewable	Formulary	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	Formulary	OTC
geri-mox oral suspension	Formulary	OTC
gnp gas relief oral tablet chewable	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION	Formulary	OTC
mag-al plus xs oral liquid	Formulary	OTC
mintox maximum strength oral suspension	Formulary	OTC
qc antacid/anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
ra gas relief ultra strength oral capsule	Formulary	OTC
simethicone oral capsule 180 mg	Formulary	OTC
simethicone oral suspension 40 mg/0.6ml	Formulary	OTC
simethicone oral tablet chewable	Formulary	OTC
sm antacid advanced oral suspension	Formulary	OTC
sm antacid anti-gas oral suspension	Formulary	OTC
Antihistamines (Gi Drugs)		
BONJESTA ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
COMPRO RECTAL SUPPOSITORY	Formulary	
cvs motion sickness ii oral tablet	Formulary	OTC
DICLEGIS ORAL TABLET DELAYED RELEASE	Preferred	
doxylamine-pyridoxine oral tablet delayed release	Non-Preferred	PA
meclizine hcl oral tablet 12.5 mg, 25 mg	Formulary	
meclizine hcl oral tablet chewable	Formulary	
motion sickness relief oral tablet chewable	Formulary	OTC
motion-time oral tablet chewable	Formulary	OTC
prochlorperazine edisylate injection solution 10 mg/2ml	Formulary	
prochlorperazine maleate oral tablet	Formulary	
prochlorperazine rectal suppository	Formulary	
sm motion sickness oral tablet 25 mg	Formulary	OTC
travel-ease oral tablet 25 mg	Formulary	OTC
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl oral tablet	Non-Preferred	PA; QL
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
balsalazide disodium oral capsule	Preferred	QL
CANASA RECTAL SUPPOSITORY	Non-Preferred	PA
COLAZAL ORAL CAPSULE	Non-Preferred	PA; QL
DIPENTUM ORAL CAPSULE	Non-Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
LOTRONEX ORAL TABLET	Non-Preferred	PA; QL
mesalamine er oral capsule extended release	Non-Preferred	PA; QL
mesalamine er oral capsule extended release 24 hour	Non-Preferred	PA
mesalamine oral capsule delayed release	Non-Preferred	PA
mesalamine oral tablet delayed release 1.2 gm	Preferred	
mesalamine oral tablet delayed release 800 mg	Non-Preferred	PA
mesalamine rectal enema	Non-Preferred	PA
mesalamine rectal suppository	Preferred	QL
mesalamine-cleanser rectal kit	Non-Preferred	PA
PENTASA ORAL CAPSULE EXTENDED RELEASE	Preferred	QL
ROWASA RECTAL KIT	Preferred	
SFROWASA RECTAL ENEMA	Preferred	
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
Antiulcer Agents And Acid Suppressants		
aluminum hydroxide gel oral suspension 320 mg/5ml	Formulary	OTC
amoxicillin oral capsule	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
amoxicillin oral suspension reconstituted	Formulary	
amoxicillin oral tablet	Formulary	
amoxicillin oral tablet chewable 125 mg, 250 mg	Formulary	
antacid calcium oral tablet chewable	Formulary	OTC
antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
antacid maximum oral tablet chewable	Formulary	OTC
antacid soft chews oral tablet chewable	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
calcium antacid extra strength oral tablet chewable	Formulary	OTC
calcium antacid oral tablet chewable	Formulary	OTC
calcium carbonate antacid oral suspension	Formulary	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Formulary	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE	Formulary	OTC
childrens pepto oral tablet chewable	Formulary	OTC
CHILDRENS SOOTHE ORAL TABLET CHEWABLE	Formulary	OTC
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
cvs anti-diarrheal oral suspension	Formulary	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
gnp antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
magnesium oxide (antacid) oral capsule	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Formulary	OTC
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px antacid maximum strength oral tablet chewable	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
sm smooth antacid ex st oral tablet chewable	Formulary	OTC
sodium bicarbonate oral tablet 650 mg	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
tetracycline hcl oral capsule	Formulary	
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE	Formulary	OTC
Cathartics And Laxatives		
ALOPHEN ORAL TABLET DELAYED RELEASE	Formulary	OTC
bisacodyl ec oral tablet delayed release	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
chocolated laxative oral tablet chewable	Formulary	OTC
CITRUCEL ORAL TABLET	Formulary	OTC
CLEARLAX ORAL POWDER	Formulary	OTC; QL
cvs chocolate laxative pieces oral tablet chewable	Formulary	OTC
cvs fiber oral capsule	Formulary	OTC
cvs gentle laxative womens oral tablet delayed release	Formulary	OTC
cvs glycerin adult rectal suppository 2 gm	Formulary	OTC
cvs laxative dietary supplemnt oral tablet	Formulary	OTC
cvs natural daily fiber oral powder	Formulary	OTC
CVS PURELAX ORAL PACKET	Formulary	OTC
CVS PURELAX ORAL POWDER	Formulary	OTC; QL
cvs senna-extra oral tablet	Formulary	OTC
cvs stool softener oral capsule 50 mg	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
docusate sodium oral capsule	Formulary	OTC
DOCUSOL MINI RECTAL ENEMA	Formulary	OTC
docuzen oral tablet	Formulary	OTC
dss oral capsule 250 mg	Formulary	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE	Formulary	OTC
enema pediatric rectal enema	Formulary	OTC
enema rectal enema 7-19 gm/118ml	Formulary	OTC
ENEMEEZ MINI RECTAL ENEMA	Formulary	OTC
eq daily fiber oral capsule	Formulary	OTC
eq fiber therapy oral tablet 625 mg	Formulary	OTC
eq smooth texture fiber oral powder	Formulary	OTC
EVAC-U-GEN ORAL TABLET	Formulary	OTC
fiber oral tablet	Formulary	OTC
fiber therapy oral tablet	Formulary	OTC
fiber-lax oral tablet	Formulary	OTC
FLEET BISACODYL RECTAL ENEMA	Formulary	OTC
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA	Formulary	OTC
FLEET MINI ENEMA RECTAL ENEMA	Formulary	OTC
FLEET PEDIATRIC RECTAL ENEMA	Formulary	OTC
gavilax oral packet 8.5 gm	Formulary	OTC; QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Formulary	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	Formulary	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	Formulary	
gentle laxative oral tablet delayed release	Formulary	OTC
gentle laxative rectal suppository	Formulary	OTC
gentlelax oral powder	Formulary	OTC; QL
geri-kot oral tablet	Formulary	OTC
GLYCOLAX ORAL POWDER	Formulary	OTC; QL
GNP CLEARLAX ORAL PACKET	Formulary	OTC
gnp fiber-caps oral tablet	Formulary	OTC
gnp natural fiber oral capsule	Formulary	OTC
gnp natural fiber oral powder 28.3 %	Formulary	OTC
HEALTHYLAX ORAL PACKET	Formulary	OTC
hm stool softener/laxative oral tablet	Formulary	OTC
KLS LAXACLEAR ORAL POWDER	Formulary	OTC; QL
laxacin oral tablet	Formulary	OTC
laxative rectal suppository	Formulary	OTC
magnesium citrate oral solution 1.745 gm/30ml	Formulary	OTC
medi-lax oral capsule	Formulary	OTC
METAMUCIL ORAL POWDER 48.57 %	Formulary	OTC
milk of magnesia oral suspension 400 mg/5ml	Formulary	OTC
mineral oil heavy oil	Formulary	
mineral oil heavy oral oil	Formulary	
mineral oil light oil	Formulary	
mineral oil oral oil	Formulary	OTC
natural psyllium seed oral powder	Formulary	OTC
natural senna laxative oral tablet 8.6 mg	Formulary	OTC
PEDIA-LAX ORAL LIQUID	Formulary	OTC
PEDIA-LAX ORAL TABLET CHEWABLE	Formulary	OTC
peg 3350 oral packet	Formulary	OTC
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
peg-3350/electrolytes oral solution reconstituted	Formulary	
PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE	Formulary	OTC
PHILLIPS ORAL TABLET	Formulary	OTC
PHILLIPS STOOL SOFTENER ORAL CAPSULE	Formulary	OTC
polyethylene glycol 3350 oral powder	Formulary	OTC; QL
polyethylene glycol 3350 powder	Formulary	QL
qc fiber laxative oral capsule	Formulary	OTC
qc natural vegetable oral powder	Formulary	OTC
qc natura-lax oral powder	Formulary	OTC; QL
ra col-rite oral capsule 100 mg, 250 mg	Formulary	OTC
ra glycerin adult rectal suppository	Formulary	OTC
ra laxative oral powder	Formulary	OTC; QL
ra mineral oil oral oil	Formulary	OTC
ra multihealth fiber oral powder	Formulary	OTC
ra p col-rite oral tablet	Formulary	OTC
REGULOID ORAL CAPSULE 400 MG	Formulary	OTC
senexon-s oral tablet	Formulary	OTC
senna oral syrup 176 mg/5ml, 8.8 mg/5ml	Formulary	OTC
senna oral tablet 8.6 mg	Formulary	OTC
senna-docusate sodium oral tablet	Formulary	OTC
senna-lax oral tablet	Formulary	OTC
senna-plus oral tablet	Formulary	OTC
senna-s oral tablet	Formulary	OTC
senna-time s oral tablet	Formulary	OTC
sennosides-docusate sodium oral tablet	Formulary	OTC
sm enema rectal enema 7-19 gm/118ml	Formulary	OTC
sm fiber laxative oral tablet 500 mg	Formulary	OTC
sm fiber oral powder 43 %, 58.6 %	Formulary	OTC
sm fiber powder oral powder 25 %	Formulary	OTC
sm glycerin pediatric rectal suppository	Formulary	OTC
sm laxative rectal suppository	Formulary	OTC
sm senna-s oral tablet	Formulary	OTC
SMOOTH LAX ORAL PACKET	Formulary	OTC
SMOOTH LAX ORAL POWDER	Formulary	OTC; QL
SOLUBLE FIBER THERAPY ORAL POWDER	Formulary	OTC
sorbitol solution 70 %	Formulary	
stimulant laxative oral tablet	Formulary	OTC
stool softener oral capsule 100 mg	Formulary	OTC
stool softener plus laxative oral tablet	Formulary	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
UNIFIBER ORAL POWDER	Formulary	OTC
WAL-MUCIL ORAL CAPSULE	Formulary	OTC
WAL-MUCIL ORAL POWDER 43 %, 48.57 %, 58.6 %	Formulary	OTC
womans laxative oral tablet delayed release	Formulary	OTC
Chloride Channel Activators		
AMITIZA ORAL CAPSULE	Non-Preferred	PA
lubiprostone oral capsule	Preferred	QL
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	Formulary	90 Day Supply
ursodiol oral tablet	Formulary	
Digestants		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Preferred	
cvs dairy relief ex st oral tablet	Formulary	OTC
eq dairy digestive fast acting oral tablet chewable	Formulary	OTC
eql dairy digest fast acting oral tablet	Formulary	OTC
gnp dairy relief oral tablet	Formulary	OTC
lactase enzyme oral tablet 3000 unit	Formulary	OTC
lactose fast acting relief oral tablet	Formulary	OTC
lactose fast acting relief oral tablet chewable	Formulary	OTC
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Non-Preferred	PA
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
ra dairy aid oral tablet	Formulary	OTC
ra dairy relief fast acting oral tablet chewable	Formulary	OTC
sm ultra dairy digestive oral tablet	Formulary	OTC
VIOKACE ORAL TABLET	Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Preferred	
Dopamine Receptor Antagonists		
droperidol injection solution	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMITIZA ORAL CAPSULE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	Specialty; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	Preferred	Specialty; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
IBSRELA ORAL TABLET	Non-Preferred	PA; QL
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
LINZESS ORAL CAPSULE	Preferred	QL
lubiprostone oral capsule	Preferred	QL
MOTEGRITY ORAL TABLET	Non-Preferred	PA; QL
MOVANTIK ORAL TABLET	Non-Preferred	PA; QL
OMVOH INTRAVENOUS SOLUTION	Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
orlistat oral capsule	Non-Preferred	PA; QL
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION	Non-Preferred	PA
SYMPROIC ORAL TABLET	Non-Preferred	PA
TRULANCE ORAL TABLET	Non-Preferred	PA; QL
VIBERZI ORAL TABLET	Non-Preferred	PA; QL
XENICAL ORAL CAPSULE	Non-Preferred	PA; QL
XPHOZAH ORAL TABLET 30 MG	Non-Preferred	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE	Preferred	QL
TRULANCE ORAL TABLET	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Histamine H2-Antagonists		
acid controller max st oral tablet	Formulary	90 Day Supply; OTC
acid reducer maximum strength oral tablet 20 mg	Formulary	90 Day Supply; OTC
cimetidine oral tablet 200 mg	Formulary	
eql heartburn prevention oral tablet 10 mg	Formulary	OTC
eql heartburn prevention oral tablet 20 mg	Formulary	90 Day Supply; OTC
famotidine oral suspension reconstituted	Formulary	
famotidine oral tablet 10 mg	Formulary	OTC
famotidine oral tablet 20 mg, 40 mg	Formulary	90 Day Supply
heartburn relief max st oral tablet 20 mg	Formulary	90 Day Supply; OTC
heartburn relief oral tablet 10 mg	Formulary	OTC
ibuprofen-famotidine oral tablet	Non-Preferred	PA
px acid reducer oral tablet 200 mg	Formulary	OTC
sm acid reducer oral tablet 10 mg	Formulary	OTC
Immunomodulatory Agents		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
OMVOH INTRAVENOUS SOLUTION	Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
VELSIPITY ORAL TABLET	Non-Preferred	PA; QL
Lipotropic Agents		
mega multiple/chelated mineral oral tablet	Formulary	OTC
multi-vitamin hp/minerals oral capsule	Formulary	OTC
scopolamine transdermal patch 72 hour	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
Neurokinin-1 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AKYNZEO ORAL CAPSULE	Non-Preferred	PA
aprepitant oral capsule	Formulary	QL
Opioid Antagonists		
MOVANTIK ORAL TABLET	Non-Preferred	PA; QL
SYMPROIC ORAL TABLET	Non-Preferred	PA
Prokinetic Agents		
GIMOTI NASAL SOLUTION	Non-Preferred	PA
metoclopramide hcl oral solution 5 mg/5ml	Formulary	
metoclopramide hcl oral tablet	Formulary	90 Day Supply
metoclopramide hcl oral tablet dispersible 5 mg	Non-Preferred	PA
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
diclofenac-misoprostol oral tablet delayed release	Non-Preferred	PA
misoprostol oral tablet	Formulary	
Protectants		
sucralfate oral suspension	Formulary	QL
sucralfate oral tablet	Formulary	
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
cvs lansoprazole oral tablet delayed release dispersible	Non-Preferred	OTC
DEXILANT ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
dexlansoprazole oral capsule delayed release	Non-Preferred	PA
eq lansoprazole oral capsule delayed release	Preferred	OTC; QL
eq1 lansoprazole oral capsule delayed release	Preferred	OTC; QL
esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; QL
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	Non-Preferred	PA
gnp esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC; QL
gnp lansoprazole oral capsule delayed release	Preferred	OTC; QL
gnp omeprazole oral tablet delayed release	Preferred	OTC
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE	Preferred	90 Day Supply; OTC; QL
goodsense lansoprazole oral capsule delayed release	Preferred	OTC; QL
kls esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC; QL
kls lansoprazole oral capsule delayed release	Preferred	OTC; QL
kls omeprazole oral tablet delayed release	Preferred	OTC
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
kp omeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC
lansoprazole oral capsule delayed release 15 mg	Preferred	QL
lansoprazole oral capsule delayed release 30 mg	Preferred	90 Day Supply; QL
lansoprazole oral tablet delayed release dispersible	Non-Preferred	PA
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
naproxen-esomeprazole oral tablet delayed release	Non-Preferred	PA
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
NEXIUM ORAL PACKET	Preferred	
omeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC
omeprazole magnesium oral tablet delayed release	Preferred	OTC
omeprazole oral capsule delayed release 10 mg, 40 mg	Preferred	90 Day Supply
omeprazole oral capsule delayed release 20 mg	Preferred	90 Day Supply; QL
omeprazole oral tablet delayed release	Preferred	OTC
omeprazole oral tablet delayed release dispersible	Preferred	OTC
omeprazole-sodium bicarbonate oral capsule	Non-Preferred	PA
omeprazole-sodium bicarbonate oral packet	Non-Preferred	PA
pantoprazole sodium oral packet	Non-Preferred	PA
pantoprazole sodium oral tablet delayed release	Preferred	90 Day Supply; QL
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; OTC
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	Non-Preferred	PA
PRILOSEC ORAL PACKET	Non-Preferred	PA
PROTONIX ORAL PACKET	Non-Preferred	PA
PROTONIX ORAL TABLET DELAYED RELEASE	Non-Preferred	PA; QL
qc lansoprazole oral capsule delayed release	Preferred	OTC; QL
rabeprazole sodium oral tablet delayed release	Non-Preferred	PA
sm lansoprazole oral capsule delayed release	Preferred	OTC; QL
YOSPRALA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
ZEGERID ORAL CAPSULE	Non-Preferred	PA
ZEGERID ORAL PACKET	Non-Preferred	PA
Heavy Metal Antagonists		
Heavy Metal Antagonists		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CHEMET ORAL CAPSULE	Formulary	
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ALVESCO INHALATION AEROSOL SOLUTION	Non-Preferred	PA
AQUANIL HC EXTERNAL LOTION	Formulary	OTC
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Preferred	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	QL
ASMANEX HFA INHALATION AEROSOL	Preferred	QL
beta hc external lotion	Formulary	OTC
betamethasone dipropionate aug external cream	Formulary	
betamethasone dipropionate aug external ointment	Formulary	
betamethasone dipropionate external cream	Formulary	
betamethasone dipropionate external lotion	Formulary	
betamethasone dipropionate external ointment	Formulary	
betamethasone valerate external cream	Formulary	
betamethasone valerate external lotion	Formulary	
betamethasone valerate external ointment	Formulary	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
BREYNA INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
budesonide er oral tablet extended release 24 hour	Non-Preferred	PA
budesonide inhalation suspension	Preferred	AL
budesonide oral capsule delayed release particles	Non-Preferred	PA
budesonide-formoterol fumarate inhalation aerosol	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
cvs cortisone maximum strength external ointment	Formulary	OTC
cvs eczema anti-itch external cream	Formulary	OTC
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Formulary	
dexamethasone oral elixir	Formulary	
dexamethasone oral solution	Formulary	
dexamethasone oral tablet 0.5 mg, 1 mg, 4 mg	Formulary	90 Day Supply
dexamethasone oral tablet 0.75 mg, 1.5 mg, 2 mg, 6 mg	Formulary	
DULERA INHALATION AEROSOL	Preferred	QL
eql anti-itch maximum strength external cream	Formulary	OTC
fludrocortisone acetate oral tablet	Formulary	
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
hydrocortisone (perianal) external cream 2.5 %	Formulary	
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %, 2.5 %	Formulary	
hydrocortisone external lotion 1 %	Formulary	OTC
hydrocortisone external lotion 2.5 %	Formulary	
hydrocortisone external ointment 0.5 %	Formulary	OTC
hydrocortisone external ointment 1 %, 2.5 %	Formulary	
hydrocortisone max st external cream	Formulary	OTC
hydrocortisone oral tablet	Formulary	
hydrocortisone rectal enema	Formulary	QL
hydrocortisone valerate external cream	Formulary	QL
hydrocortisone/aloe max str external cream	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
MEDPURA HYDROCORTISONE EXTERNAL CREAM	Formulary	OTC
MEDROL ORAL TABLET 2 MG	Formulary	
methylprednisolone oral tablet	Formulary	
methylprednisolone oral tablet therapy pack	Formulary	
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
mometasone furoate nasal suspension	Preferred	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM	Formulary	OTC
OMNARIS NASAL SUSPENSION	Non-Preferred	PA
PEDIAPRED ORAL SOLUTION	Formulary	
PRED MILD OPHTHALMIC SUSPENSION	Formulary	
prednisolone acetate ophthalmic suspension	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
prednisolone oral solution	Formulary	90 Day Supply
prednisolone sodium phosphate ophthalmic solution	Non-Preferred	PA
prednisolone sodium phosphate oral solution 15 mg/5ml	Formulary	90 Day Supply
prednisolone sodium phosphate oral solution 5 mg/5ml	Formulary	
PREDNISONO INTENSOL ORAL CONCENTRATE	Formulary	
prednisone oral solution	Formulary	
prednisone oral tablet	Formulary	90 Day Supply
prednisone oral tablet therapy pack 5 mg (21)	Formulary	
PREPARATION H EXTERNAL CREAM 1 %	Formulary	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	Formulary	OTC
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
PULMICORT INHALATION SUSPENSION	Non-Preferred	PA; AL
px hydrocream external cream	Formulary	OTC
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Preferred	
ra anti-itch maximum strength external ointment	Formulary	OTC
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
SYMBICORT INHALATION AEROSOL	Preferred	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
triamcinolone acetonide external cream	Formulary	
triamcinolone acetonide external lotion	Formulary	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Formulary	
TRIDERM EXTERNAL CREAM 0.5 %	Formulary	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
Alpha-Glucosidase Inhibitors		
acarbose oral tablet	Preferred	
miglitol oral tablet	Non-Preferred	PA
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non-Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Formulary	PA
TESTIM TRANSDERMAL GEL	Preferred	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Formulary	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)	Preferred	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	Non-Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Preferred	PA
Antidiabetic Agents, Miscellaneous		
colesevelam hcl oral packet	Non-Preferred	PA
colesevelam hcl oral tablet	Non-Preferred	PA
mifepristone oral tablet 300 mg	Formulary	PA; QL
WELCHOL ORAL PACKET	Non-Preferred	PA
WELCHOL ORAL TABLET	Non-Preferred	PA
Antiestrogens		
letrozole oral tablet	Formulary	PA; 90 Day Supply; QL
Antigonadotropins		
AFTERA ORAL TABLET	Formulary	OTC
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non-Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Formulary	PA
ECONTRA ONE-STEP ORAL TABLET	Formulary	OTC
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
levonorgestrel oral tablet 1.5 mg	Formulary	OTC
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	EDS
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	EDS
MY CHOICE ORAL TABLET	Formulary	OTC
MY WAY ORAL TABLET	Formulary	OTC
NEW DAY ORAL TABLET	Formulary	OTC
NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	EDS
OPCICON ONE-STEP ORAL TABLET	Formulary	OTC
OPTION 2 ORAL TABLET	Formulary	OTC
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
TESTIM TRANSDERMAL GEL	Preferred	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Formulary	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)	Preferred	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	Non-Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL	Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Preferred	PA
Antihypoglycemic Agents, Miscellaneous		
cvs glucose oral gel 40 %	Formulary	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Formulary	OTC; QL
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Formulary	OTC; QL
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
diazoxide oral suspension	Non-Preferred	PA
glucose oral gel 40 %	Formulary	OTC
glucose oral tablet chewable 4 gm	Formulary	OTC; QL
GLUTOSE 15 ORAL GEL	Formulary	OTC
GLUTOSE 45 ORAL GEL	Formulary	OTC
PROGLYCEM ORAL SUSPENSION	Preferred	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	Formulary	OTC; QL
Antiparathyroid Agents		
calcitonin (salmon) nasal solution	Preferred	
Antithyroid Agents		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
methimazole oral tablet	Formulary	
propylthiouracil oral tablet	Formulary	
Biguanides		
alogliptin-metformin hcl oral tablet	Non-Preferred	PA
dapagliflozin pro-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
glipizide-metformin hcl oral tablet	Formulary	QL
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	90 Day Supply; QL
INVOKAMET ORAL TABLET	Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
JANUMET ORAL TABLET	Preferred	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
JENTADUETO ORAL TABLET	Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
metformin hcl er oral tablet extended release 24 hour	Formulary	90 Day Supply; QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Formulary	90 Day Supply; QL
pioglitazone hcl-metformin hcl oral tablet	Non-Preferred	PA
saxagliptin-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
SEGLUROMET ORAL TABLET	Non-Preferred	PA
sitagliptin base-metformin hcl oral tablet	Non-Preferred	PA; QL
SYNJARDY ORAL TABLET	Preferred	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
Contraceptives		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL
AFTERA ORAL TABLET	Formulary	OTC
ALTAVERA ORAL TABLET	Preferred	EDS; QL
alyacen 1/35 oral tablet	Preferred	EDS; QL
alyacen 7/7/7 oral tablet	Preferred	EDS; QL
AMETHIA ORAL TABLET	Preferred	EDS; QL
AMETHYST ORAL TABLET	Preferred	EDS; QL
ANNOVERA VAGINAL RING	Preferred	EDS
APRI ORAL TABLET	Preferred	EDS; QL
ARANELLE ORAL TABLET	Preferred	EDS; QL
ASHLYNA ORAL TABLET	Preferred	EDS; QL
AUBRA EQ ORAL TABLET	Preferred	EDS; QL
AUROVELA 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA 1/20 ORAL TABLET	Preferred	EDS; QL
AUROVELA 24 FE ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1/20 ORAL TABLET	Preferred	EDS; QL
AVIANE ORAL TABLET	Preferred	EDS; QL
AYUNA ORAL TABLET	Preferred	EDS; QL
AZURETTE ORAL TABLET	Preferred	EDS; QL
BALCOLTRA ORAL TABLET	Preferred	EDS; QL
BALZIVA ORAL TABLET	Preferred	EDS; QL
BEYAZ ORAL TABLET	Preferred	EDS; QL
BLISOVI 24 FE ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1/20 ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
briellyn oral tablet	Preferred	EDS; QL
CAMILA ORAL TABLET	Preferred	EDS; QL
CAMRESE LO ORAL TABLET	Preferred	EDS; QL
CAMRESE ORAL TABLET	Preferred	EDS; QL
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
CHATEAL EQ ORAL TABLET	Preferred	EDS; QL
CRYSSELLE ORAL TABLET	Formulary	EDS
CRYSSELLE-28 ORAL TABLET	Preferred	EDS; QL
CYRED EQ ORAL TABLET	Preferred	EDS; QL
DASETTA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
DASETTA 7/7/7 ORAL TABLET	Preferred	EDS; QL
DAYSEE ORAL TABLET	Preferred	EDS; QL
DEBLITANE ORAL TABLET	Preferred	EDS; QL
DELYLA ORAL TABLET	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Preferred	EDS
desogestrel-ethinyl estradiol oral tablet	Preferred	EDS; QL
DOLISHALE ORAL TABLET	Preferred	EDS; QL
drosipren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
drosiprenone-ethinyl estradiol oral tablet	Preferred	EDS; QL
ECONTRA ONE-STEP ORAL TABLET	Formulary	OTC
ELINEST ORAL TABLET	Preferred	EDS; QL
ELLA ORAL TABLET	Formulary	QL
ELURYNG VAGINAL RING	Preferred	EDS
ENILLORING VAGINAL RING	Preferred	EDS; QL
ENPRESSE-28 ORAL TABLET	Preferred	EDS; QL
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	EDS; QL
ERRIN ORAL TABLET	Preferred	EDS; QL
ESTARYLLA ORAL TABLET	Preferred	EDS; QL
ethynodiol diac-eth estradiol oral tablet	Preferred	EDS; QL
etonogestrel-ethinyl estradiol vaginal ring	Preferred	EDS
FALMINA ORAL TABLET	Preferred	EDS; QL
FINZALA ORAL TABLET CHEWABLE	Preferred	EDS; QL
GALBRIELA ORAL TABLET CHEWABLE	Formulary	EDS
GEMMILY ORAL CAPSULE	Preferred	EDS; QL
GENERESS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
HAILEY 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY 24 FE ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1/20 ORAL TABLET	Preferred	EDS; QL
HALOETTE VAGINAL RING	Preferred	EDS; QL
HEATHER ORAL TABLET	Preferred	EDS; QL
ICLEVIA ORAL TABLET	Preferred	EDS; QL
INCASSIA ORAL TABLET	Preferred	EDS; QL
INTROVALE ORAL TABLET	Preferred	EDS; QL
ISIBLOOM ORAL TABLET	Preferred	EDS; QL
JAIMIESS ORAL TABLET	Preferred	EDS; QL
JASMIEL ORAL TABLET	Preferred	EDS; QL
JENCYCLA ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
JOLESSA ORAL TABLET	Preferred	EDS; QL
JOYEAUX ORAL TABLET	Preferred	EDS; QL
JULEBER ORAL TABLET	Preferred	EDS; QL
JUNEL 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 24 ORAL TABLET	Preferred	EDS; QL
KAITLIB FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
KALLIGA ORAL TABLET	Preferred	EDS; QL
KARIVA ORAL TABLET	Preferred	EDS; QL
KELNOR 1/35 ORAL TABLET	Preferred	EDS; QL
KELNOR 1/50 ORAL TABLET	Preferred	EDS; QL
KURVELO ORAL TABLET	Preferred	EDS; QL
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
LARIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN 1/20 ORAL TABLET	Preferred	EDS; QL
LARIN 24 FE ORAL TABLET	Preferred	EDS; QL
LARIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel oral tablet 1.5 mg	Formulary	OTC
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	EDS
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
LYLEQ ORAL TABLET	Preferred	EDS; QL
LYZA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Preferred	EDS; QL
MELEYA ORAL TABLET	Formulary	EDS
MERZEE ORAL CAPSULE	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	EDS
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
MY CHOICE ORAL TABLET	Formulary	OTC
MY WAY ORAL TABLET	Formulary	OTC
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEW DAY ORAL TABLET	Formulary	OTC
NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	EDS
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL
NORA-BE ORAL TABLET	Preferred	EDS; QL
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone oral tablet	Preferred	EDS; QL
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORLYDA ORAL TABLET	Preferred	EDS; QL
NORLYROC ORAL TABLET	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
OPCICON ONE-STEP ORAL TABLET	Formulary	OTC
OPILL ORAL TABLET	Preferred	EDS; OTC; QL
OPTION 2 ORAL TABLET	Formulary	OTC
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SHAROBEL ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
alogliptin benzoate oral tablet	Non-Preferred	PA
alogliptin-metformin hcl oral tablet	Non-Preferred	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non-Preferred	PA
GLYXAMBI ORAL TABLET	Non-Preferred	PA
JANUMET ORAL TABLET	Preferred	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
JANUVIA ORAL TABLET	Preferred	QL
JENTADUETO ORAL TABLET	Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
QTERN ORAL TABLET	Non-Preferred	PA
saxagliptin hcl oral tablet	Non-Preferred	PA
saxagliptin-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
sitagliptin base-metformin hcl oral tablet	Non-Preferred	PA; QL
sitagliptin oral tablet	Non-Preferred	PA; QL
STEGLUJAN ORAL TABLET	Non-Preferred	PA
TRADJENTA ORAL TABLET	Preferred	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ZITUVIO ORAL TABLET	Non-Preferred	PA; QL
Estrogen Agonist-Antagonists		
EVISTA ORAL TABLET	Non-Preferred	PA
FARESTON ORAL TABLET	Formulary	PA
raloxifene hcl oral tablet	Preferred	
tamoxifen citrate oral tablet	Formulary	90 Day Supply
toremifene citrate oral tablet	Formulary	PA
Estrogens		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL
ALTAVERA ORAL TABLET	Preferred	EDS; QL
alyacen 1/35 oral tablet	Preferred	EDS; QL
alyacen 7/7/7 oral tablet	Preferred	EDS; QL
AMABELZ ORAL TABLET	Formulary	
AMETHIA ORAL TABLET	Preferred	EDS; QL
AMETHYST ORAL TABLET	Preferred	EDS; QL
ANNOVERA VAGINAL RING	Preferred	EDS
APRI ORAL TABLET	Preferred	EDS; QL
ARANELLE ORAL TABLET	Preferred	EDS; QL
ASHLYNA ORAL TABLET	Preferred	EDS; QL
AUBRA EQ ORAL TABLET	Preferred	EDS; QL
AUROVELA 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA 1/20 ORAL TABLET	Preferred	EDS; QL
AUROVELA 24 FE ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1/20 ORAL TABLET	Preferred	EDS; QL
AVIANE ORAL TABLET	Preferred	EDS; QL
AYUNA ORAL TABLET	Preferred	EDS; QL
AZURETTE ORAL TABLET	Preferred	EDS; QL
BALCOLTRA ORAL TABLET	Preferred	EDS; QL
BALZIVA ORAL TABLET	Preferred	EDS; QL
BEYAZ ORAL TABLET	Preferred	EDS; QL
BLISOVI 24 FE ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BLISOVI FE 1/20 ORAL TABLET	Preferred	EDS; QL
briellyn oral tablet	Preferred	EDS; QL
CAMRESE LO ORAL TABLET	Preferred	EDS; QL
CAMRESE ORAL TABLET	Preferred	EDS; QL
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
CHATEAL EQ ORAL TABLET	Preferred	EDS; QL
CRYSSELLE ORAL TABLET	Formulary	EDS
CRYSSELLE-28 ORAL TABLET	Preferred	EDS; QL
CYRED EQ ORAL TABLET	Preferred	EDS; QL
DASETTA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
DASETTA 7/7/7 ORAL TABLET	Preferred	EDS; QL
DAYSEE ORAL TABLET	Preferred	EDS; QL
DELYLA ORAL TABLET	Preferred	EDS; QL
desogestrel-ethinyl estradiol oral tablet	Preferred	EDS; QL
DOLISHALE ORAL TABLET	Preferred	EDS; QL
drospiren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
drospirenone-ethinyl estradiol oral tablet	Preferred	EDS; QL
ELINEST ORAL TABLET	Preferred	EDS; QL
ELURYNG VAGINAL RING	Preferred	EDS
ENILLORING VAGINAL RING	Preferred	EDS; QL
ENPRESSE-28 ORAL TABLET	Preferred	EDS; QL
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	EDS; QL
ESTARYLLA ORAL TABLET	Preferred	EDS; QL
ESTRACE ORAL TABLET 2 MG	Formulary	QL
estradiol oral tablet 1 mg, 2 mg	Formulary	90 Day Supply; QL
estradiol transdermal patch twice weekly 0.025 mg/24hr	Formulary	
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.0375 mg/24hr	Formulary	90 Day Supply
estradiol transdermal patch weekly 0.06 mg/24hr	Formulary	
estradiol vaginal cream 0.01 %	Formulary	QL
estradiol vaginal tablet	Formulary	QL
estradiol-norethindrone acet oral tablet	Formulary	
ethynodiol diac-eth estradiol oral tablet	Preferred	EDS; QL
etonogestrel-ethinyl estradiol vaginal ring	Preferred	EDS
FALMINA ORAL TABLET	Preferred	EDS; QL
FINZALA ORAL TABLET CHEWABLE	Preferred	EDS; QL
FYAVOLV ORAL TABLET	Formulary	
GALBRIELA ORAL TABLET CHEWABLE	Formulary	EDS
GEMMILY ORAL CAPSULE	Preferred	EDS; QL
GENERESS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
HAILEY 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY 24 FE ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1/20 ORAL TABLET	Preferred	EDS; QL
HALOETTE VAGINAL RING	Preferred	EDS; QL
ICLEVIA ORAL TABLET	Preferred	EDS; QL
INTROVALE ORAL TABLET	Preferred	EDS; QL
ISIBLOOM ORAL TABLET	Preferred	EDS; QL
JAIMIESS ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
JASMIEL ORAL TABLET	Preferred	EDS; QL
JINTELI ORAL TABLET	Formulary	
JOLESSA ORAL TABLET	Preferred	EDS; QL
JOYEAUX ORAL TABLET	Preferred	EDS; QL
JULEBER ORAL TABLET	Preferred	EDS; QL
JUNEL 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 24 ORAL TABLET	Preferred	EDS; QL
KAITLIB FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
KALLIGA ORAL TABLET	Preferred	EDS; QL
KARIVA ORAL TABLET	Preferred	EDS; QL
KELNOR 1/35 ORAL TABLET	Preferred	EDS; QL
KELNOR 1/50 ORAL TABLET	Preferred	EDS; QL
KURVELO ORAL TABLET	Preferred	EDS; QL
LARIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN 1/20 ORAL TABLET	Preferred	EDS; QL
LARIN 24 FE ORAL TABLET	Preferred	EDS; QL
LARIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
MERZEE ORAL CAPSULE	Preferred	EDS; QL
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone-eth estradiol oral tablet	Formulary	
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
PREMARIN ORAL TABLET	Formulary	ST
PREMARIN VAGINAL CREAM	Formulary	
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
YUVAFEM VAGINAL TABLET	Formulary	QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Glycogenolytic Agents		
BAQSIMI ONE PACK NASAL POWDER	Preferred	QL
BAQSIMI TWO PACK NASAL POWDER	Preferred	QL
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Formulary	QL
glucagon emergency injection solution reconstituted 1 mg	Preferred	QL
glucagon emergency injection solution reconstituted 1 mg/ml	Non-Preferred	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
Incretin Mimetics		
exenatide subcutaneous solution pen-injector	Non-Preferred	PA
liraglutide subcutaneous solution pen-injector	Non-Preferred	PA; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Preferred	QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Preferred	QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
RYBELSUS ORAL TABLET	Non-Preferred	PA
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA; QL
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Intermediate-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
HUMULIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
NOVOLIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
Long-Acting Insulins		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
insulin degludec flextouch subcutaneous solution pen-injector	Non-Preferred	PA; QL
insulin degludec subcutaneous solution	Non-Preferred	PA; QL
insulin glargine max solostar subcutaneous solution pen-injector	Non-Preferred	PA
insulin glargine solostar subcutaneous solution pen-injector	Non-Preferred	PA
insulin glargine-yfgn subcutaneous solution	Non-Preferred	PA; QL
insulin glargine-yfgn subcutaneous solution pen-injector	Non-Preferred	PA; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
LANTUS SUBCUTANEOUS SOLUTION	Preferred	QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TRESIBA SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Parathyroid And Antiparathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
Pituitary		
desmopressin ace spray refrig nasal solution	Formulary	QL
desmopressin acetate oral tablet 0.1 mg	Formulary	90 Day Supply; QL; AL
desmopressin acetate oral tablet 0.2 mg	Formulary	QL; AL
desmopressin acetate spray nasal solution	Formulary	QL
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Non-Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Non-Preferred	PA
HUMATROPE INJECTION CARTRIDGE	Non-Preferred	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Non-Preferred	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non-Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non-Preferred	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Progestins		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL
AFTERA ORAL TABLET	Formulary	OTC
ALTAVERA ORAL TABLET	Preferred	EDS; QL
alyacen 1/35 oral tablet	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
alyacen 7/7/7 oral tablet	Preferred	EDS; QL
AMABELZ ORAL TABLET	Formulary	
AMETHIA ORAL TABLET	Preferred	EDS; QL
AMETHYST ORAL TABLET	Preferred	EDS; QL
ANNOVERA VAGINAL RING	Preferred	EDS
APRI ORAL TABLET	Preferred	EDS; QL
ARANELLE ORAL TABLET	Preferred	EDS; QL
ASHLYNA ORAL TABLET	Preferred	EDS; QL
AUBRA EQ ORAL TABLET	Preferred	EDS; QL
AUROVELA 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA 1/20 ORAL TABLET	Preferred	EDS; QL
AUROVELA 24 FE ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1/20 ORAL TABLET	Preferred	EDS; QL
AVIANE ORAL TABLET	Preferred	EDS; QL
AYUNA ORAL TABLET	Preferred	EDS; QL
AZURETTE ORAL TABLET	Preferred	EDS; QL
BALCOLTRA ORAL TABLET	Preferred	EDS; QL
BALZIVA ORAL TABLET	Preferred	EDS; QL
BEYAZ ORAL TABLET	Preferred	EDS; QL
BLISOVI 24 FE ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1/20 ORAL TABLET	Preferred	EDS; QL
briellyn oral tablet	Preferred	EDS; QL
CAMILA ORAL TABLET	Preferred	EDS; QL
CAMRESE LO ORAL TABLET	Preferred	EDS; QL
CAMRESE ORAL TABLET	Preferred	EDS; QL
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
CHATEAL EQ ORAL TABLET	Preferred	EDS; QL
CRYSSELLE ORAL TABLET	Formulary	EDS
CRYSSELLE-28 ORAL TABLET	Preferred	EDS; QL
CYRED EQ ORAL TABLET	Preferred	EDS; QL
DASETTA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
DASETTA 7/7/7 ORAL TABLET	Preferred	EDS; QL
DAYSEE ORAL TABLET	Preferred	EDS; QL
DEBLITANE ORAL TABLET	Preferred	EDS; QL
DELYLA ORAL TABLET	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Preferred	EDS
desogestrel-ethinyl estradiol oral tablet	Preferred	EDS; QL
DOLISHALE ORAL TABLET	Preferred	EDS; QL
drospiren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
drospirenone-ethinyl estradiol oral tablet	Preferred	EDS; QL
ECONTRA ONE-STEP ORAL TABLET	Formulary	OTC
ELINEST ORAL TABLET	Preferred	EDS; QL
ELLA ORAL TABLET	Formulary	QL
ELURYNG VAGINAL RING	Preferred	EDS
ENILLORING VAGINAL RING	Preferred	EDS; QL
ENPRESSE-28 ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	EDS; QL
ERRIN ORAL TABLET	Preferred	EDS; QL
ESTARYLLA ORAL TABLET	Preferred	EDS; QL
estradiol-norethindrone acet oral tablet	Formulary	
ethynodiol diac-eth estradiol oral tablet	Preferred	EDS; QL
etonogestrel-ethinyl estradiol vaginal ring	Preferred	EDS
FALMINA ORAL TABLET	Preferred	EDS; QL
FINZALA ORAL TABLET CHEWABLE	Preferred	EDS; QL
FYAVOLV ORAL TABLET	Formulary	
GALBRIELA ORAL TABLET CHEWABLE	Formulary	EDS
GEMMILY ORAL CAPSULE	Preferred	EDS; QL
GENERESS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
HAILEY 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY 24 FE ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1/20 ORAL TABLET	Preferred	EDS; QL
HALOETTE VAGINAL RING	Preferred	EDS; QL
HEATHER ORAL TABLET	Preferred	EDS; QL
ICLEVIA ORAL TABLET	Preferred	EDS; QL
INCASSIA ORAL TABLET	Preferred	EDS; QL
INTROVALE ORAL TABLET	Preferred	EDS; QL
ISIBLOOM ORAL TABLET	Preferred	EDS; QL
JAIMIESS ORAL TABLET	Preferred	EDS; QL
JASMIEL ORAL TABLET	Preferred	EDS; QL
JENCYCLA ORAL TABLET	Preferred	EDS; QL
JINTELI ORAL TABLET	Formulary	
JOLESSA ORAL TABLET	Preferred	EDS; QL
JOYEAUX ORAL TABLET	Preferred	EDS; QL
JULEBER ORAL TABLET	Preferred	EDS; QL
JUNEL 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 24 ORAL TABLET	Preferred	EDS; QL
KAITLIB FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
KALLIGA ORAL TABLET	Preferred	EDS; QL
KARIVA ORAL TABLET	Preferred	EDS; QL
KELNOR 1/35 ORAL TABLET	Preferred	EDS; QL
KELNOR 1/50 ORAL TABLET	Preferred	EDS; QL
KURVELO ORAL TABLET	Preferred	EDS; QL
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
LARIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN 1/20 ORAL TABLET	Preferred	EDS; QL
LARIN 24 FE ORAL TABLET	Preferred	EDS; QL
LARIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel oral tablet 1.5 mg	Formulary	OTC
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	EDS
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
LYLEQ ORAL TABLET	Preferred	EDS; QL
LYZA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Preferred	EDS; QL
medroxyprogesterone acetate oral tablet 10 mg	Formulary	90 Day Supply; QL
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg	Formulary	90 Day Supply
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Preferred	QL
megestrol acetate oral suspension 625 mg/5ml	Non-Preferred	PA
megestrol acetate oral tablet	Preferred	90 Day Supply
MELEYA ORAL TABLET	Formulary	EDS
MERZEE ORAL CAPSULE	Preferred	EDS; QL
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	EDS
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
MY CHOICE ORAL TABLET	Formulary	OTC
MY WAY ORAL TABLET	Formulary	OTC
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEW DAY ORAL TABLET	Formulary	OTC
NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	EDS
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL
NORA-BE ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acetate oral tablet	Formulary	
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone oral tablet	Preferred	EDS; QL
norethindrone-eth estradiol oral tablet	Formulary	
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORLYDA ORAL TABLET	Preferred	EDS; QL
NORLYROC ORAL TABLET	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
OPCICON ONE-STEP ORAL TABLET	Formulary	OTC
OPILL ORAL TABLET	Preferred	EDS; OTC; QL
OPTION 2 ORAL TABLET	Formulary	OTC
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SHAROBEL ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Rapid-Acting Insulins		
ADMELOG INJECTION SOLUTION	Non-Preferred	PA; QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
ADMELOG SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non-Preferred	PA
APIDRA INJECTION SOLUTION	Non-Preferred	PA; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
FIASP INJECTION SOLUTION	Non-Preferred	PA; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
FIASP SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
HUMALOG INJECTION SOLUTION	Preferred	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Non-Preferred	PA; QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Preferred	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Preferred	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
insulin asp prot & asp flexpen subcutaneous suspension pen-injector	Preferred	QL
insulin aspart flexpen subcutaneous solution pen-injector	Preferred	QL
insulin aspart injection solution	Preferred	QL
insulin aspart penfill subcutaneous solution cartridge	Preferred	QL
insulin aspart prot & aspart subcutaneous suspension	Preferred	QL
insulin aspart subcutaneous solution	Preferred	QL
insulin lispro (1 unit dial) subcutaneous solution pen-injector	Preferred	QL
insulin lispro injection solution	Preferred	QL
insulin lispro junior kwikpen subcutaneous solution pen-injector	Preferred	QL
insulin lispro prot & lispro subcutaneous suspension pen-injector	Non-Preferred	PA; QL
insulin lispro subcutaneous solution	Preferred	QL
LYUMJEV INJECTION SOLUTION	Non-Preferred	PA; QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
MERILOG SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLOG INJECTION SOLUTION	Preferred	QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	Preferred	QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	Preferred	QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
NOVOLOG RELION INJECTION SOLUTION	Preferred	QL
NOVOLOG RELION SUBCUTANEOUS SOLUTION	Preferred	QL
Short-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
HUMULIN R INJECTION SOLUTION	Preferred	OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Preferred	QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN R INJECTION SOLUTION	Preferred	OTC; QL
NOVOLIN R RELION INJECTION SOLUTION	Preferred	OTC; QL
Sodium-Gluc Cotransport 2 (SglT2) Inhib		
dapagliflozin pro-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
dapagliflozin propanediol oral tablet	Non-Preferred	PA
FARXIGA ORAL TABLET	Preferred	
GLYXAMBI ORAL TABLET	Non-Preferred	PA
INPEFA ORAL TABLET	Non-Preferred	PA
INVOKAMET ORAL TABLET	Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INVOKANA ORAL TABLET	Non-Preferred	PA
JARDIANCE ORAL TABLET	Preferred	
QTERN ORAL TABLET	Non-Preferred	PA
SEGLUROMET ORAL TABLET	Non-Preferred	PA
STEGLATRO ORAL TABLET	Non-Preferred	PA
STEGLUJAN ORAL TABLET	Non-Preferred	PA
SYNJARDY ORAL TABLET	Preferred	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Non-Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Non-Preferred	PA
HUMATROPE INJECTION CARTRIDGE	Non-Preferred	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Non-Preferred	PA
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Sulfonylureas		
DUETACT ORAL TABLET	Non-Preferred	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Formulary	90 Day Supply; QL
glipizide er oral tablet extended release 24 hour	Formulary	90 Day Supply; QL
glipizide oral tablet 10 mg, 5 mg	Formulary	90 Day Supply; QL
glipizide xl oral tablet extended release 24 hour 10 mg	Formulary	90 Day Supply; QL
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	Formulary	
glipizide-metformin hcl oral tablet	Formulary	QL
glyburide micronized oral tablet 1.5 mg	Formulary	90 Day Supply; QL
glyburide micronized oral tablet 3 mg, 6 mg	Formulary	QL
glyburide oral tablet	Formulary	90 Day Supply; QL
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	90 Day Supply; QL
pioglitazone hcl-glimepiride oral tablet	Non-Preferred	PA
Thiazolidinediones		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Preferred	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non-Preferred	PA
DUETACT ORAL TABLET	Non-Preferred	PA
pioglitazone hcl oral tablet	Preferred	90 Day Supply; QL
pioglitazone hcl-glimepiride oral tablet	Non-Preferred	PA
pioglitazone hcl-metformin hcl oral tablet	Non-Preferred	PA
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Formulary	
LEVO-T ORAL TABLET	Formulary	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Formulary	90 Day Supply
levothyroxine sodium oral tablet 300 mcg	Formulary	
LEVOXYL ORAL TABLET	Formulary	
liothyronine sodium oral tablet 25 mcg, 50 mcg	Formulary	
liothyronine sodium oral tablet 5 mcg	Formulary	90 Day Supply
NP THYROID ORAL TABLET	Formulary	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Formulary	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Formulary	
Immunomodulatory Agents		
Amino Acid Polymers		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	PA; Specialty
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non-Preferred	PA; Specialty
glatiramer acetate subcutaneous solution prefilled syringe	Non-Preferred	PA; Specialty
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
Antimetabolites		
AUBAGIO ORAL TABLET	Non-Preferred	PA; Specialty

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
teriflunomide oral tablet	Preferred	PA; QL
Antimetabolites, Immunosupp Therapy Misc		
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
CELLCEPT ORAL CAPSULE	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA
mycophenolate mofetil oral capsule	Preferred	
Bone-Modifying Agents		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
Calcineurin Inhibitors, Misc		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine ophthalmic emulsion	Non-Preferred	PA
cyclosporine oral capsule	Preferred	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
Complement Inhibitor Agents		
TAVNEOS ORAL CAPSULE	Non-Preferred	PA
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
Disease-Modifying Antirheumatic Drugs		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
methotrexate sodium oral tablet	Formulary	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Fumarates		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
dimethyl fumarate oral capsule delayed release	Preferred	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Non-Preferred	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Preferred	PA; Specialty
VUMERITY ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
Immunomodulatory Agents		
cyclophosphamide oral capsule	Formulary	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg	Non-Preferred	PA
mercaptopurine oral tablet	Formulary	
ZORTRESS ORAL TABLET	Non-Preferred	PA
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Preferred	PA; Specialty
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Preferred	PA; Specialty
BETASERON SUBCUTANEOUS KIT	Preferred	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
WEZLANA INTRAVENOUS SOLUTION	Non-Preferred	PA
WEZLANA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
YESINTEK INTRAVENOUS SOLUTION	Non-Preferred	PA
YESINTEK SUBCUTANEOUS SOLUTION	Non-Preferred	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
Janus Kinase Inhibitors, Miscellaneous		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA; Specialty
RINVOQ LQ ORAL SOLUTION	Non-Preferred	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Non-Preferred	PA; Specialty
XELJANZ ORAL SOLUTION	Non-Preferred	Specialty; QL
XELJANZ ORAL TABLET 10 MG	Preferred	QL
XELJANZ ORAL TABLET 5 MG	Preferred	Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	Specialty; QL
Monocarboxylic Acid Amide Agents		
leflunomide oral tablet	Formulary	
Monoclonal Antibodies		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BRIUMVI INTRAVENOUS SOLUTION	Non-Preferred	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
UPLIZNA INTRAVENOUS SOLUTION	Non-Preferred	PA
Mtor Inhibitors, Miscellaneous		
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
Sphingosine 1-Phosphate (S1p) Agents		
ingolimod hcl oral capsule	Preferred	PA; QL
GILENYA ORAL CAPSULE	Non-Preferred	PA; Specialty; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	Non-Preferred	PA
adalimumab-adbm subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	Specialty; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	Specialty; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	Specialty; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Local Anesthetics		
Local Anesthetics		
ZTLIDO EXTERNAL PATCH	Non-Preferred	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE	Non-Preferred	PA
disulfiram oral tablet	Formulary	
dutasteride oral capsule	Preferred	90 Day Supply
dutasteride-tamsulosin hcl oral capsule	Non-Preferred	PA
ENTADFI ORAL CAPSULE	Non-Preferred	PA
finasteride oral tablet 5 mg	Preferred	90 Day Supply; QL
JALYN ORAL CAPSULE	Non-Preferred	PA
naltrexone hcl oral tablet	Formulary	
PROSCAR ORAL TABLET	Non-Preferred	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Antidotes		
acetylcysteine inhalation solution	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
BAQSIMI ONE PACK NASAL POWDER	Preferred	QL
BAQSIMI TWO PACK NASAL POWDER	Preferred	QL
CHEMET ORAL CAPSULE	Formulary	
FOSRENOL ORAL PACKET	Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Formulary	QL
glucagon emergency injection solution reconstituted 1 mg	Preferred	QL
glucagon emergency injection solution reconstituted 1 mg/ml	Non-Preferred	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
lanthanum carbonate oral tablet chewable	Non-Preferred	PA
leucovorin calcium oral tablet	Formulary	PA
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naltrexone hcl oral tablet	Formulary	
phytonadione oral tablet	Formulary	
RENVELA ORAL PACKET	Non-Preferred	PA; QL
RENVELA ORAL TABLET	Preferred	QL
sevelamer carbonate oral packet	Preferred	
sevelamer carbonate oral tablet	Preferred	
sevelamer hcl oral tablet	Non-Preferred	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Formulary	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	Formulary	
SPS ORAL SUSPENSION	Formulary	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
Antigout Agents		
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
allopurinol oral tablet 100 mg, 300 mg	Formulary	90 Day Supply; QL
colchicine oral capsule	Formulary	
colchicine oral tablet	Formulary	
colchicine-probenecid oral tablet	Formulary	
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
MEDIPROXEN ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
probenecid oral tablet	Formulary	
Antisense Oligonucleotides		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Bone Anabolic Agents		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Preferred	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	Non-Preferred	PA
alendronate sodium oral solution	Preferred	
alendronate sodium oral tablet 10 mg, 5 mg	Preferred	QL
alendronate sodium oral tablet 35 mg, 70 mg	Preferred	90 Day Supply; QL
ATELVIA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
BINOSTO ORAL TABLET EFFERVESCENT	Non-Preferred	PA
calcitonin (salmon) nasal solution	Preferred	
ESTRACE ORAL TABLET 2 MG	Formulary	QL
estradiol oral tablet 1 mg, 2 mg	Formulary	90 Day Supply; QL
estradiol transdermal patch twice weekly 0.025 mg/24hr	Formulary	
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.0375 mg/24hr	Formulary	90 Day Supply
estradiol transdermal patch weekly 0.06 mg/24hr	Formulary	
estradiol vaginal cream 0.01 %	Formulary	QL
estradiol vaginal tablet	Formulary	QL
EVISTA ORAL TABLET	Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG	Non-Preferred	PA; QL
FOSAMAX PLUS D ORAL TABLET	Non-Preferred	PA
ibandronate sodium oral tablet	Preferred	90 Day Supply
PREMARIN ORAL TABLET	Formulary	ST
PREMARIN VAGINAL CREAM	Formulary	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
raloxifene hcl oral tablet	Preferred	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Non-Preferred	PA
risedronate sodium oral tablet delayed release	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
YUVAFEM VAGINAL TABLET	Formulary	QL
Bradykinin Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Cariostatic Agents		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
multi-vitamin/fluoride/iron oral solution	Formulary	
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride 5000 ppm dental paste	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	Preferred	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA
FIRAZYR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
TAVNEOS ORAL CAPSULE	Non-Preferred	PA
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
adalimumab-adbm subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine oral capsule	Preferred	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	Specialty; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	Specialty; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	Specialty; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
leflunomide oral tablet	Formulary	
methotrexate sodium oral tablet	Formulary	
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA; Specialty
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
OTEZLA ORAL TABLET 30 MG	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Preferred	QL
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Non-Preferred	PA; Specialty
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
XELJANZ ORAL SOLUTION	Non-Preferred	Specialty; QL
XELJANZ ORAL TABLET	Preferred	Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	Specialty; QL
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Immunomodulatory Agents		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs str) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AUBAGIO ORAL TABLET	Non-Preferred	PA; Specialty
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Preferred	PA; Specialty
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Preferred	PA; Specialty
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
BETASERON SUBCUTANEOUS KIT	Preferred	PA; Specialty
BRIUMVI INTRAVENOUS SOLUTION	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	PA; Specialty
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non-Preferred	PA; Specialty
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine oral capsule	Preferred	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
dimethyl fumarate oral capsule delayed release	Preferred	PA
dimethyl fumarate starter pack oral	Non-Preferred	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Non-Preferred	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	Specialty; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	Specialty; QL
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
fingolimod hcl oral capsule	Preferred	PA; QL
GILENYA ORAL CAPSULE	Non-Preferred	PA; Specialty; QL
glatiramer acetate subcutaneous solution prefilled syringe	Non-Preferred	PA; Specialty
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	Specialty; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	Specialty; QL
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	Specialty; QL
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
leflunomide oral tablet	Formulary	
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
methotrexate sodium oral tablet	Formulary	
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
OCREVUS INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	Non-Preferred	PA; Specialty
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
PONVORY ORAL TABLET	Non-Preferred	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TASCENSO ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
TECFIDERA ORAL	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Preferred	PA; Specialty
teriflunomide oral tablet	Preferred	PA; QL
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYSABRI INTRAVENOUS CONCENTRATE	Non-Preferred	PA; Specialty
UPLIZNA INTRAVENOUS SOLUTION	Non-Preferred	PA
VELSIPITY ORAL TABLET	Non-Preferred	PA; QL
VUMERITY ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
ZEPOSIA ORAL CAPSULE	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
CELLCEPT ORAL CAPSULE	Non-Preferred	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Preferred	QL
CELLCEPT ORAL TABLET	Non-Preferred	PA; QL
cyclophosphamide oral capsule	Formulary	
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine oral capsule	Preferred	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
leflunomide oral tablet	Formulary	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
mercaptopurine oral tablet	Formulary	
methotrexate sodium oral tablet	Formulary	
mycophenolate mofetil oral capsule	Preferred	
mycophenolate mofetil oral suspension reconstituted	Non-Preferred	PA
mycophenolate mofetil oral tablet	Preferred	QL
mycophenolate sodium oral tablet delayed release	Non-Preferred	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
MYHIBBIN ORAL SUSPENSION	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
pimecrolimus external cream	Formulary	PA; QL
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
ZORTRESS ORAL TABLET	Non-Preferred	PA
Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
charcoal oral capsule 200 mg	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
dalfampridine er oral tablet extended release 12 hour	Non-Preferred	PA; QL
ENDARI ORAL PACKET	Preferred	PA
fish oil concentrate oral capsule 1000 mg, 300 mg	Formulary	OTC
fish oil oral capsule 1000 mg	Formulary	OTC
fish oil/super potent/no burp oral capsule	Formulary	OTC
genicin oral capsule	Formulary	OTC
glucosamine sulfate oral capsule 1000 mg, 500 mg, 750 mg	Formulary	OTC
glucosamine sulfate oral tablet 500 mg, 750 mg	Formulary	OTC
hyprost oral capsule	Formulary	OTC
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
l-glutamine oral packet	Non-Preferred	PA
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
MULTIGEN PLUS ORAL TABLET	Formulary	
omega-3 fish oil oral capsule 1000 mg, 500 mg	Formulary	OTC
omega-3 oral capsule 1000 mg	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
PREZCOBIX ORAL TABLET 800-150 MG	Formulary	
ra fish oil oral capsule 1000 mg	Formulary	OTC
ra fish oil oral capsule delayed release 1000 mg	Formulary	OTC
REZUROCK ORAL TABLET	Non-Preferred	PA
sb omega-3 fish oil oral capsule	Formulary	OTC
sm fish oil oral capsule 1000 mg	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
SUPER OMEGA-3 ORAL CAPSULE 1000 MG	Formulary	OTC
SYMTUZA ORAL TABLET	Formulary	QL
SYNOVACIN ORAL CAPSULE	Formulary	OTC
THEROMEGA ORAL CAPSULE	Formulary	OTC
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG	Formulary	OTC
Protective Agents		
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
CABTREO EXTERNAL GEL	Non-Preferred	PA
cvs adapalene external gel	Preferred	OTC; AL
dalfampridine er oral tablet extended release 12 hour	Non-Preferred	PA; QL
gnp adapalene external gel	Preferred	OTC; AL
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
aimsco lubricated	Preferred	EDS; OTC
CAYA VAGINAL DIAPHRAGM	Preferred	EDS
condoms	Preferred	EDS; OTC
DUREX EXTRA SENSITIVE THIN DEVICE	Preferred	EDS; OTC
DUREX REALFEEL DEVICE	Preferred	EDS; OTC
ENCARE VAGINAL SUPPOSITORY	Preferred	EDS; OTC
FANTASY LUBRICATED	Preferred	EDS; OTC
FANTASY LUBRICATED/SPERMICIDE	Preferred	EDS; OTC
FC2 FEMALE CONDOM	Preferred	EDS; OTC
FEMCAP VAGINAL DEVICE	Preferred	EDS
KAMELEON LUBRICATED	Preferred	EDS; OTC
kimono	Preferred	EDS; OTC
KIMONO COLORS DEVICE	Preferred	EDS; OTC
KIMONO MAXX-LARGE FLARE	Preferred	EDS; OTC
kimono micro thin	Preferred	EDS; OTC
kimono micro thin plus	Preferred	EDS; OTC
kimono plus	Preferred	EDS; OTC
kimono ps	Preferred	EDS; OTC
kimono ps plus	Preferred	EDS; OTC
kimono sensation	Preferred	EDS; OTC
kimono sensation plus	Preferred	EDS; OTC
KIMONO SPECIAL DEVICE	Preferred	EDS; OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Preferred	EDS; OTC
K-Y ME & YOU INTENSE DEVICE	Preferred	EDS; OTC
maxx	Preferred	EDS; OTC
maxx plus	Preferred	EDS; OTC
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred	EDS
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	Preferred	EDS; OTC
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
PHEXXI VAGINAL GEL	Preferred	EDS
REALITY LATEX CONDOMS	Preferred	EDS; OTC
REALITY LATEX/ULTRA TEXTURED DEVICE	Preferred	EDS; OTC
REALITY LATEX/ULTRA THIN DEVICE	Preferred	EDS; OTC
TODAY SPONGE VAGINAL	Preferred	EDS; OTC
TRUSTEX COLOR CONDOMS + LUBE	Preferred	EDS; OTC
TRUSTEX LUB/RIBBED/STUDED	Preferred	EDS; OTC
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	EDS; OTC
TRUSTEX LUB/SPERMICIDE XL	Preferred	EDS; OTC
TRUSTEX LUBRICATED	Preferred	EDS; OTC
TRUSTEX LUBRICATED EX LARGE	Preferred	EDS; OTC
TRUSTEX LUBRICATED EXTRA ST	Preferred	EDS; OTC
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	EDS; OTC
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	EDS; OTC
TRUSTEX NON-LUBRICATED	Preferred	EDS; OTC
TRUSTEX RIA LUB/SPERMICIDE	Preferred	EDS; OTC
TRUSTEX RIA LUBRICATED	Preferred	EDS; OTC
TRUSTEX RIA NON-LUBRICATED	Preferred	EDS; OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	Preferred	EDS; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Preferred	EDS
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Preferred	EDS
Oxytocics		
Oxytocics		
METHERGINE ORAL TABLET	Formulary	QL
methylergonovine maleate oral tablet	Formulary	QL
mifepristone oral tablet 200 mg	Formulary	
Pharmaceutical Aids		
Pharmaceutical Aids		
cvs instant food thickener oral powder	Formulary	OTC
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
RESOURCE THICKENUP CLEAR ORAL POWDER	Formulary	OTC
THICK NOW ORAL POWDER	Formulary	OTC
THICK-IT #2 ORAL POWDER	Formulary	OTC
THICK-IT ORAL POWDER	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
12 hour decongestant oral tablet extended release 12 hour	Formulary	OTC
12 hour nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Non-Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Preferred	QL
EPIPEN 2-PAK INJECTION DEVICE	Preferred	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN INJECTION DEVICE	Preferred	
EPIPEN JR 2-PAK INJECTION DEVICE	Preferred	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN JR INJECTION DEVICE	Preferred	
gnp nasal decongestant oral tablet	Formulary	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
ra suphedrine oral tablet 30 mg	Formulary	OTC
ra suphedrine oral tablet extended release 12 hour	Formulary	OTC
sm nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
SUDAFED CHILDRENS ORAL LIQUID	Formulary	OTC
sudogest 12 hour oral tablet extended release 12 hour	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Formulary	OTC
WAL-PHED D ORAL TABLET	Formulary	OTC
WAL-PHED ORAL TABLET	Formulary	OTC
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Preferred	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
hyoscyamine sulfate er oral tablet extended release 12 hour	Formulary	
hyoscyamine sulfate oral tablet	Formulary	
hyoscyamine sulfate oral tablet dispersible	Formulary	
hyoscyamine sulfate sublingual tablet sublingual	Formulary	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
ipratropium bromide inhalation solution	Preferred	90 Day Supply
ipratropium bromide nasal solution 0.03 %	Preferred	90 Day Supply; QL
ipratropium bromide nasal solution 0.06 %	Preferred	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
NULEV ORAL TABLET DISPERSIBLE	Formulary	
oscimin oral tablet	Formulary	
oscimin sublingual tablet sublingual	Formulary	
SPIRIVA HANDIHALER INHALATION CAPSULE	Preferred	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Preferred	QL
tiotropium bromide inhalation capsule	Non-Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
YUPELRI INHALATION SOLUTION	Non-Preferred	PA
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Antitussives		
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
benzonatate oral capsule 100 mg, 200 mg	Formulary	
biocotron oral liquid	Formulary	OTC
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
cough dm oral suspension extended release	Formulary	OTC
cvs cough dm childrens oral suspension extended release	Formulary	OTC
dextromethorphan polistirex er oral suspension extended release	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
dm-guaifenesin er oral tablet extended release 12 hour	Formulary	OTC
ENDACOF-DM ORAL LIQUID	Formulary	OTC
g tussin ac oral solution	Formulary	OTC; AL
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
gnp tussin dm cough oral liquid	Formulary	OTC
guaiaatusin ac oral syrup	Formulary	OTC; AL
guaifenesin ac oral syrup	Formulary	OTC; AL
guaifenesin-codeine oral solution	Formulary	OTC; AL
guaifenesin-dm oral syrup	Formulary	OTC
hydrocodone bit-homatrop mbr oral solution	Formulary	AL
hydrocodone bit-homatrop mbr oral tablet	Formulary	AL
hydromet oral solution	Formulary	AL
mucus relief dm max oral tablet extended release 12 hour	Formulary	OTC
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ra tussin dm oral liquid	Formulary	OTC
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
siltussin dm das oral liquid	Formulary	OTC
siltussin-dm alcohol free oral syrup	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Formulary	OTC
sm tussin cough/chest congest oral syrup	Formulary	OTC
SORBUGEN NR ORAL LIQUID	Formulary	OTC
total allergy oral tablet	Formulary	OTC
tusnel diabetic oral liquid	Formulary	OTC
tussin dm oral syrup 100-10 mg/5ml	Formulary	OTC
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP	Formulary	OTC
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ALVESCO INHALATION AEROSOL SOLUTION	Non-Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
azelastine-fluticasone nasal suspension	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
budesonide inhalation suspension	Preferred	AL
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
mometasone furoate nasal suspension	Preferred	
OMNARIS NASAL SUSPENSION	Non-Preferred	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
PULMICORT INHALATION SUSPENSION	Non-Preferred	PA; AL
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Preferred	
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
triamcinolone acetonide nasal aerosol	Formulary	OTC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
Dual Phosphodiesterase Inhibitor		
OHTUVAYRE INHALATION SUSPENSION	Non-Preferred	PA
Endothelin Receptor Antagonists		
ambrisentan oral tablet	Preferred	PA
bosentan oral tablet	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
OPSUMIT ORAL TABLET	Non-Preferred	PA; QL
OPSYNVI ORAL TABLET	Non-Preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
Expectorants		
biocotron oral liquid	Formulary	OTC
coughtab oral tablet	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID	Formulary	OTC
dm-guaifenesin er oral tablet extended release 12 hour	Formulary	OTC
ed bron gp oral liquid	Formulary	OTC; QL
g tussin ac oral solution	Formulary	OTC; AL
gnp tab tussin oral tablet	Formulary	OTC
gnp tussin dm cough oral liquid	Formulary	OTC
guaiaatussin ac oral syrup	Formulary	OTC; AL
guaifenesin ac oral syrup	Formulary	OTC; AL
guaifenesin er oral tablet extended release 12 hour 1200 mg	Formulary	OTC; QL
guaifenesin oral tablet 200 mg	Formulary	OTC
guaifenesin-codeine oral solution	Formulary	OTC; AL
guaifenesin-dm oral syrup	Formulary	OTC
kls mucus relief chest oral tablet	Formulary	OTC
mucosa oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
mucus relief d oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
mucus relief dm max oral tablet extended release 12 hour	Formulary	OTC
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Formulary	OTC
mucus relief er oral tablet extended release 12 hour 600 mg	Formulary	OTC; QL
mucus relief oral tablet	Formulary	OTC
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
ra mucus relief d max strength oral tablet extended release 12 hour	Formulary	OTC; QL
ra tussin dm oral liquid	Formulary	OTC
ra tussin oral liquid	Formulary	OTC
ra tussin oral syrup	Formulary	OTC
refenesen 400 oral tablet	Formulary	OTC
sb cough control oral liquid	Formulary	OTC
sb coughtab oral tablet	Formulary	OTC
siltussin dm das oral liquid	Formulary	OTC
siltussin-dm alcohol free oral syrup	Formulary	OTC
sm chest congestion relief oral tablet	Formulary	OTC
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Formulary	OTC
sm tussin cough/chest congest oral syrup	Formulary	OTC
SORBUGEN NR ORAL LIQUID	Formulary	OTC
SSKI ORAL SOLUTION	Formulary	
tusnel diabetic oral liquid	Formulary	OTC
tussin dm oral syrup 100-10 mg/5ml	Formulary	OTC
tussin mucus & chest congest oral liquid	Formulary	OTC
tussin mucus+chest congestion oral liquid	Formulary	OTC
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP	Formulary	OTC
First Generation Antihist.(Respir Tract)		
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
allergy oral tablet 4 mg	Formulary	OTC
allergy relief oral tablet 4 mg	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
clemastine fumarate oral tablet 1.34 mg	Formulary	OTC
clemastine fumarate oral tablet 2.68 mg	Formulary	
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
cyproheptadine hcl oral syrup	Formulary	
cyproheptadine hcl oral tablet	Formulary	90 Day Supply
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
ed chlorped jr oral syrup	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
gnp allergy oral tablet 25 mg	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
ra nighttime sleep aid oral tablet	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
Interleukin Antagonists		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CINQAIR INTRAVENOUS SOLUTION	Non-Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	Preferred	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
Leukotriene Modifiers		
ACCOLATE ORAL TABLET	Non-Preferred	PA
montelukast sodium oral packet	Non-Preferred	PA
montelukast sodium oral tablet	Preferred	90 Day Supply; QL
montelukast sodium oral tablet chewable	Preferred	90 Day Supply; QL
SINGULAIR ORAL PACKET	Non-Preferred	PA
SINGULAIR ORAL TABLET	Non-Preferred	PA; QL
SINGULAIR ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
zafirlukast oral tablet	Non-Preferred	PA
zileuton er oral tablet extended release 12 hour	Non-Preferred	PA
Mast-Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
Mucolytic Agents		
acetylcysteine inhalation solution	Formulary	
altamist spray nasal solution	Formulary	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION	Formulary	OTC
BABY AYR SALINE NASAL SOLUTION	Formulary	OTC
deep sea nasal spray nasal solution	Formulary	OTC
eq saline nasal spray nasal solution	Formulary	OTC
gnp nasal moisturizing nasal solution	Formulary	OTC
saline mist spray nasal solution	Formulary	OTC
saline nasal spray nasal solution	Formulary	OTC
sb saline nose nasal solution	Formulary	OTC
sodium chloride inhalation nebulization solution 3 %, 7 %	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Nasal Preparations (Steroids)		
azelastine-fluticasone nasal suspension	Non-Preferred	PA
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
mometasone furoate nasal suspension	Preferred	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
triamcinolone acetonide nasal aerosol	Formulary	OTC
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
Orally Inhaled Preparations (Steroids)		
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
budesonide inhalation suspension	Preferred	AL
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
PULMICORT INHALATION SUSPENSION	Non-Preferred	PA; AL
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Preferred	
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
roflumilast oral tablet	Preferred	QL
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA ORAL TABLET	Non-Preferred	PA
LIQREV ORAL SUSPENSION	Non-Preferred	PA
OPSYNVI ORAL TABLET	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
ORENITRAM ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Non-Preferred	PA; QL
TYVASO INHALATION SOLUTION	Non-Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION	Non-Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION	Non-Preferred	PA
Respiratory Tract Agents, Miscellaneous		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
Second Generation Antihist(Respir Tract)		
12hr allergy relief oral tablet	Preferred	OTC; QL
24hr allergy relief oral tablet	Preferred	OTC; QL
all day allergy oral tablet	Preferred	OTC; QL
allergy 24-hr oral tablet	Preferred	OTC; QL
allergy childrens oral suspension	Preferred	OTC; QL
allergy childrens oral syrup	Preferred	OTC; QL
allergy rel child (loratadine) oral solution	Preferred	OTC
allergy relief (cetirizine) oral tablet	Preferred	OTC; QL
allergy relief cetirizine oral tablet 10 mg	Preferred	OTC
allergy relief oral tablet 10 mg, 180 mg	Preferred	OTC; QL
allergy relief/indoor/outdoor oral tablet	Preferred	OTC; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Preferred	90 Day Supply; QL
azelastine hcl nasal solution 0.15 %	Preferred	
azelastine hcl ophthalmic solution	Preferred	
azelastine-fluticasone nasal suspension	Non-Preferred	PA
cetirizine hcl allergy child oral solution	Preferred	90 Day Supply; OTC; QL
cetirizine hcl childrens alrgy oral solution	Preferred	90 Day Supply; OTC; QL
cetirizine hcl childrens oral solution 5 mg/5ml	Preferred	90 Day Supply; OTC
cetirizine hcl oral solution	Preferred	90 Day Supply
cetirizine hcl oral tablet	Preferred	OTC; QL
cetirizine hcl oral tablet chewable	Non-Preferred	PA; OTC; QL
childrens loratadine oral solution	Preferred	OTC; QL
CLARINEX ORAL TABLET	Non-Preferred	PA
desloratadine oral tablet	Non-Preferred	PA
desloratadine oral tablet dispersible	Non-Preferred	PA
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
fexofenadine hcl oral tablet 180 mg, 60 mg	Preferred	OTC; QL
ft allergy relief 12 hour oral tablet	Preferred	OTC; QL
ft allergy relief 24 hour oral tablet	Preferred	OTC; QL
ft allergy relief oral tablet 180 mg	Preferred	OTC; QL
gnp all day allergy childrens oral solution 1 mg/ml	Preferred	90 Day Supply; OTC; QL
gnp all day allergy oral tablet	Preferred	OTC; QL
gnp allergy relief oral tablet 180 mg	Preferred	OTC; QL
gnp fexofenadine hcl oral tablet	Preferred	OTC; QL
gnp loratadine childrens oral solution	Preferred	OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
gnp loratadine oral tablet	Preferred	OTC; QL
goodsense all day allergy oral tablet	Preferred	OTC; QL
goodsense aller-ease oral tablet	Preferred	OTC; QL
hm allergy relief oral tablet 180 mg, 60 mg	Preferred	OTC; QL
hm cetirizine hcl oral tablet	Preferred	OTC; QL
hm fexofenadine hcl oral tablet	Preferred	OTC; QL
hm loratadine childrens oral syrup	Preferred	OTC; QL
hm loratadine oral tablet	Preferred	OTC; QL
KLS ALLER-TEC ORAL TABLET	Preferred	OTC; QL
loratadine childrens oral tablet chewable	Formulary	OTC; QL
loratadine oral tablet	Preferred	OTC; QL
px allergy relief cetirizine oral tablet	Preferred	OTC; QL
qc all day allergy oral tablet	Preferred	OTC; QL
qc loratadine allergy relief oral tablet	Preferred	OTC; QL
ra allergy relief childrens oral tablet chewable	Preferred	OTC; QL
sm all day allergy oral tablet	Preferred	OTC; QL
sm allergy childrens oral syrup	Preferred	OTC; QL
sm allergy relief oral tablet 60 mg	Preferred	OTC; QL
sm childrens loratadine oral syrup	Preferred	OTC; QL
sm fexofenadine hcl oral tablet	Preferred	OTC; QL
sm loratadine oral syrup	Preferred	OTC; QL
sm loratadine oral tablet	Preferred	OTC; QL
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	Preferred	OTC; QL
WAL-ZYR ORAL TABLET	Preferred	OTC; QL
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Preferred	90 Day Supply; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Preferred	QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	Preferred	
albuterol sulfate oral syrup 2 mg/5ml	Preferred	
albuterol sulfate oral tablet	Non-Preferred	PA
arformoterol tartrate inhalation nebulization solution	Non-Preferred	PA
BROVANA INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
formoterol fumarate inhalation nebulization solution	Non-Preferred	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Non-Preferred	PA
levalbuterol tartrate inhalation aerosol	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Non-Preferred	PA
terbutaline sulfate oral tablet	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Preferred	QL
XOPENEX HFA INHALATION AEROSOL	Preferred	
Vasodilating Agents (Respiratory Tract)		
ADCIRCA ORAL TABLET	Non-Preferred	PA
ADEMPAS ORAL TABLET	Non-Preferred	PA; QL
ambrisentan oral tablet	Preferred	PA
bosentan oral tablet	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
OPSUMIT ORAL TABLET	Non-Preferred	PA; QL
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Non-Preferred	PA; QL
TYVASO INHALATION SOLUTION	Non-Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION	Non-Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION	Non-Preferred	PA
UPTRAVI ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Non-Preferred	PA
Vasodilating Agents, Misc		
ADEMPAS ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Non-Preferred	PA
Xanthine Derivatives		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Preferred	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	Preferred	
brimonidine tartrate ophthalmic solution 0.1 %	Preferred	QL
brimonidine tartrate ophthalmic solution 0.15 %	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.2 %	Preferred	90 Day Supply
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
Allylamines (Skin And Mucous Membrane)		
athletes foot (terbinafine) external cream	Formulary	OTC
cvs jock itch external cream	Formulary	OTC
gnp terbinafine hydrochloride external cream	Preferred	OTC
naftifine hcl external cream	Non-Preferred	PA
NAFTIN EXTERNAL GEL	Non-Preferred	PA
ra antifungal foot care external cream	Formulary	OTC
terbinafine hcl external cream	Preferred	OTC
Antibacterials		
ACANYA EXTERNAL GEL	Non-Preferred	PA
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID	Non-Preferred	PA
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
benzoyl peroxide-erythromycin external gel	Preferred	
bp 10-1 external emulsion	Preferred	
CABTREGO EXTERNAL GEL	Non-Preferred	PA
CLEOCIN-T EXTERNAL LOTION	Non-Preferred	PA
CLINDACIN PAC EXTERNAL KIT	Non-Preferred	PA
clindamycin hcl oral capsule 150 mg, 300 mg	Formulary	
clindamycin palmitate hcl oral solution reconstituted	Formulary	
clindamycin phos (once-daily) gel 1 % external	Non-Preferred	PA; QL
clindamycin phos (twice-daily) gel 1 % external	Preferred	QL
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
clindamycin phosphate external foam	Non-Preferred	PA
clindamycin phosphate external lotion	Preferred	QL
clindamycin phosphate external solution	Preferred	
clindamycin phosphate external swab	Preferred	
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
double antibiotic external ointment	Formulary	OTC
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	
eql first aid antibiotic external ointment	Formulary	OTC
ery external pad	Formulary	
erythromycin external gel	Preferred	
erythromycin external solution	Preferred	
gentamicin sulfate ophthalmic solution	Formulary	QL
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
moxifloxacin hcl oral tablet	Non-Preferred	PA
mupirocin calcium external cream	Non-Preferred	PA
mupirocin external ointment	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
OVACE PLUS EXTERNAL CREAM	Non-Preferred	PA
OVACE PLUS EXTERNAL SHAMPOO	Non-Preferred	PA
POLYCIN OPHTHALMIC OINTMENT	Formulary	
polymyxin b-trimethoprim ophthalmic solution	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
sss 10-5 external cream	Preferred	
sss 10-5 external foam	Preferred	
sulfacetamide sodium (acne) external lotion	Preferred	
sulfacetamide sodium-sulfur external cream	Preferred	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Preferred	QL
sulfacetamide sodium-sulfur external lotion	Preferred	
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external suspension	Non-Preferred	PA
tetracycline hcl oral capsule	Formulary	
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
wal-sporin external ointment	Formulary	OTC
XEPI EXTERNAL CREAM	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA EXTERNAL OINTMENT	Preferred	PA
WINLEVI EXTERNAL CREAM	Non-Preferred	PA
Antiproliferants		
fluorouracil external cream 5 %	Formulary	QL
imiquimod external cream 5 %	Formulary	QL
Antipruritics And Local Anesthetics		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL	Formulary	OTC
ASPERFLEX LIDOCAINE EXTERNAL CREAM	Non-Preferred	PA; OTC
cvs oral anesthetic max str mouth/throat gel	Formulary	OTC
cvs pain relief external cream	Formulary	OTC
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 75 mg	Formulary	
doxepin hcl oral capsule 25 mg, 50 mg	Formulary	90 Day Supply
doxepin hcl oral concentrate	Formulary	90 Day Supply
eql first aid antibiotic external ointment 1 %	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
GLYDO EXTERNAL PREFILLED SYRINGE	Formulary	
gnp lidocaine pain relief external patch	Non-Preferred	PA; OTC
intense toothache pain relief mouth/throat gel	Formulary	OTC
lidocaine external cream 3 %, 4 %	Non-Preferred	PA; OTC
lidocaine external ointment 5 %	Non-Preferred	PA
lidocaine external patch 4 %	Non-Preferred	PA; OTC
lidocaine external patch 5 %	Non-Preferred	PA
lidocaine hcl external cream 3 %	Non-Preferred	PA
lidocaine hcl external cream 4 %	Non-Preferred	PA; OTC
lidocaine hcl external lotion	Non-Preferred	PA
lidocaine hcl external solution	Non-Preferred	PA
lidocaine hcl urethral/mucosal external gel	Non-Preferred	PA
lidocaine hcl urethral/mucosal external prefilled syringe	Formulary	
lidocaine pain relief external patch	Non-Preferred	PA; OTC
lidocaine plus external cream	Non-Preferred	PA; OTC
lidocaine-prilocaine external cream	Formulary	QL
NUPERCAINAL EXTERNAL OINTMENT	Formulary	OTC
oral analgesic max st mouth/throat gel	Formulary	OTC
phenazopyridine hcl oral tablet 100 mg, 200 mg	Formulary	
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
ZTLIDO EXTERNAL PATCH	Non-Preferred	PA
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream	Non-Preferred	PA
acyclovir external ointment	Preferred	
acyclovir oral capsule	Preferred	90 Day Supply
acyclovir oral suspension 200 mg/5ml	Preferred	
acyclovir oral tablet	Preferred	90 Day Supply
DENAVIR EXTERNAL CREAM	Preferred	
penciclovir external cream	Non-Preferred	PA
SITAVIG BUCCAL TABLET	Non-Preferred	PA
XERESE EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL OINTMENT	Non-Preferred	PA
Astringents		
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
calamine-zinc oxide external suspension	Formulary	OTC
diaper rash external ointment	Formulary	OTC
diaper rash external paste	Formulary	OTC
DRYSOL EXTERNAL SOLUTION	Formulary	
glycopyrrolate oral tablet 1 mg	Formulary	90 Day Supply; QL
glycopyrrolate oral tablet 2 mg	Formulary	90 Day Supply
hemorrhoidal cooling external gel	Formulary	OTC
meijer zinc oxide external ointment	Formulary	OTC
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
zinc oxide external ointment 40 %	Formulary	OTC
Astringents, Anti-Infective		
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
chlorhexidine gluconate mouth/throat solution	Formulary	QL
eq first aid antiseptic external solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
povidone-iodine external pad	Formulary	OTC
povidone-iodine external solution 10 %	Formulary	OTC
ra antiseptic external solution	Formulary	OTC
selenium sulfide external lotion	Formulary	
selenium sulfide external shampoo 2.25 %	Formulary	
silver sulfadiazine external cream	Formulary	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Formulary	
SSD EXTERNAL CREAM	Formulary	
Azoles (Skin And Mucous Membrane)		
7 day vaginal vaginal cream	Formulary	OTC
antifungal clotrimazole external cream	Formulary	OTC
anti-fungal external cream 1 %	Formulary	OTC
antifungal external cream 2 %	Preferred	OTC
antifungal external powder	Formulary	OTC
athletes foot (clotrimazole) external cream	Formulary	OTC
athletes foot external powder 2 %	Formulary	OTC
athletes foot powder spray external aerosol powder 2 %	Formulary	OTC
AZOLEN TINCTURE EXTERNAL SOLUTION	Formulary	OTC
clotrimazole 3 vaginal cream	Formulary	OTC
clotrimazole af external cream	Preferred	OTC
clotrimazole anti-fungal external cream	Preferred	OTC
clotrimazole athletes foot external cream	Preferred	OTC
clotrimazole external cream	Preferred	
clotrimazole external solution	Non-Preferred	PA; QL
clotrimazole mouth/throat troche	Formulary	
clotrimazole vaginal cream 1 %	Formulary	OTC
clotrimazole-7 vaginal cream	Formulary	OTC
clotrimazole-betamethasone external cream	Preferred	
clotrimazole-betamethasone external lotion	Non-Preferred	PA
cvs clotrimazole external solution	Non-Preferred	PA; OTC
cvs itch relief external cream 1 %	Formulary	OTC
cvs miconazole 1 combo pack vaginal kit	Formulary	OTC
cvs miconazole 3 combo pack vaginal kit	Formulary	OTC
cvs ringworm external cream	Formulary	OTC
DESENEX EXTERNAL POWDER	Formulary	OTC
econazole nitrate external cream	Preferred	
eq athletes foot external cream	Formulary	OTC
ERTACZO EXTERNAL CREAM	Non-Preferred	PA
gnp clotrimazole 3 vaginal cream	Formulary	OTC
gnp miconazorb af external powder	Formulary	OTC
jock itch external cream	Formulary	OTC
JUBLIA EXTERNAL SOLUTION	Non-Preferred	PA
ketoconazole external cream	Preferred	
ketoconazole external foam	Non-Preferred	PA
ketoconazole external shampoo 2 %	Preferred	
LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER	Formulary	OTC
LOTRIMIN AF EXTERNAL AEROSOL	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER	Formulary	OTC
luliconazole external cream	Non-Preferred	PA
LUZU EXTERNAL CREAM	Non-Preferred	PA
miconazole 3 combo pack vaginal kit	Formulary	OTC
miconazole 3 vaginal suppository	Formulary	
miconazole 7 vaginal cream	Formulary	OTC
miconazole 7 vaginal suppository	Formulary	OTC
miconazole antifungal external cream	Preferred	OTC
miconazole nitrate external cream	Preferred	
miconazole nitrate powder	Preferred	
miconazole nitrate vaginal cream	Formulary	OTC
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
MONISTAT 3 VAGINAL CREAM	Formulary	OTC
ORAVIG BUCCAL TABLET	Non-Preferred	PA
oxiconazole nitrate external cream	Non-Preferred	PA
OXISTAT EXTERNAL LOTION	Non-Preferred	PA
px athletic foot external cream	Formulary	OTC
qc 3 day vaginal cream	Formulary	OTC
ra clotrimazole external cream	Preferred	OTC
ra miconazole 3 combo pack app vaginal kit	Formulary	OTC
ra miconazole 3 combo pack vaginal kit	Formulary	OTC
sm antifungal miconazole external cream	Preferred	OTC
VAGISTAT-3 VAGINAL KIT	Formulary	OTC
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
ZEASORB-AF EXTERNAL POWDER	Formulary	OTC
Basic Lotions And Liniments		
ammonium lactate external cream	Formulary	
ammonium lactate external lotion	Formulary	
cvs skin treatment external lotion	Formulary	OTC
LAC-HYDRIN FIVE EXTERNAL LOTION	Formulary	OTC
lactic acid external lotion	Formulary	
Basic Oils And Other Solvents		
MAPO BATH EXTERNAL OIL	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
Basic Ointments And Protectants		
calamine-zinc oxide external suspension	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %	Formulary	
petrolatum white external ointment	Formulary	
petroleum jelly external ointment	Formulary	OTC
petroleum jelly lip treatment external ointment	Formulary	OTC
ra petroleum jelly external ointment	Formulary	OTC
SANTYL EXTERNAL OINTMENT	Formulary	QL
white petrolatum external ointment	Formulary	
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	Non-Preferred	PA
ATRALIN EXTERNAL GEL	Non-Preferred	PA; AL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
AVITA EXTERNAL CREAM	Non-Preferred	PA; AL
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
ENTADFI ORAL CAPSULE	Non-Preferred	PA
finasteride oral tablet 5 mg	Preferred	90 Day Supply; QL
hemorrhoidal cooling external gel	Formulary	OTC
minoxidil oral tablet 10 mg	Formulary	
minoxidil oral tablet 2.5 mg	Formulary	90 Day Supply
PROSCAR ORAL TABLET	Non-Preferred	PA; QL
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
RETIN-A MICRO EXTERNAL GEL	Non-Preferred	PA; AL
RETIN-A MICRO PUMP EXTERNAL GEL	Non-Preferred	PA; AL
sb hemorrhoid rectal ointment	Formulary	OTC
tretinoin external cream	Preferred	AL
tretinoin external gel 0.01 %, 0.025 %	Preferred	AL
tretinoin external gel 0.05 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.08 %	Non-Preferred	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere pump external gel 0.08 %	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Corticosteroids (Skin, Mucous Membrane)		
amcinonide external cream	Formulary	QL
AQUANIL HC EXTERNAL LOTION	Formulary	OTC
beta hc external lotion	Formulary	OTC
betamethasone dipropionate aug external cream	Formulary	
betamethasone dipropionate aug external ointment	Formulary	
betamethasone dipropionate external cream	Formulary	
betamethasone dipropionate external lotion	Formulary	
betamethasone dipropionate external ointment	Formulary	
betamethasone valerate external cream	Formulary	
betamethasone valerate external lotion	Formulary	
betamethasone valerate external ointment	Formulary	
budesonide rectal foam 2 mg	Non-Preferred	PA
clobetasol prop emollient base external cream	Formulary	
clobetasol propionate e external cream	Formulary	
clobetasol propionate external cream 0.05 %	Formulary	
clobetasol propionate external gel	Formulary	
clobetasol propionate external ointment	Formulary	QL
clobetasol propionate external solution	Formulary	
clotrimazole-betamethasone external cream	Preferred	
clotrimazole-betamethasone external lotion	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC
cvs cortisone maximum strength external ointment	Formulary	OTC
cvs eczema anti-itch external cream	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
desoximetasone external cream	Formulary	
diflorasone diacetate external cream	Formulary	QL
eql anti-itch maximum strength external cream	Formulary	OTC
fluocinolone acetonide external cream 0.01 %	Formulary	
fluocinolone acetonide external cream 0.025 %	Formulary	QL
fluocinolone acetonide external ointment	Formulary	QL
fluocinolone acetonide external solution	Formulary	QL
fluocinonide emulsified base external cream	Formulary	
fluocinonide external cream 0.05 %	Formulary	
fluocinonide external gel	Formulary	
fluocinonide external ointment	Formulary	
fluocinonide external solution	Formulary	
hydrocortisone (perianal) external cream 2.5 %	Formulary	
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %, 2.5 %	Formulary	
hydrocortisone external lotion 1 %	Formulary	OTC
hydrocortisone external lotion 2.5 %	Formulary	
hydrocortisone external ointment 0.5 %	Formulary	OTC
hydrocortisone external ointment 1 %, 2.5 %	Formulary	
hydrocortisone max st external cream	Formulary	OTC
hydrocortisone oral tablet	Formulary	
hydrocortisone rectal enema	Formulary	QL
hydrocortisone valerate external cream	Formulary	QL
hydrocortisone/aloe max str external cream	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
ILUVIEN INTRAVITREAL IMPLANT	Non-Preferred	PA
MEDPURA HYDROCORTISONE EXTERNAL CREAM	Formulary	OTC
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM	Formulary	OTC
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
PREPARATION H EXTERNAL CREAM 1 %	Formulary	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	Formulary	OTC
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
px hydrocream external cream	Formulary	OTC
ra anti-itch maximum strength external ointment	Formulary	OTC
RETISERT INTRAVITREAL IMPLANT	Non-Preferred	PA
triamcinolone acetonide external cream	Formulary	
triamcinolone acetonide external lotion	Formulary	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Formulary	
TRIDERM EXTERNAL CREAM 0.5 %	Formulary	
UCERIS RECTAL FOAM	Non-Preferred	PA
XERESE EXTERNAL CREAM	Non-Preferred	PA
YUTIQ INTRAVITREAL IMPLANT	Non-Preferred	PA
Emollients, Demulcents, And Protectants		
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
natural oatmeal bath treatment external packet	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra renewal soothing bath external packet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sb hemorrhoid rectal ointment	Formulary	OTC
sm oatmeal bath external packet	Formulary	OTC
VASELINE EXTERNAL GEL	Formulary	
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox external gel	Non-Preferred	PA
ciclopirox external shampoo	Non-Preferred	PA
ciclopirox external solution	Preferred	
ciclopirox olamine external cream	Preferred	
ciclopirox olamine external suspension	Preferred	
LOPROX EXTERNAL KIT 0.77 % (SUSP)	Non-Preferred	PA
LOPROX EXTERNAL SUSPENSION	Non-Preferred	PA
Immunomodulatory Agents		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Non-Preferred	PA
pimecrolimus external cream	Formulary	PA; QL
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SPEVIGO INTRAVENOUS SOLUTION	Non-Preferred	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
Janus Kinase Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
roflumilast oral tablet	Preferred	QL
SOTYKTU ORAL TABLET	Non-Preferred	PA
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
Keratolytic Agents		
acne external pad	Formulary	OTC
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
AKLIEF EXTERNAL CREAM	Non-Preferred	PA; AL
AMNESTEEM ORAL CAPSULE	Formulary	PA
ARAZLO EXTERNAL LOTION	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID	Non-Preferred	PA
bp 10-1 external emulsion	Preferred	
CABTREGO EXTERNAL GEL	Non-Preferred	PA
callus removers external pad	Formulary	OTC
CLARAVIS ORAL CAPSULE	Formulary	PA
COMPOUND W EXTERNAL LIQUID	Formulary	OTC
COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP	Formulary	OTC
corn & callus remover external liquid	Formulary	OTC
corn remover one-step external strip	Formulary	OTC
cvs adapalene external gel	Preferred	OTC; AL
cvs advanced acne spot treat external gel	Formulary	OTC
cvs medicated spot external gel	Formulary	OTC
cvs plantar wart remover external pad	Formulary	OTC
daily face wash external liquid	Formulary	OTC
DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD	Formulary	OTC
FABIOR EXTERNAL FOAM	Non-Preferred	PA; AL
gnp adapalene external gel	Preferred	OTC; AL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Formulary	PA
KERALYT EXTERNAL GEL 3 %	Formulary	OTC
liquid corn & callus remover external liquid	Formulary	OTC
NEUTROGENA RAPID CLEAR EXTERNAL PAD	Formulary	OTC
podofilox external solution	Formulary	
ra wart remover external pad	Formulary	OTC
selenium sulfide external shampoo 2.25 %	Formulary	
sm medicated corn removers external pad	Formulary	OTC
sss 10-5 external cream	Preferred	
sss 10-5 external foam	Preferred	
sulfacetamide sodium-sulfur external cream	Preferred	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Preferred	QL
sulfacetamide sodium-sulfur external lotion	Preferred	
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external suspension	Non-Preferred	PA
tazarotene external cream 0.1 %	Non-Preferred	PA
tazarotene external foam	Non-Preferred	PA
tazarotene external gel	Non-Preferred	PA
urea external cream 40 %	Formulary	
wart remover maximum strength external gel	Formulary	OTC
wart remover maximum strength external liquid	Formulary	OTC
ZENATANE ORAL CAPSULE	Formulary	PA
Keratoplastic Agents		
cvs therapeutic external shampoo	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sm anti-dandruff coal tar external shampoo	Formulary	OTC
TARSUM RELIEF EXTERNAL SHAMPOO	Formulary	OTC
therapeutic external shampoo	Formulary	OTC
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO	Formulary	OTC
X-SEB T PLUS EXTERNAL SHAMPOO 10 %	Formulary	OTC
Local Anti-Infectives, Miscellaneous		
ACANYA EXTERNAL GEL	Non-Preferred	PA
acne medication 10 external gel	Preferred	OTC
acne medication 2.5 external gel	Preferred	OTC
acne medication 5 external gel	Preferred	OTC
acne medication 5 external lotion	Preferred	OTC
acne treatment external gel	Preferred	OTC
acne-clear external gel	Preferred	OTC
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BENZEFOAM EXTERNAL FOAM	Non-Preferred	PA; OTC
BENZEPRO EXTERNAL FOAM 5.2 %	Non-Preferred	PA
BENZEPRO EXTERNAL FOAM 5.3 %	Non-Preferred	PA; OTC
benzoyl peroxide external foam 9.8 %	Non-Preferred	PA
benzoyl peroxide external gel 10 %	Preferred	
benzoyl peroxide external gel 2.5 %, 5 %	Preferred	OTC
benzoyl peroxide external liquid 10 %	Preferred	OTC
benzoyl peroxide wash external liquid 10 %	Preferred	
benzoyl peroxide wash external liquid 5 %	Preferred	OTC
benzoyl peroxide-erythromycin external gel	Preferred	
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
bpo external gel 4 %	Preferred	OTC
bpo foaming cloths external 6 %	Non-Preferred	PA; OTC
CABTREGO EXTERNAL GEL	Non-Preferred	PA
chlorhexidine gluconate mouth/throat solution	Formulary	QL
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM	Formulary	OTC
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
cvs acne foaming face wash external liquid	Formulary	OTC
cvs rubbing alcohol solution	Formulary	OTC
eq first aid antiseptic external solution	Formulary	OTC
hydrogen peroxide external solution	Formulary	OTC
isopropyl alcohol solution 70 %	Formulary	
iv prep wipes external pad 70 %	Formulary	OTC; QL
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
povidone-iodine external pad	Formulary	OTC
povidone-iodine external solution 10 %	Formulary	OTC
ra antiseptic external solution	Formulary	OTC
selenium sulfide external lotion	Formulary	
selenium sulfide external shampoo 2.25 %	Formulary	
silver sulfadiazine external cream	Formulary	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Formulary	
SSD EXTERNAL CREAM	Formulary	
Nonsteroidal Anti-Inflammat.Agents(Skin)		

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
cvs diclofenac sodium external gel	Preferred	OTC; QL
diclofenac sodium external solution	Non-Preferred	PA
ft arthritis pain external gel	Preferred	OTC; QL
gnp diclofenac sodium external gel	Preferred	OTC; QL
kls diclofenac sodium external gel	Preferred	OTC; QL
PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL	Preferred	OTC; QL
qc diclofenac sodium external gel	Preferred	OTC; QL
Oxaboroles		
KERYDIN EXTERNAL SOLUTION	Non-Preferred	PA
tavorole external solution	Non-Preferred	PA
Phosphodiesterase-4 Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
EUCRISA EXTERNAL OINTMENT	Preferred	PA
roflumilast oral tablet	Preferred	QL
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
Polyenes (Skin And Mucous Membrane)		
NYAMYC EXTERNAL POWDER	Preferred	
nystatin external cream	Preferred	
nystatin external ointment	Preferred	
nystatin external powder	Preferred	
nystatin mouth/throat suspension	Preferred	
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
Scabicides And Pediculicides		
CROTAN EXTERNAL LOTION	Non-Preferred	PA; QL
cvs lice killing external shampoo	Preferred	OTC
eq lice killing max st external shampoo	Preferred	OTC
eql lice killing max st external shampoo	Preferred	OTC
gnp lice treatment external shampoo	Preferred	OTC
lice killing external shampoo	Preferred	OTC
lice killing maximum strength external shampoo	Preferred	OTC
lice treatment external liquid 1 %	Preferred	OTC
malathion external lotion	Non-Preferred	PA
NATROBA EXTERNAL SUSPENSION	Preferred	
OVIDE EXTERNAL LOTION	Non-Preferred	PA
permethrin external cream	Preferred	
ra lice maximum strength external shampoo	Preferred	OTC
ra lice solution combination kit 0.5-0.33-4 %	Non-Preferred	PA; OTC
sb lice killing max st external shampoo	Preferred	OTC
sm lice killing max strength external shampoo	Preferred	OTC
sm lice treatment external liquid	Preferred	OTC
spinosad external suspension	Non-Preferred	PA
stop lice complete treatment combination kit	Non-Preferred	PA; OTC
Skin And Mucous Membrane Agents, Misc.		
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AKLIEF EXTERNAL CREAM	Non-Preferred	PA; AL
AMNESTEEM ORAL CAPSULE	Formulary	PA
ARAZLO EXTERNAL LOTION	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
arthritis pain relieving external cream	Formulary	OTC
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Non-Preferred	PA
CABTREGO EXTERNAL GEL	Non-Preferred	PA
capsaicin external cream 0.025 %, 0.1 %	Formulary	OTC
CLARAVIS ORAL CAPSULE	Formulary	PA
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
cvs adapalene external gel	Preferred	OTC; AL
cvs capsaicin hp external cream	Formulary	OTC
cvs diclofenac sodium external gel	Preferred	OTC; QL
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
diclofenac sodium external solution	Non-Preferred	PA
DUODERM HYDROACTIVE EXTERNAL	Formulary	OTC
DUODERM HYDROACTIVE EXTERNAL GEL	Formulary	OTC
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Preferred	PA
ENDARI ORAL PACKET	Preferred	PA
FABIOR EXTERNAL FOAM	Non-Preferred	PA; AL
fluorouracil external cream 5 %	Formulary	QL
ft arthritis pain external gel	Preferred	OTC; QL
gnp adapalene external gel	Preferred	OTC; AL
gnp diclofenac sodium external gel	Preferred	OTC; QL
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
imiquimod external cream 5 %	Formulary	QL
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Formulary	PA
kls diclofenac sodium external gel	Preferred	OTC; QL
l-glutamine oral packet	Non-Preferred	PA
LOPROX EXTERNAL KIT 0.77 % (SUSP)	Non-Preferred	PA
MEDI-PAK PERFORMANCE PLUS ABD EXTERNAL PAD	Formulary	OTC
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL	Preferred	OTC; QL
pimecrolimus external cream	Formulary	PA; QL
podofilox external solution	Formulary	
qc diclofenac sodium external gel	Preferred	OTC; QL

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
QUTENZA (2 PATCH) EXTERNAL KIT	Non-Preferred	PA
QUTENZA EXTERNAL KIT	Non-Preferred	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SANTYL EXTERNAL OINTMENT	Formulary	QL
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SOTYKTU ORAL TABLET	Non-Preferred	PA
SPEVIGO INTRAVENOUS SOLUTION	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Non-Preferred	PA
tazarotene external cream 0.1 %	Non-Preferred	PA
tazarotene external foam	Non-Preferred	PA
tazarotene external gel	Non-Preferred	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
WINLEVI EXTERNAL CREAM	Non-Preferred	PA
ZENATANE ORAL CAPSULE	Formulary	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA
ZOSTRIX HP EXTERNAL CREAM 0.1 %	Formulary	OTC
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Thiocarbamates(Skin And Mucous Membrane)		
antifungal (tolnaftate) external cream	Preferred	OTC
antifungal external cream 1 %	Preferred	OTC
athletes foot powder spray external aerosol powder 1 %	Formulary	OTC
BLIS-TO-SOL EXTERNAL LIQUID	Non-Preferred	PA; OTC
cvs foot & sneaker external aerosol powder	Formulary	OTC
eq athletes foot (tolnaftate) external cream	Formulary	OTC
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION	Non-Preferred	PA; OTC
gnp tolnaftate external cream	Preferred	OTC
jock itch spray powder external aerosol powder	Formulary	OTC
medicated anti-fungal external solution	Non-Preferred	PA; OTC
odor control foot & sneaker external aerosol powder	Formulary	OTC
tolnaftate antifungal external cream	Preferred	OTC
tolnaftate external aerosol powder	Formulary	OTC
tolnaftate external cream	Preferred	OTC
tolnaftate external powder	Formulary	OTC
Smooth Muscle Relaxants		
Antimuscarinics		
COBENFY ORAL CAPSULE	Non-Preferred	PA

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
darifenacin hydrobromide er oral tablet extended release 24 hour	Non-Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DETROL ORAL TABLET	Non-Preferred	PA; QL
fesoterodine fumarate er oral tablet extended release 24 hour	Preferred	QL
flavoxate hcl oral tablet	Non-Preferred	PA
oxybutynin chloride er oral tablet extended release 24 hour	Preferred	90 Day Supply
oxybutynin chloride oral solution	Preferred	90 Day Supply
oxybutynin chloride oral tablet 5 mg	Preferred	90 Day Supply
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY	Preferred	OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	Preferred	
solifenacin succinate oral tablet	Preferred	90 Day Supply
tolterodine tartrate er oral capsule extended release 24 hour	Preferred	QL
tolterodine tartrate oral tablet	Preferred	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
tropium chloride er oral capsule extended release 24 hour	Non-Preferred	PA
tropium chloride oral tablet	Non-Preferred	PA
VESICARE LS ORAL SUSPENSION	Non-Preferred	PA
VESICARE ORAL TABLET	Non-Preferred	PA
Respiratory Smooth Muscle Relaxants		
LIQREV ORAL SUSPENSION	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET	Non-Preferred	PA; QL
mirabegron er oral tablet extended release 24 hour	Non-Preferred	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
Vitamins		
Multivitamin Preparations		
50+ adult eye health oral capsule	Formulary	OTC
a thru z advanced oral tablet	Formulary	OTC
a thru z high potency oral tablet	Formulary	OTC
a thru z select 50+ mens oral tablet	Formulary	OTC
a thru z select advanced oral tablet	Formulary	OTC
a thru z select oral tablet	Formulary	OTC
a thru z select ultimate women oral tablet	Formulary	OTC
a thru z ultimate mens oral tablet	Formulary	OTC
antioxidant a/c/e/selenium oral tablet	Formulary	OTC
BPROTECTED MULTI-VITE ORAL LIQUID	Formulary	OTC
c complex oral tablet extended release	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
centravites 50 plus oral tablet	Formulary	OTC
centravites adults oral tablet	Formulary	OTC
centravites oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
CENTRUM ADULTS ORAL TABLET	Formulary	OTC
CENTRUM SILVER ORAL TABLET	Formulary	OTC
CENTRUM ULTRA WOMENS ORAL TABLET	Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Formulary	OTC
classic prenatal oral tablet	Formulary	OTC
companion oral tablet	Formulary	OTC
complete multivitamin/mineral oral liquid	Formulary	OTC
cvs childrens complete oral tablet chewable 18 mg	Formulary	OTC
cvs daily multiple for men oral tablet	Formulary	OTC
cvs daily multiple women 50+ oral tablet	Formulary	OTC
cvs gummy dinos oral tablet chewable	Formulary	OTC
cvs one daily essential oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs spectravite adult 50+ oral tablet	Formulary	OTC
cvs spectravite advanced oral tablet	Formulary	OTC
cvs spectravite senior oral tablet	Formulary	OTC
cvs spectravite ultra men 50+ oral tablet	Formulary	OTC
cvs spectravite ultra mens oral tablet	Formulary	OTC
cvs spectravite ultra women oral tablet	Formulary	OTC
cvs spectravite womens senior oral tablet	Formulary	OTC
cvs womens active daily oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
daily value multivitamin oral tablet	Formulary	OTC
diabetes health formula oral tablet	Formulary	OTC
DIALYVITE 800 ORAL TABLET	Formulary	OTC
dialyvite 800/ultra d oral tablet	Formulary	OTC
DIALYVITE ORAL TABLET	Formulary	
eq complete multivit adult 50+ oral tablet	Formulary	OTC
eql one daily mens health oral tablet	Formulary	OTC
eql one daily womens 50+ adv oral tablet	Formulary	OTC
eql vision formula oral tablet	Formulary	OTC
ESSENTIA ORAL TABLET	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG	Formulary	OTC
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	Formulary	OTC
full spectrum b/vitamin c oral tablet	Formulary	OTC
glucoten oral capsule	Formulary	OTC
gnp childrens chewables/iron oral tablet chewable	Formulary	OTC
gnp essential one daily oral tablet	Formulary	OTC
gnp hair/skin/nails oral tablet	Formulary	OTC
gnp little ones childrens oral tablet chewable	Formulary	OTC
gnp mega multi for women oral tablet	Formulary	OTC
gnp one daily mens health 50+ oral tablet	Formulary	OTC
gnp one daily mens/lycopene oral tablet	Formulary	OTC
gnp one daily womens health oral tablet	Formulary	OTC
gnp one daily womens oral tablet	Formulary	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
hair/skin/nails oral capsule	Formulary	OTC
healthy eyes oral tablet	Formulary	OTC
hm complete men oral tablet	Formulary	OTC
hm complete women oral tablet	Formulary	OTC
HONEY BEARS ORAL TABLET CHEWABLE	Formulary	OTC
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE	Formulary	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Formulary	OTC
ICAPS ORAL CAPSULE	Formulary	OTC
kp adults 50+ daily formula oral tablet	Formulary	OTC
kp b complex-c oral tablet	Formulary	OTC
kp mens daily formula oral tablet	Formulary	OTC
KP VISION FORMULA/LUTEIN ORAL TABLET	Formulary	OTC
kp womens 50+ daily formula oral tablet	Formulary	OTC
kp womens daily formula oral tablet	Formulary	OTC
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
LYSIPLEX PLUS ORAL LIQUID	Formulary	OTC
MACUVITE/LUTEIN ORAL TABLET	Formulary	OTC
mega multiple/chelated mineral oral tablet	Formulary	OTC
m-natal plus oral tablet	Formulary	90 Day Supply
multi complete/iron oral tablet	Formulary	OTC
multi for her 50+ oral tablet	Formulary	OTC
multi for him 50+ oral tablet	Formulary	OTC
MULTI FOR HIM ORAL TABLET	Formulary	OTC
multi prenatal oral tablet	Formulary	OTC
multiple vit/minerals/no iron oral tablet	Formulary	OTC
multiple vitamins oral tablet	Formulary	OTC
multiple vitamins/womens oral tablet	Formulary	OTC
multiple vitamins-minerals oral liquid	Formulary	OTC
multivitamin & mineral oral liquid	Formulary	OTC
multivitamin adult oral tablet	Formulary	OTC
multivitamin childrens (w/ fa) oral tablet chewable	Formulary	OTC
multivitamin childrens oral tablet chewable	Formulary	OTC
multi-vitamin hp/minerals oral capsule	Formulary	OTC
multivitamin men 50+ oral tablet	Formulary	OTC
multivitamin men oral tablet	Formulary	OTC
multivitamin oral liquid	Formulary	OTC
multivitamin oral tablet	Formulary	OTC
multivitamin women 50+ oral tablet	Formulary	OTC
multivitamin women oral tablet	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
multi-vitamin/fluoride/iron oral solution	Formulary	
multi-vitamin/minerals oral tablet	Formulary	OTC
multi-vitamins oral tablet	Formulary	OTC
MYNEPHRON ORAL CAPSULE	Formulary	
NIVA-PLUS ORAL TABLET	Formulary	
ocutabs-lutein oral tablet	Formulary	OTC
OCUVITE-LUTEIN ORAL CAPSULE	Formulary	OTC
OCUVITE-LUTEIN ORAL TABLET	Formulary	OTC
omnicap oral tablet	Formulary	OTC
once daily oral tablet	Formulary	OTC
ONCOVITE ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
one daily calcium/iron oral tablet	Formulary	OTC
one daily for men 50+ advanced oral tablet	Formulary	OTC
one daily for men/lycopene oral tablet	Formulary	OTC
one daily for women oral tablet	Formulary	OTC
one daily maximum oral tablet	Formulary	OTC
one daily multivitamin adult oral tablet	Formulary	OTC
one daily multivitamin/iron oral tablet	Formulary	OTC
one daily womens 50 plus oral tablet	Formulary	OTC
one daily/minerals oral tablet	Formulary	OTC
ONE-A-DAY ADULT VITACRAVES+DHA ORAL TABLET CHEWABLE	Formulary	OTC
ONE-A-DAY ESSENTIAL ORAL TABLET	Formulary	OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	Formulary	OTC
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS PETITES ORAL TABLET	Formulary	OTC
one-daily multi-vitamin oral tablet	Formulary	OTC
PRENATABS RX ORAL TABLET	Formulary	OTC
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal complete oral tablet	Formulary	OTC
prenatal formula a-free oral tablet	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
prenatal one daily oral tablet	Formulary	OTC
prenatal oral tablet 27-0.8 mg	Formulary	
prenatal oral tablet 27-1 mg	Formulary	90 Day Supply
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Formulary	OTC
prenatal plus oral tablet	Formulary	90 Day Supply
prenatal vitamins oral tablet 28-0.8 mg	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	Formulary	OTC
PRORENAL + D ORAL TABLET	Formulary	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	Formulary	OTC
px complete senior multivits oral tablet	Formulary	OTC
px mens multivitamins oral tablet	Formulary	OTC
qc daily multivit/multimineral oral tablet	Formulary	OTC
quin b strong oral tablet	Formulary	OTC
quintabs oral tablet	Formulary	OTC
quintabs-m oral tablet	Formulary	OTC
RA CENTRAL-VITE ORAL TABLET	Formulary	OTC
ra central-vite womens mature oral tablet	Formulary	OTC
RENAL ORAL CAPSULE	Formulary	
renal vitamin oral tablet	Formulary	OTC
rena-vite oral tablet	Formulary	OTC
rena-vite rx oral tablet	Formulary	OTC
reno caps oral capsule	Formulary	OTC
senior tabs oral tablet	Formulary	OTC
sentry oral tablet	Formulary	OTC
sentry senior oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
sm animal shapes complete oral tablet chewable 18 mg	Formulary	OTC
sm antioxidant vitamins oral tablet	Formulary	OTC
sm b-complex/vitamin c oral tablet	Formulary	OTC
sm complete 50+ oral tablet	Formulary	OTC
sm complete 50+ ultimate mens oral tablet	Formulary	OTC
sm complete 50+ ultimate women oral tablet	Formulary	OTC
sm complete advanced formula oral tablet	Formulary	OTC
sm complete oral tablet	Formulary	OTC
sm complete senior formula oral tablet	Formulary	OTC
sm one daily essential oral tablet	Formulary	OTC
sm one daily mens oral tablet	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
sm one daily womens oral tablet	Formulary	OTC
sm opti-vitamins oral tablet	Formulary	OTC
sm super b complex/c oral tablet	Formulary	OTC
stress b complex/antioxid/zinc oral tablet	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC
stress formula (folic acid) oral tablet	Formulary	OTC
stress formula oral tablet	Formulary	OTC
stress formula/iron oral tablet	Formulary	OTC
super antioxidant oral capsule	Formulary	OTC
super b-complex/vit c/fa oral tablet	Formulary	OTC
super multiple oral tablet	Formulary	OTC
super thera vite m oral tablet	Formulary	OTC
support oral liquid	Formulary	
TAB-A-VITE ORAL TABLET	Formulary	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET	Formulary	OTC
TAB-A-VITE/IRON ORAL TABLET	Formulary	OTC
THERA M PLUS ORAL TABLET	Formulary	OTC
THERA ORAL TABLET	Formulary	OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	Formulary	OTC
thera-m oral tablet	Formulary	OTC
therapeutic-m oral tablet	Formulary	OTC
thera-tabs oral tablet	Formulary	OTC
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Formulary	OTC
THERATRUM COMPLETE ORAL TABLET	Formulary	OTC
THEREMS ORAL TABLET	Formulary	OTC
trinatal rx 1 oral tablet	Formulary	
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
v-c forte oral capsule	Formulary	
VIC-FORTE ORAL CAPSULE	Formulary	
VINATE ONE ORAL TABLET	Formulary	
virt-caps oral capsule	Formulary	
vision vitamins oral tablet	Formulary	OTC
vit e-vit c-beta carotene oral tablet	Formulary	OTC
vitalee oral tablet	Formulary	OTC
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin c oral tablet chewable	Formulary	OTC
vitamin d3 complete oral tablet	Formulary	OTC
vitamins a-d-e/selenium oral tablet	Formulary	OTC
VITRUM SENIOR ORAL TABLET	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
vp-vite rx oral tablet	Formulary	
westab plus oral tablet	Formulary	
womens daily form/fa/ca/fe oral tablet	Formulary	OTC
YELETS TEENAGE FORMULA ORAL TABLET	Formulary	OTC
Vitamin A		
cvs beta carotene oral capsule 15 mg	Formulary	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)	Formulary	OTC
Vitamin B Complex		
B-12 DOTS ORAL TABLET DISPERSIBLE	Formulary	OTC
b-12 tr oral tablet extended release 1000 mcg	Formulary	OTC
BEYAZ ORAL TABLET	Preferred	EDS; QL
classic prenatal oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs vitamin b-2 oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
cyanocobalamin injection solution 1000 mcg/ml	Formulary	QL
DIALYVITE 800 ORAL TABLET	Formulary	OTC
DIALYVITE ORAL TABLET	Formulary	
drospiren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE	Formulary	OTC
fe c tab plus oral tablet	Formulary	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	Formulary	OTC
folic acid oral capsule 20 mg	Formulary	OTC
folic acid oral tablet 1 mg	Formulary	
folic acid oral tablet 400 mcg	Formulary	OTC
full spectrum b/vitamin c oral tablet	Formulary	OTC
gnp little ones childrens oral tablet chewable	Formulary	OTC
iron 100 plus oral tablet	Formulary	OTC
kp b complex-c oral tablet	Formulary	OTC
kp folic acid oral tablet 800 mcg	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
leucovorin calcium oral tablet	Formulary	PA
m-natal plus oral tablet	Formulary	90 Day Supply
multi prenatal oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
multivitamin childrens (w/ fa) oral tablet chewable	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
MYNEPHRON ORAL CAPSULE	Formulary	
niacin (antihyperlipidemic) oral tablet	Preferred	
niacin er (antihyperlipidemic) oral tablet extended release	Preferred	
niacin er oral tablet extended release 250 mg, 500 mg	Formulary	OTC
niacin oral tablet 250 mg, 50 mg	Formulary	OTC
NIVA-PLUS ORAL TABLET	Formulary	
PRENATABS RX ORAL TABLET	Formulary	OTC
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal complete oral tablet	Formulary	OTC
prenatal formula a-free oral tablet	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
prenatal one daily oral tablet	Formulary	OTC
prenatal oral tablet 27-0.8 mg	Formulary	
prenatal oral tablet 27-1 mg	Formulary	90 Day Supply
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Formulary	OTC
prenatal plus oral tablet	Formulary	90 Day Supply
prenatal vitamins oral tablet 28-0.8 mg	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
pyridoxine hcl oral tablet 25 mg	Formulary	OTC
ra no flush niacin oral tablet	Formulary	OTC
RENAL ORAL CAPSULE	Formulary	
renal vitamin oral tablet	Formulary	OTC
rena-vite oral tablet	Formulary	OTC
rena-vite rx oral tablet	Formulary	OTC
reno caps oral capsule	Formulary	OTC
SAFYRAL ORAL TABLET	Preferred	EDS; QL
sm b-complex/vitamin c oral tablet	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
sm super b complex/c oral tablet	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC
stress formula (folic acid) oral tablet	Formulary	OTC
super b-complex/vit c/fa oral tablet	Formulary	OTC
thiamine hcl oral tablet	Formulary	OTC
thiamine mononitrate oral tablet	Formulary	OTC
trinatal rx 1 oral tablet	Formulary	
TYDEMY ORAL TABLET	Preferred	EDS; QL
VINATE ONE ORAL TABLET	Formulary	
virt-caps oral capsule	Formulary	
vitamin b-1 oral tablet 250 mg, 50 mg	Formulary	OTC
vitamin b12 oral tablet 100 mcg	Formulary	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Formulary	OTC
vitamin b-2 oral tablet 100 mg	Formulary	OTC
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	Formulary	OTC
vp-vite rx oral tablet	Formulary	
westab plus oral tablet	Formulary	
Vitamin C		
ACEROLA C 500 ORAL WAFER	Formulary	OTC
c 1000 oral tablet	Formulary	OTC
c-1000 oral tablet	Formulary	OTC
c-1000 oral tablet extended release	Formulary	OTC
c-500 oral tablet	Formulary	OTC
c-500 oral tablet chewable	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
cvs gummy dinos oral tablet chewable	Formulary	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Formulary	OTC; QL
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Formulary	OTC; QL
DIALYVITE 800 ORAL TABLET	Formulary	OTC
DIALYVITE ORAL TABLET	Formulary	
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG	Formulary	OTC
fe c tab plus oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	Formulary	OTC
fruit c 500 oral tablet chewable	Formulary	OTC
full spectrum b/vitamin c oral tablet	Formulary	OTC
gnp little ones childrens oral tablet chewable	Formulary	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Formulary	OTC
iron 100 plus oral tablet	Formulary	OTC
kp b complex-c oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
multivitamin childrens (w/ fa) oral tablet chewable	Formulary	OTC
MYNEPHRON ORAL CAPSULE	Formulary	
PUREWAY-C ORAL TABLET	Formulary	OTC
RENAL ORAL CAPSULE	Formulary	
renal vitamin oral tablet	Formulary	OTC
rena-vite oral tablet	Formulary	OTC
rena-vite rx oral tablet	Formulary	OTC
reno caps oral capsule	Formulary	OTC
sm b-complex/vitamin c oral tablet	Formulary	OTC
sm super b complex/c oral tablet	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC
stress formula (folic acid) oral tablet	Formulary	OTC
super b-complex/vit c/fa oral tablet	Formulary	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
virt-caps oral capsule	Formulary	
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin c immune health oral tablet chewable	Formulary	OTC
vitamin c oral tablet 1000 mg, 250 mg	Formulary	OTC
vitamin c oral tablet chewable 500 mg	Formulary	OTC
vitamin c plus wild rose hips oral tablet chewable	Formulary	OTC
vitamin c-rose hips er oral tablet extended release 1000 mg	Formulary	OTC
vitamin c-rose hips oral tablet 1000 mg, 500 mg	Formulary	OTC
vp-vite rx oral tablet	Formulary	
Vitamin D		
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	Formulary	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	Formulary	OTC
cal-citrate plus vitamin d oral tablet	Formulary	OTC
calcitriol intravenous solution 1 mcg/ml	Formulary	
calcitriol oral capsule 0.25 mcg	Formulary	90 Day Supply
calcitriol oral capsule 0.5 mcg	Formulary	
calcium + d3 oral tablet 250-3 mg-mcg	Formulary	OTC
calcium 1000 + d oral tablet	Formulary	OTC
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	Formulary	OTC
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	Formulary	OTC
calcium 500+d high potency oral tablet	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
calcium 600 + d oral tablet	Formulary	OTC
calcium 600/vitamin d oral tablet chewable	Formulary	OTC
calcium 600+d oral tablet 600-5 mg-mcg	Formulary	OTC
calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg	Formulary	OTC
calcium citrate+d3 petites oral tablet	Formulary	OTC
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	Formulary	OTC
calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg	Formulary	OTC
calcium plus vitamin d3 oral tablet	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
calcium-vitamin d oral tablet 600-400 mg-unit	Formulary	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit	Formulary	OTC
CITRACAL MAXIMUM PLUS ORAL TABLET	Formulary	OTC
citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg	Formulary	OTC
cvs calcium 600 + d/minerals oral tablet chewable	Formulary	OTC
d3 high potency oral tablet	Formulary	OTC
D3-50 ORAL CAPSULE	Formulary	OTC
d-5000 oral tablet	Formulary	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	Formulary	OTC
delta d3 oral tablet	Formulary	OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE	Formulary	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET	Formulary	OTC
D-VI-SOL ORAL LIQUID 10 MCG/ML	Formulary	OTC
eq calcium 500+d oral tablet	Formulary	OTC
ergocalciferol oral solution 200 mcg/ml	Formulary	OTC
FOSAMAX PLUS D ORAL TABLET	Non-Preferred	PA
gnp calcium 500 +d3 oral tablet	Formulary	OTC
OPTIMAL D3 ORAL CAPSULE	Formulary	OTC
OPTIMAL-D ORAL CAPSULE	Formulary	OTC
OS-CAL CALCIUM + D3 ORAL TABLET	Formulary	OTC
OYSCO 500+D ORAL TABLET	Formulary	OTC
oyster shell calcium 250+d oral tablet 250-125 mg-unit	Formulary	OTC
oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit	Formulary	OTC
oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-400 mg-unit	Formulary	OTC
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg	Formulary	OTC
OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT	Formulary	OTC
sm calcium 500/vitamin d3 oral tablet	Formulary	OTC
sm calcium/vitamin d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
sm calcium-vitamin d oral tablet 600-10 mg-mcg	Formulary	OTC
sm vitamin d3 oral capsule 100 mcg (4000 ut)	Formulary	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)	Formulary	OTC
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)	Formulary	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Formulary	90 Day Supply
vitamin d2 oral tablet 10 mcg (400 unit)	Formulary	OTC
vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	Formulary	OTC

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Droga	Nivel	Requisitos y límites de cobertura
vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	Formulary	OTC
Vitamin E		
e-200 oral capsule 90 mg (200 unit)	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC
vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg, 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)	Formulary	OTC
Vitamin K Activity		
phytonadione oral tablet	Formulary	

En la página 6 encontrará información sobre el significado de las abreviaturas en este cuadro

Índice

12 hour decongestant	25, 108, 163	ACEROLA C 500	192	adalimumab-aaty cd/uc/hs start.....	115, 147, 152, 156
12 hour nasal decongestant.....	25, 163	acetaminophen	57, 64, 75	adalimumab-adaz....	115, 147, 152, 156
12 hour nasal relief spray.....	108	acetaminophen childrens.....	57, 64, 75	adalimumab-adbm..	115, 147, 152, 153, 156
12 hour nasal spray	108	acetaminophen er	57, 64, 75	adalimumab-bwwd ..	115, 147, 153, 156
12hr allergy relief	12, 170	acetaminophen extra strength ...	57, 64, 75	adalimumab-fkjp	115, 147, 153, 156
1st tier unifine pentips	85	acetaminophen infants.....	57, 64, 75	adalimumab-fkjp (2 pen).	115, 147, 153, 156
1st tier unifine pentips plus	85	acetaminophen junior strength ..	57, 64, 75	adalimumab-fkjp (2 syringe) ...	115, 147, 153, 156
24hr allergy relief	12, 170	acetaminophen pm ex st..	9, 10, 57, 67, 75	adalimumab-ryvk (1 pen).....	147
4-WAY FAST ACTING.....	26, 107, 108	acetaminophen-codeine	57, 75, 78	adalimumab-ryvk (2 pen)	115, 147, 153, 156
50+ adult eye health	94, 186	acetazolamide.....	46, 60, 93, 102	adalimumab-ryvk (2 syringe) ..	115, 147, 153, 156
7 day vaginal.....	176	acetazolamide er	46, 60, 93, 102	adapalene.....	161, 181, 183
8 hr arthritis pain relief	57, 64, 75	acetic acid.....	106	adapalene treatment	161, 181, 183
a thru z advanced	94, 186	acetylcysteine	8, 149, 168	adapalene-benzoyl peroxide ..	161, 181, 182, 183
a thru z high potency.....	94, 186	acid controller max st.....	11, 118	ADBRY	180, 183
a thru z select.....	94, 186	acid reducer maximum strength	11, 118	ADCIRCA	54, 169, 172
a thru z select 50+ mens.....	94, 186	ACIPHEX.....	118	ADDAPRIN.....	64, 76, 80
a thru z select advanced	94, 186	acne	181	added strength headache relief ..	57, 75, 79, 82
a thru z select ultimate women	94, 186	acne medication 10.....	182	ADDERALL XR	57
a thru z ultimate mens.....	94, 186	acne medication 2.5.....	182	adefovir dipivoxil	20
abacavir sulfate.....	19	acne medication 5.....	182	ADEMPAS.....	172
abacavir sulfate-lamivudine	19	acne treatment.....	182	ADLARITY	30
ABILIFY	62, 68	acne-clear	182	ADMELOG	140
ABILIFY ASIMTUFII	62, 68	ACTEMRA	146, 152, 155	ADMELOG SOLOSTAR	140
ABILIFY MAINTENA	62, 68	ACTEMRA ACTPEN.....	146, 152, 155	ADRENALIN.....	25, 108, 163
ABILIFY MYCITE MAINTENANCE KIT	62, 68	ACTHIB	23	ADVAIR DISKUS.....	31, 103, 120, 165
ABILIFY MYCITE STARTER KIT	62, 68	activated vegetable charcoal	108	ADVAIR HFA.....	31, 103, 120, 165
ABRILADA	115, 147, 152, 155	ACTONEL.....	151	ADVANCED EYE RELIEF.....	106
ABRILADA (1 PEN)	115, 147, 152, 155	ACTOPLUS MET	143	ADVATE	35
ABRILADA (2 PEN)	115, 147, 152, 155	ACULAR	80, 107	ADVOCATE INSULIN PEN NEEDLES	86
ABRILADA (2 SYRINGE).....	115, 147, 152, 155	ACULAR LS.....	80, 107	ADVOCATE INSULIN SYRINGE	86
ABRYSVO.....	23	ACUVAIL	80, 107	adynovate.....	35
acamprosate calcium	8, 71	acyclovir.....	20, 175	ADZENYS XR-ODT	57
ACANYA	19, 173, 182	ADACEL	23	AEROCHAMBER MINI CHAMBER..	86
acarbose	122	ADAKVEO	34	AEROCHAMBER MV	86
ACCOLATE.....	168	adalimumab-aacf (2 pen)	115, 147, 152, 155	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK AVIVA	85	adalimumab-aacf (2 syringe) .	115, 147, 152, 155	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK AVIVA PLUS.....	92	adalimumab-aacf(cd/uc/hs strt)	115, 147, 152, 155	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK FASTCLIX LANCET ...	85	adalimumab-aacf(ps/uv starter)	115, 147, 152, 155	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK FASTCLIX LANCETS .	85	adalimumab-aaty (1 pen)	115, 147, 152, 156	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK GUIDE	85, 92	adalimumab-aaty (2 pen)	115, 147, 152, 156	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK GUIDE CONTROL.....	85	adalimumab-aaty (2 syringe) .	115, 147, 152, 156	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK GUIDE ME	85	adalimumab-aaty (2 syringe) .	115, 147, 152, 156	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK GUIDE TEST	92	acebutolol hcl.....	32, 42, 46, 48, 53	AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK SMARTVIEW	92			AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK SOFTCLIX LANCET DEV	85			AEROCHAMBER PLUS FLO-VU	86
ACCU-CHEK SOFTCLIX LANCETS.	85			AEROCHAMBER PLUS FLO-VU	86
ACE AEROSOL CLOUD ENHANCER	86			AEROCHAMBER PLUS FLO-VU	86
acebutolol hcl.....	32, 42, 46, 48, 53			AEROCHAMBER PLUS FLO-VU	86

AEROCHAMBER PLUS FLOW VU .. 86	allergy relief (cetirizine)..... 12, 170	amlodipine-atorvastatin .....50, 52
AEROCHAMBER W/FLOWSIGNAL . 86	allergy relief cetirizine 170	amlodipine-olmesartan .....40, 50
AEROCHAMBER Z-STAT PLUS 86	allergy relief d 12, 25	amlodipine-valsartan-hctz.....40, 50, 98
AEROCHAMBER Z-STAT PLUS CHAMBR.....86	allergy relief d-12 12, 25	ammonium lactate 177
AEROCHAMBER Z-STAT PLUS/LARGE.....86	allergy relief d-24 12, 25	AMNESTEEM.....181, 183
AEROCHAMBER Z-STAT PLUS/MEDIUM .....86	allergy relief/indoor/outdoor 12, 170	amoxapine 84
AEROCHAMBER Z-STAT PLUS/SMALL .....86	allergy relief/nasal decongest 12, 25	amoxicillin .....15, 111, 112
AEROTRACH PLUS .....86	allergy relief-d 12, 25	amoxicillin-pot clavulanate..... 15
AFIRMELLE 124, 129, 135	allergy/congestion relief 12, 25	amoxicillin-pot clavulanate er 15
AFLURIA.....23	allopurinol 150	amphetamine sulfate 57
AFLURIA PRESERVATIVE FREE....23	ALMACONE DOUBLE STRENGTH 108, 110	amphetamine-dextroamphet er 57
AFREZZA.....140	almotriptan malate 83	amphetamine-dextroamphetamine... 57
AFRIN NODRIP EXTRA MOISTURE 108	alogliptin benzoate 129	amphet-dextroamphet 3-bead er 57
AFSTYLA.....35	alogliptin-metformin hcl..... 124, 129	ampicillin.....15
AFTERA..... 123, 124, 135	alogliptin-pioglitazone 129, 143	AMPYRA .....160, 161
AGAMATRIX PRESTO .....86	ALOPHEN 112	AMZEEQ .....15, 22, 100, 173
AGAMATRIX PRESTO TEST .....92	alosetron hcl 111	ANBESOL MAXIMUM STRENGTH107, 174
AIMOVIG.....71	ALPHAGAN P..... 99, 172	ANCOBON 21
aimsco lubricated 161	ALPHANINE SD 35	ANDROGEL PUMP 122, 123
AIRDUO RESPICLICK 113/14. 31, 103, 120, 165	alprazolam 70	anefrin spray 108
AIRDUO RESPICLICK 232/14. 31, 103, 120, 165	ALPROLIX 35	ANNOVERA .....124, 129, 136
AIRDUO RESPICLICK 55/14... 31, 103, 120, 165	ALREX.....103	ANORO ELLIPTA.....27, 31
AIRSUPRA 31, 103, 120, 165, 169, 171	ALTACE.....41	antacid advanced .....109, 110
AJOVY .....71	ALTACHLORE 106	antacid anti-gas max strength .109, 110
AKLIEF 181, 183	altamist spray..... 106, 168	antacid calcium.....109, 112
AKYNZEO..... 108, 118	ALTAVERA 124, 129, 135	antacid extra strength .....109, 112
albuterol sulfate..... 31, 171	ALTOPREV 52	antacid liquid .....109, 110
albuterol sulfate hfa..... 31, 171	ALTRENO 22, 177	antacid m .....109, 110
alcohol prep 86	aluminum hydroxide gel..... 108, 111	antacid maximum .....109, 112
alcohol swabs 86	ALVESCO 103, 120, 165	antacid maximum strength .....109, 110
alendronate sodium 151	alyacen 1/35 124, 129, 135	antacid soft chews .....109, 112
aler-cap 9, 10, 27, 59, 67, 164, 167	alyacen 7/7/7 124, 129, 136	ANTARA 51
alfuzosin hcl er 31	AMABELZ 129, 136	anti-diarrheal 110
aliskiren fumarate.....54	amantadine hcl 14, 56	antifungal .....176, 185
ALKA-SELTZER PLUS ALLERGY..... 9, 10, 28, 59, 67, 164, 167	AMBIEN 67, 74	anti-fungal.....176
all day allergy 12, 170	AMBIEN CR..... 67, 74	antifungal (tolnaftate)..... 185
all day allergy d 12, 25	ambrisentan 55, 166, 172	antifungal clotrimazole..... 176
all day allergy-d 12, 25	amcinonide 178	antioxidant a/c/e/selenium .....94, 186
all day pain relief 64, 76, 80, 150	AMETHIA..... 124, 129, 136	antiseptic skin cleanser ....14, 102, 175, 182
all day relief 64, 76, 80, 150	AMETHYST 124, 129, 136	ANZEMET 108
allergy 10, 12, 167	amiloride hcl 54, 94	APIDRA 140
allergy 24-hr 12, 170	amiloride-hydrochlorothiazide 94, 98	APIDRA SOLOSTAR..... 140
allergy childrens ... 9, 10, 12, 28, 59, 67, 164, 167, 170	aminocaproic acid 35	APLENZIN 62
allergy rel child (loratadine)..... 12, 170	amiodarone hcl 49	apo-varenicline .....28, 33
allergy relief..... 10, 12, 167, 170	AMITIZA 114, 115	apraclonidine hcl .....99, 106
	amitriptyline hcl 84	aprepitant 118
	AMJEVITA 116, 147, 153, 156	APRI .....124, 129, 136
	AMJEVITA-PED 10KG TO <15KG 116, 147, 153, 156	APRISO.....111
	AMJEVITA-PED 15KG TO <30KG 116, 148, 153, 156	APTENSIO XR 79
	amlodipine besy-benazepril hcl .. 41, 50	APTIOM.....60, 73
	amlodipine besylate 50, 51, 55	AQUANIL HC .....103, 120, 178
	amlodipine besylate-valsartan 40, 50	ARANELLE.....124, 129, 136
		ARANESP (ALBUMIN FREE) ....34, 35

ARAZLO.....	181, 183	AUGMENTIN	15	BANZEL	60, 73
ARCALYST	160, 168	AUGMENTIN ES-600	15	BAQSIMI ONE PACK	8, 133, 150
AREXVY	23	AUROVELA 1.5/30	124, 129, 136	BAQSIMI TWO PACK	8, 133, 150
arformoterol tartrate	31, 171	AUROVELA 1/20	124, 129, 136	BARACLUDE	20
ARICEPT	30	AUROVELA 24 FE.....	124, 129, 136	BASAGLAR KWIKPEN.....	134
ARIKAYCE.....	15	AUROVELA FE 1.5/30....	124, 129, 136	BASAGLAR TEMPO PEN	134
aripiprazole	62, 68	AUROVELA FE 1/20.....	124, 129, 136	BAXDELA.....	21
ARISTADA.....	63, 68	AURYXIA.....	93	BAYER ASPIRIN	38, 39, 65, 82
ARISTADA INITIO	63, 68	AUVELITY	62	BAYER LOW DOSE.....	38, 39, 65, 82
ARIXTRA	34, 37	AUVI-Q	25, 163	BD AUTOSHIELD DUO.....	86
armodafinil	85	AVALIDE	40, 98	BD INSULIN SYRINGE	86
ARMOUR THYROID	143	AVAPRO.....	39, 40	BD INSULIN SYRINGE HALF-UNIT	86
ARNUITY ELLIPTA. 103, 120, 165, 169		AVAR CLEANSER.....	173, 181	BD INSULIN SYRINGE MICROFINE	86
arthritis pain relief.....	57, 64, 75	AVIANE	124, 129, 136	BD INSULIN SYRINGE U/F	86
arthritis pain reliever.....	57, 64, 75	AVITA	22, 178	BD INSULIN SYRINGE U-500	86
arthritis pain relieving.....	184	AVODART	149	BD INSULIN SYRINGE ULTRAFINE	86
ARTHROTEC.....	76, 118	AVONEX PEN	145, 156	BD PEN NEEDLE MICRO U/F	86
artificial tears.....	106	AVONEX PREFILLED	145, 156	BD PEN NEEDLE MICRO ULTRAFINE	86
artificial tears pf.....	106	AVSOLA . 116, 144, 148, 153, 156, 184		BD PEN NEEDLE MINI U/F	86
ASCOMP-CODEINE	70, 78, 79, 82	AYR SALINE NASAL DROPS	106, 168	BD PEN NEEDLE MINI ULTRAFINE	86
asenapine maleate.....	63, 68	AYUNA	124, 129, 136	BD PEN NEEDLE NANO ULTRAFINE	86
ASHLYNA	124, 129, 136	AZASAN	144, 153, 156, 159	BD PEN NEEDLE ORIG ULTRAFINE	86
ASMANEX (120 METERED DOSES)		AZASITE.....	100	BD PEN NEEDLE ORIGINAL U/F ...	86
.....	120	azathioprine	144, 153, 156, 159	BD PEN NEEDLE SHORT U/F	86
ASMANEX (14 METERED DOSES)	120	azelastine hcl.....	100, 170	BD PEN NEEDLE SHORT	86
ASMANEX (30 METERED DOSES)	120	azelastine-fluticasone	100, 103, 165, 169, 170	ULTRAFINE.....	86
ASMANEX (60 METERED DOSES)	120	azithromycin	21	BD SAFETYGLIDE INSULIN SYRINGE	86
ASMANEX HFA	120	AZOLEN TINCTURE	176	BD VEO INSULIN SYR U/F 1/2UNIT	86
ASPERFLEX LIDOCAINE	174	AZOPT.....	102	BD VEO INSULIN SYR ULTRAFINE	86
aspirin	38, 39, 65, 82	AZOR.....	40, 50	BD VEO INSULIN SYRINGE U/F	86
aspirin 81	38, 39, 64, 82	AZSTARYS.....	79	BELBUCA.....	79
aspirin childrens	38, 39, 64, 82	AZULFIDINE.....	22, 111, 144, 153, 156	BELSOMRA	67, 79
aspirin ec low dose	38, 39, 64, 82	AZULFIDINE EN-TABS ...	22, 111, 144, 153, 156	BENADRYL ALLERGY.....	9, 10, 28, 59, 67, 164, 167
aspirin low dose	38, 39, 64, 82	AZURETTE.....	124, 129, 136	BENADRYL ALLERGY ULTRATABS	9, 10, 28, 59, 67, 164, 167
aspirin-dipyridamole er....	38, 54, 82, 92	B&L SENSITIVE EYES.....	102	benazepril hcl	41
ASSURE ID SAFETY PEN NEEDLES		B&L SENSITIVE EYES DAILY CLEAN	102	benazepril-hydrochlorothiazide....	41, 98
.....	86	.....	102	BENEFIX	35
ASTAGRAF XL	144, 159, 180	B-12 DOTS	38, 191	BENICAR	40
ATACAND.....	39, 40	b-12 tr	38, 191	BENICAR HCT	40, 98
ATACAND HCT	40, 98	BABY AYR SALINE	106, 168	BENZEFOAM	182
atazanavir sulfate	19	bacitracin	17, 100, 173	BENZEPRO.....	182
ATELVIA	151	bacitracin zinc.....	17, 100, 173	benzonatate.....	164
atenolol	32, 42, 46, 48, 53	bacitracin-polymyxin b	17, 100, 173	benzoyl peroxide	182
atenolol-chlorthalidone	42, 46, 99	bacitra-neomycin-polymyxin-hc	17, 100, 103, 173	benzoyl peroxide wash.....	182
athletes foot	176	BACITRAYCIN PLUS	17, 100, 173	benzoyl peroxide-erythromycin	173, 182
athletes foot (clotrimazole).....	176	baclufen	29	benztropine mesylate	28, 59
athletes foot (terbinafine)	14, 173	BAFIERTAM	145, 156	bepotastine besilate	11, 100
athletes foot powder spray.....	176, 185	BALCOLTRA	124, 129, 136	BEPREVE	11, 100
atomoxetine hcl.....	71, 79	balsalazide disodium	111	BERINERT	152
ATORVALIQ	52	BALZIVA.....	124, 129, 136		
atorvastatin calcium	52	BAND-AID GAUZE SMALL	86		
ATRALIN.....	22, 177	BANOPHEN 9, 10, 28, 59, 67, 164, 167			
ATROVENT HFA	27, 163				
AUBAGIO.....	143, 156				
AUBRA EQ	124, 129, 136				

BESIVANCE	100	BREZTRI AEROSPHERE ..	27, 32, 120	calcium 600 + d	94, 194
beta hc	103, 120, 178	briellyn	125, 130, 136	calcium 600/vitamin d	94, 194
betamethasone dipropionate ..	120, 178	BRILINTA	38	calcium 600+d	94, 194
betamethasone dipropionate aug ..	120, 178	brimonidine tartrate.....	99, 172	calcium acetate	93, 94
betamethasone valerate	120, 178	brimonidine tartrate-timolol	99, 102, 172	calcium acetate (phos binder)	93, 94
BETAPACE.....	30, 42, 46, 48, 49, 53	brinzolamide	102	calcium antacid.....	109, 112
BETAPACE AF ...	30, 42, 46, 48, 49, 53	BRIUMVI.....	147, 156	calcium antacid extra strength.	109, 112
BETASEPT SURGICAL SCRUB	14, 102, 175, 182	BRIVIACT	60	calcium carbonate	94
BETASERON.....	145, 156	BRIXADI	79	calcium carbonate antacid.....	109, 112
betatemp childrens.....	57, 65, 75	BRIXADI (WEEKLY).....	79	calcium citrate	94
betaxolol hcl.....	32, 42, 46, 48, 53, 102	bromfenac sodium	107	calcium citrate + d	94, 194
bethanechol chloride.....	30	bromfenac sodium (once-daily)	107	calcium citrate+d3 petites	94, 194
BETHKIS.....	15, 100	bromocriptine mesylate.....	72	calcium citrate-vitamin d	94, 194
BETIMOL	30, 42, 48, 102	BROMSITE	107	calcium plus vitamin d3	94, 194
BETOPTIC-S	32, 48, 102	BROVANA	32, 171	calcium/c/d	94, 186, 192, 194
BEVESPI AEROSPHERE... ..	27, 32, 175	budesonide	120, 165, 169, 178	calcium-vitamin d	94, 194
BEXSERO.....	23	budesonide er	120	calcium-vitamin d3.....	94, 194
BEYAZ	124, 129, 136, 191	budesonide-formoterol fumarate	32, 120	CAL-GEST ANTACID.....	109, 112
bicalutamide.....	22	BUFFERIN.....	38, 39, 65, 82, 109, 112	callus removers	181
BIKTARVY	18, 19	bumetanide.....	52, 93	CAMILA	125, 136
bimatoprost	107	buprenorphine	79	CAMRESE.....	125, 130, 136
BIMZELX.....	180, 184	buprenorphine hcl.....	79	CAMRESE LO	125, 130, 136
BINOSTO.....	151	buprenorphine hcl-naloxone hcl..	78, 79	CANASA.....	111
biocotron	164, 166	bupropion hcl	62	candesartan cilexetil	40
BIOTRUE	102	bupropion hcl er (smoking det) ...	33, 62	candesartan cilexetil-hctz	40, 98
bisacodyl ec	112	bupropion hcl er (sr).....	62	CAPLYTA	68
bismatrol	109, 110, 112	bupropion hcl er (xl).....	62	capsaicin	184
bisoprolol fumarate ...	32, 42, 46, 48, 53	buspirone hcl	67, 74	captopril.....	41
bisoprolol-hydrochlorothiazide ...	42, 46, 98	butalbital-acetaminophen.....	57, 70, 75	captopril-hydrochlorothiazide.....	41, 98
BLISOVI 24 FE	124, 129, 136	butalbital-apap-caff-cod .	57, 70, 75, 78, 79	CAPVAXIVE	24
BLISOVI FE 1.5/30	124, 129, 136	butalbital-apap-caffeine ..	57, 70, 75, 79	carbamazepine	60, 63
BLISOVI FE 1/20	124, 130, 136	butalbital-asa-caff-codeine... ..	70, 78, 79, 82	carbamazepine er.....	60, 63
BLIS-TO-SOL.....	185	BYSTOLIC	30, 42, 46, 48	carbidopa-levodopa	72
BONJESTA	111	c 1000	192	carbidopa-levodopa er.....	72
BOOSTRIX	23, 24	c complex	186	carbidopa-levodopa-entacapone	71, 72
bosentan	55, 166, 172	c-1000.....	192	CARDIZEM.....	44, 45, 49, 55
BOSTON ADVANCE CLEANER.....	102	c-500.....	192	CARDIZEM CD	44, 45, 49, 55
BOSTON CONDITIONING	103	CABENUVA	18	CARDIZEM LA	44, 45, 49, 55
BOSTON ONE STEP CLEANER.....	103	CABTREO	161, 173, 181, 182, 184	CARDURA.....	30, 39, 42
BOSTON REWETTING	103	CADUET	50, 52	CARDURA XL	30, 39, 42
BOSTON SIMPLUS	103	caffeine citrate	65, 79	CAREFINE PEN NEEDLES	87
bp 10-1.....	173, 181	calamine-zinc oxide	175, 177	CARETOUCH ALCOHOL PREP	87
bpo	182	CALCIDOL.....	193	carteolol hcl	102
bpo foaming cloths.....	182	calcitonin (salmon).....	123, 151	CARTIA XT.....	44, 45, 49, 55
BPROTECTED MULTI-VITE	94, 186	cal-citrate plus vitamin d	94, 193	carvedilol	30, 31, 39, 42, 46, 48, 53
BPROTECTED PEDIA D-VITE.....	193	calcitriol.....	193	carvedilol phosphate er ..	30, 31, 39, 42, 47, 48, 53
BPROTECTED PEDIA IRON.....	37	calcium	94, 194	CAYA.....	161
BREATHERITE VALVED MDI		calcium + d3	94, 193	CAYSTON	20
CHAMBER	86	calcium 1000 + d	94, 193	cefaclor.....	14
BREO ELLIPTA	32, 103, 120, 165	calcium 500 + d	94, 193	cefaclor er.....	14
BREXAFEMME	15	calcium 500/vitamin d	94, 193	cefadroxil	14
BREYNA	32, 120	calcium 500+d	94, 194	cefdinir.....	14
		calcium 500+d high potency	94, 193	cefixime	14

cefepodoxime proxetil	14	ciclopirox.....	180	clopidogrel bisulfate.....	38
cefprozil	14	ciclopirox olamine	180	clorazepate dipotassium.....	70
cefuroxime axetil	14	cilostazol.....	38, 54	clotrimazole	176
CELEBREX.....	72	CILOXAN.....	100	clotrimazole 3	176
celecoxib.....	72	cimetidine	11, 118	clotrimazole af	176
CELEXA.....	83	CIMZIA	116, 145, 148, 153, 156	clotrimazole anti-fungal.....	176
CELLCEPT	144, 159	CIMZIA (2 SYRINGE)....	116, 145, 148, 153, 156	clotrimazole athletes foot.....	176
CELONTIN.....	84	CIMZIA PREFILLED.....	116, 145, 148, 153, 156	clotrimazole-7	176
centravites.....	94, 186	CIMZIA STARTER KIT ..	116, 145, 148, 153, 156	clotrimazole-betamethasone ...	176, 178
centravites 50 plus.....	94, 186	CIMZIA STARTER KIT ..	116, 145, 148, 153, 156	clozapine	68
centravites adults.....	94, 186	CIMZIA-STARTER.....	116, 145, 148, 153, 156	CLOZARIL.....	68, 69
CENTRUM ADULTS.....	94, 187	CINQAIR.....	168	COAGADEX.....	35
CENTRUM SILVER.....	94, 187	CINRYZE.....	152	COBENFY.....	67, 185
CENTRUM ULTRA WOMENS.....	95, 187	CIPRO.....	16, 21	COBENFY STARTER PACK.....	67, 186
cephalexin.....	14	CIPRO HC.....	100, 103	COLAZAL.....	111
CEQUA	101, 106, 144	ciprofloxacin hcl.....	16, 21, 100	colchicine.....	150
CERTAVITE/ANTIOXIDANTS ..	95, 187	ciprofloxacin-dexamethasone .	100, 103	colchicine-probenecid.....	99, 150
cetirizine hcl	13, 170	ciprofloxacin-fluocinolone pf ...	100, 103	cold/cough childrens.....	10, 12, 26, 164
cetirizine hcl allergy child	12, 170	citalopram hydrobromide	83, 84	cold/cough dm childrens	10, 12, 26, 164
cetirizine hcl childrens.....	13, 170	CITRACAL MAXIMUM PLUS ...	95, 194	colesevelam hcl.....	43, 123
cetirizine hcl childrens alrgy	12, 170	CITRUCEL.....	112	COLESTID	43
cetirizine-pseudoephedrine er.....	13, 25	citrus calcium/vitamin d.....	95, 194	colestipol hcl.....	43
CHANTIX.....	28, 33	CLARAVIS.....	181, 184	COMBIGAN.....	99, 102, 173
charcoal	109, 160	CLARINEX.....	13, 170	COMBIVENT RESPIMAT ...	27, 32, 163
CHARLOTTE 24 FE.....	125, 130, 136	CLARINEX-D 12 HOUR	13, 25	COMFORT EZ INSULIN SYRINGE .	87
CHATEAL EQ.....	125, 130, 136	clarithromycin.....	16, 21, 112	COMFORT EZ PEN NEEDLES.....	87
CHEMET.....	8, 120, 150	clarithromycin er	16, 21, 112	comfort gel.....	109, 110
CHEMSTRIP 10 MD	92	classic prenatal.....	37, 187, 191	comfort gel antacid anti-gas	109, 110
CHEMSTRIP 10/SG.....	92	CLEARASIL DAILY CLEAR ACNE.	182	COMIRNATY	24
CHEMSTRIP 2 GP.....	92	CLEARLAX.....	112	COMPACT SPACE CHAMBER	87
CHEMSTRIP 5 OB.....	92	clemastine fumarate	9, 10, 167	COMPACT SPACE CHAMBER/LG	
CHEMSTRIP 7.....	92	CLEOCIN-T	19, 173	MASK	87
CHEMSTRIP 9.....	92	CLEVER CHOICE COMFORT EZ....	87	COMPACT SPACE CHAMBER/MED	
CHEMSTRIP K	92	clickfine pen needles	87	MASK	87
CHEMSTRIP UGK.....	92	CLICKFINE PEN NEEDLES.....	87	COMPACT SPACE CHAMBER/SM	
childrens acetaminophen	57, 65, 75	CLINDACIN PAC.....	173	MASK	87
childrens apap.....	57, 65, 75	clindamycin hcl	19, 173	companion.....	95, 187
childrens aspirin	38, 39, 65, 82	clindamycin palmitate hcl.....	19, 173	COMPLERA	18, 19, 20
childrens cold & allergy	10, 12, 26	clindamycin phos (once-daily) ..	19, 173	complete allergy medicine	9, 10, 28, 59, 67, 164, 167
childrens ibuprofen.....	65, 76, 81	clindamycin phos (twice-daily) ..	19, 173	complete allergy relief.	9, 10, 28, 59, 67, 164, 167
childrens loratadine.....	13, 170	clindamycin phos-benzoyl perox.....	19, 173, 182	complete multivitamin/mineral ...	95, 187
childrens non-aspirin.....	58, 65, 75	clindamycin phosphate	19, 20, 173	COMPOUND W.....	181
childrens pepto.....	109, 112	clindamycin-tretinoin .	20, 173, 178, 184	COMPOUND W ONE STEP INVISIBLE	
childrens silapap	58, 65, 75	clobazam	70	.....	181
CHILDRENS SOOTHE	109, 112	clobetasol prop emollient base	178	COMPRO	79, 111
chlordiazepoxide hcl	70	clobetasol propionate.....	178	CONCERTA	79
chlorhexidine gluconate ...	14, 101, 102, 176, 182	clobetasol propionate e.....	178	condoms.....	161
chloroquine phosphate.....	15	clomipramine hcl.....	85	constulose	92
chlorpheniramine maleate... 10, 12, 167		clonazepam	70	CONTOUR BLOOD GLUCOSE	
chlorpromazine hcl.....	79	clonidine	26, 47, 51	SYSTEM.....	87
chlorthalidone.....	55, 99	clonidine hcl.....	26, 47, 51	CONTOUR CONTROL.....	87
chocolated laxative	112			CONTOUR MONITOR	87
cholestyramine.....	43			CONTOUR NEXT CONTROL	87
cholestyramine light	43				

CONTOUR NEXT EZ.....	87	cvs beta carotene	191	cvs prenatal gummy ..	95, 160, 187, 191
CONTOUR NEXT GEN MONITOR...	87	cvs calcium 600 + d/minerals....	95, 194	CVS PURELAX	112
CONTOUR NEXT MONITOR	87	cvs capsaicin hp	184	cvs ringworm	176
CONTOUR NEXT ONE	87	CVS CHEWY NOT CHALKY FLAVOR		cvs rubbing alcohol.....	182
CONTOUR NEXT TEST	92	.....	109, 112	cvs senna-extra	112
CONTOUR TEST.....	92	cvs childrens complete	37, 187	cvs sinus pe decongestant	26
CONZIP	78	cvs chocolate laxative pieces	112	cvs skin treatment	177
COPAXONE.....	143, 156	cvs clotrimazole	176	cvs spectravite adult 50+	95, 187
COREG.....	30, 31, 39, 42, 47, 48, 53	cvs contact lens relief/rewet.....	103	cvs spectravite advanced	95, 187
COREG CR... 30, 31, 39, 42, 47, 48, 53		cvs cortisone intense healing. 103, 120,		cvs spectravite senior	95, 187
CORIFACT.....	35	178		cvs spectravite ultra men 50+....	95, 187
CORLANOR.....	46, 55	cvs cortisone maximum strength ...	103,	cvs spectravite ultra mens	95, 187
corn & callus remover	181	120, 121, 178		cvs spectravite ultra women	95, 187
corn remover one-step.....	181	cvs cough dm childrens	164	cvs spectravite womens senior..	95, 187
CORTISPORIN-TC	100, 103	cvs daily multiple for men	95, 187	cvs stool softener	112
CORTIZONE-10.....	103, 120, 178	cvs daily multiple women 50+ ...	95, 187	cvs therapeutic	181
CORTIZONE-10 HYDRATENSIVE 103,		cvs dairy relief ex st	115	cvs vitamin b-2	191
120, 178		cvs diclofenac sodium.....	183, 184	cvs womens active daily	95, 187
CORTIZONE-10 INTENSIVE HEALING		cvs dry-eye relief nighttime	106	cvs womens prenatal+dha..	37, 95, 160,
.....	103, 120, 177, 178	cvs eczema anti-itch	104, 121, 178	187, 191	
CORTIZONE-10 PLUS ..	103, 120, 177,	cvs eye lubricant.....	106	cyanocobalamin	38, 191
178		cvs fiber	112	cyclobenzaprine hcl.....	29
CORTIZONE-10/ALOE ..	103, 120, 177,	cvs foot & sneaker	185	cyclophosphamide.....	22, 145, 159
178		cvs gas relief ultra strength.....	110	cyclosporine ...	101, 106, 144, 153, 156,
COSENTYX	146, 153, 184	cvs gauze	87	159	
COSENTYX (300 MG DOSE) 146, 153,		cvs gentle laxative womens	112	cyclosporine modified	101, 144, 153,
184		cvs glucose.....	123	156, 159	
COSENTYX SENSOREADY (300 MG)		cvs glycerin adult	112	CYLTEZO (2 PEN)	148, 153
.....	146, 153, 184	cvs gummy dinos.....	95, 187, 192	CYLTEZO (2 SYRINGE) 116, 148, 153,	
COSENTYX SENSOREADY PEN. 146,		cvs headache relief.....	58, 75, 80, 82	157	
153, 184		cvs infants pain relief drops ..	58, 65, 75	CYLTEZO-CD/UC/HS STARTER...148,	
COSOPT.....	102	cvs instant food thickener	162	153	
COSOPT PF	102	cvs iron	37	CYLTEZO-PSORIASIS/UV STARTER	
COTEMPLA XR-ODT	80	cvs itch relief.....	176	.....	148, 153
cough dm	164	cvs jock itch	14, 173	CYMBALTA	72, 82
cough tab	166	CVS KETONE CARE.....	92	cyproheptadine hcl	9, 10, 167
COZAAR.....	40	cvs lansoprazole	118	CYRED EQ.....	125, 130, 136
CREON.....	99, 115	cvs laxative dietary supplemnt.....	112	d3 high potency	194
CRESEMBA.....	16	cvs lice killing	183	D3-50.....	194
cromolyn sodium.....	100, 106, 168	cvs medicated spot.....	181	d-5000	194
CROTAN.....	183	cvs miconazole 1 combo pack.....	176	dabigatran etexilate mesylate.....	35
CRYSSELLE	125, 130, 136	cvs miconazole 3 combo pack.....	176	daily face wash.....	181
CRYSSELLE-28.....	125, 130, 136	cvs motion sickness ii	10, 111	daily value multivitamin.....	187
CURITY ALCOHOL PREPS	87	cvs nasal allergy spray ...	104, 165, 169	dalfampridine er.....	160, 161
CURITY ALL PURPOSE SPONGES 87		cvs nasal mist	108	DALIRESP.....	169, 180, 183
CURITY GAUZE	87	cvs natural daily fiber.....	112	dapagliflozin pro-metformin er.	124, 142
CURITY GAUZE SPONGE	87	cvs nicotine	28, 33	dapagliflozin propanediol.....	142
CURITY SPONGES	87	cvs nicotine polacrilex.....	28, 33	dapsone.....	15, 16, 173, 184
cvs 8hr muscle aches & pain 58, 65, 75		cvs olopatadine hcl	11, 100	DARAPRIM	15
cvs acetaminophen ex st	58, 65, 75	cvs one daily essential	95, 187	darifenacin hydrobromide er.....	186
cvs acne foaming face wash.....	182	cvs oral anesthetic max str	107, 174	darunavir	19
cvs adapalene.....	161, 181, 184	cvs pain relief.....	174	DASETTA 1/35 (28)	125, 130, 136
cvs advanced acne spot treat	181	cvs pain relief childrens	58, 65, 75	DASETTA 7/7/7	125, 130, 136
cvs antibiotic	17, 100, 173	cvs plantar wart remover	181	DAYHIST ALLERGY 12 HOUR	
cvs anti-diarrheal.....	109, 110, 112	cvs poly bacitracin	17, 100, 173	RELIEF	9, 10, 167

DAYSEE	125, 130, 136	DEXCOM G7 SENSOR	87	diphenoxylate-atropine	27, 110
DAYTRANA	80	DEXILANT	118	dipyridamole	38, 54, 55, 92
DAYVIGO	67, 79	dexlansoprazole	119	disopyramide phosphate	47
DEBLITANE	125, 136	dexmethylphenidate hcl	80	disulfiram	8, 149
DECARA	194	dexmethylphenidate hcl er	80	divalproex sodium	60, 63, 65, 73
deep sea nasal spray	106, 168	DEXTENZA	104	divalproex sodium er	60, 63, 65, 73
delta d3	194	dextroamphetamine sulfate	57	dm-guaifenesin er	164, 166
DELYLA	125, 130, 136	dextroamphetamine sulfate er	57	docusate sodium	113
DENAVIR	175	dextromethorphan polistirex er	164	DOCUSOL MINI	113
DENTA 5000 PLUS	85, 152	DHIVY	72	docuzen	113
dentagel	85, 152	diabetes health formula	95, 187	DOLISHALE	125, 130, 136
DEPAKOTE	60, 63, 65, 73	DIABETIC TUSSIN DM	164, 166	donepezil hcl	30
DEPAKOTE ER	60, 63, 65, 73	DIACOMIT	60, 73	dorzolamide hcl	102
DEPAKOTE SPRINKLES	60, 63, 65	DIALYVITE	187, 191, 192	dorzolamide hcl-timolol mal	102
DEPO-PROVERA	125, 136	DIALYVITE 800	187, 191, 192	dorzolamide hcl-timolol mal pf	102
DEPO-SUBQ PROVERA	104, 125, 136	dialyvite 800/ultra d	95, 187	double antibiotic	17, 100, 173
DEPO-TESTOSTERONE	122, 123	DIALYVITE VITAMIN D 5000	194	DOVATO	18, 19
DERMACEA GAUZE SPONGE	87	DIALYVITE VITAMIN D3 MAX	194	doxazosin mesylate	30, 39, 42
DERMACEA IV SPONGES	87	diamode	110	doxepin hcl	85, 174
DERMACEA NON-WOVEN SPONGES	87	diaper rash	175	doxycycline hyclate	15, 22, 173
DERMACEA TYPE VII GAUZE	87	diarrhea	109, 110, 112	doxycycline monohydrate	15, 22, 173
DERMAREST ECZEMA	104, 121, 179	DIASTIX	92	doxylamine-pyridoxine	111
DESCOVY	19, 20	diazepam	70	DRIZALMA SPRINKLE	82
DESENEX	176	diazoxide	123	droperidol	67, 115
desipramine hcl	85	DICLEGIS	111	DROPLET INSULIN SYRINGE	87
desloratadine	13, 170	diclofenac epolamine	76	DROPLET PEN NEEDLES	88
desmopressin ace spray refig.	35, 135	diclofenac potassium	76	dropsafe safety pen needles	88
desmopressin acetate	35, 135	diclofenac sodium	76, 85, 107, 183, 184	drosipren-eth estrad-levomefol	125, 130, 136, 191
desmopressin acetate spray	35, 135	diclofenac sodium er	76	drosiprenone-ethinyl estradiol	125, 130, 136
desogestrel-ethinyl estradiol	125, 130, 136	diclofenac-misoprostol	76, 118	DROXIA	22
desoximetasone	179	dicloxacinil sodium	21	DRS CHOICE CORN/CALLUS REMOVER	181
desvenlafaxine er	82	dicyclomine hcl	27	DRYSOL	175
desvenlafaxine succinate er	82	diflorasone diacetate	179	dss	113
DETROL	186	DIFLUCAN	16	DUAKLIR PRESSAIR	27, 32, 163
DETROL LA	186	diflunisal	76, 81	DUETACT	143
DEX4	92, 123, 192	difluprednate	104	DULCOLAX STOOL SOFTENER	113
DEX4 POUCH PACK	93, 123, 192	DIGOX	42, 46	DULERA	32, 121
DEX4 QUICK DISSOLVE GLUCOSE	123	digoxin	42, 46	duloxetine hcl	72, 82
dexamethasone	104, 121	DILANTIN	48, 73	DUODERM CGF DRESSING	88
DEXAMETHASONE INTENSOL	104, 121	DILANTIN INFATABS	48, 73	DUODERM CGF EXTRA THIN	88
dexamethasone sodium phosphate	104	diltiazem hcl	44, 45, 46, 49, 55	DUODERM HYDROACTIVE	184
DEXCOM G5 MOB/G4 PLAT SENSOR	87	diltiazem hcl er	44, 45, 46, 49, 55	DUPIXENT	168, 180, 184
DEXCOM G5 MOBILE RECEIVER	87	diltiazem hcl er beads	44, 45, 49, 55	DUREX EXTRA SENSITIVE THIN	161
DEXCOM G5 MOBILE TRANSMITTER	87	diltiazem hcl er coated beads	44, 45, 46, 49, 55	DUREX REALFEEL	161
DEXCOM G5 RECEIVER KIT	87	DIMAPHEN DM COLD/COUGH	10, 12, 26, 164	DUREZOL	104
DEXCOM G6 RECEIVER	87	dimethyl fumarate	145, 157	DURYSTA	107
DEXCOM G6 SENSOR	87	dimethyl fumarate starter pack	145, 157	dutasteride	149
DEXCOM G6 TRANSMITTER	87	DIOVAN	40	dutasteride-tamsulosin hcl	31, 149
DEXCOM G7 RECEIVER	87	DIOVAN HCT	40, 98	D-VI-SOL	194
		DIPENTUM	111	DYANAVEL XR	57
		diphen	9, 10, 28, 59, 67, 164, 167	DYMISTA	100, 104, 165, 169, 170
		diphenhydramine hcl	9, 10, 28, 59, 67, 164, 167	DYRENIUM	54, 94

E.E.S. 400.....	17	EMBECTA PEN NEEDLE NANO 2		eq dairy digestive fast acting	115
E.E.S. GRANULES	17	GEN	88	eq fiber therapy	113
e-200.....	195	EMBECTA PEN NEEDLE ULTRAFINE		eq first aid antiseptic.....	176, 182
ear drops.....	101, 102	.....	88	eq lansoprazole	119
ear wax removal kit.....	101, 102	EMCYT	22	eq lice killing max st	183
earwax removal.....	101, 102	EMGALITY	71	eq nicotine	28, 33
easy comfort insulin syringe.....	88	emtricitabine	19	eq nicotine polacrilex	28, 33
easy comfort pen needles.....	88	emtricitabine-tenofovir df	19, 20	eq nicotine step 3	28, 33
easy glide pen needles	88	EMTRIVA.....	19	eq pain & fever childrens	58, 65, 75
EASY TOUCH ALCOHOL PREP		enalapril maleate	41	eq restore plus lubricant eye	106
MEDIUM.....	88	enalapril-hydrochlorothiazide.....	41, 98	EQ RESTORE PM	106
EASY TOUCH FLIPLOCK INSULIN SY		ENBREL	148, 153, 154, 157	eq restore tears	106
.....	88	ENBREL MINI.....	148, 153, 157	eq saline nasal spray.....	106, 168
EASY TOUCH INSULIN BARRELS..	88	ENBREL SURECLICK....	148, 154, 157	eql anti-itch maximum strength.....	104,
EASY TOUCH INSULIN BARRELS		ENCARE.....	161	121, 179	
1ML.....	88	ENDACOF-DM	10, 12, 26, 164	eql dairy digest fast acting.....	115
EASY TOUCH INSULIN SAFETY SYR		ENDARI.....	160, 184	eql first aid antibiotic..	17, 100, 173, 174
.....	88	ENDUR-ACIN	42, 191	eql heartburn prevention.....	11, 118
EASY TOUCH INSULIN SYRINGE ..	88	ENDUR-C	192	eql insulin syringe	88
EASY TOUCH PEN NEEDLES.....	88	enema.....	113	eql lansoprazole	119
EASY TOUCH SHEATHLOCK		enema pediatric	113	eql lice killing max st.....	183
SYRINGE	88	ENEMEEZ MINI.....	113	eql one daily mens health.....	95, 187
EBGLYSS	180	ENGERIX-B.....	24	eql one daily womens 50+ adv ..	95, 187
econazole nitrate.....	176	ENILLORING	125, 130, 136	eql smooth texture fiber	113
ECONTRA ONE-STEP ...	123, 125, 136	enoxaparin sodium	36	eql vision formula	95, 187
ECPIRIN	38, 39, 65, 82	ENPRESSE-28.....	125, 130, 136	EQUETRO.....	60, 63
ed bron gp.....	26, 166	ENSKYCE	125, 130, 137	ergocalciferol	194
ed chlorped jr	10, 12, 167	ENSPRYNG.....	147, 157	ERRIN	125, 137
ed-apap.....	58, 65, 75	entacapone.....	71	ERTACZO	176
EDARBI	40	ENTADFI	54, 149, 178	ery	17, 100, 173
EDARBYCLOR	40, 98	entecavir	20	ERYPED 200.....	17
EDLUAR	67, 74	ENTRESTO	39, 40, 54	ERYPED 400.....	17
EDURANT.....	18	ENTYVIO	116, 118, 144	ERY-TAB.....	17
efavirenz	18	ENTYVIO PEN.....	116, 118, 144	ERYTHROCIN STEARATE.....	17
EFFEXOR XR.....	83	enulose	92	erythromycin	17, 100, 173
EFFIENT	38	ENVARUSUS XR.....	144, 159, 180	erythromycin base	17
ELEPSIA XR.....	60	EPANED	41	erythromycin ethylsuccinate	17
eletriptan hydrobromide	83	EPCLUSA.....	17, 18	ERZOFRI.....	69
ELINEST.....	125, 130, 136	ephrine nose drops	26, 107, 108	escitalopram oxalate	84
ELIQUIS.....	35	EPIDIOLEX.....	60	esomeprazole magnesium	119
ELIQUIS DVT/PE STARTER PACK .	35	epinastine hcl.....	13, 100	ESPEROCT.....	35
ELLA	125, 136	epinephrine.....	25, 163	ESSENTIA.....	95, 187
ELOCTATE	35	EPIPEN	25, 163	ESTARYLLA.....	125, 130, 137
ELURYNG.....	125, 130, 136	EPIPEN 2-PAK	25, 163	ESTRACE	130, 151
ELYXYB.....	65, 72	EPIPEN JR	25, 163	estradiol.....	130, 151
EMBECTA AUTOSHIELD DUO.....	88	EPIPEN JR 2-PAK.....	25, 163	estradiol-norethindrone acet....	130, 137
EMBECTA INS SYR U/F 1/2 UNIT ...	88	EPIVIR.....	19	eszopiclone	67, 74
EMBECTA INSULIN SYR ULTRAFINE		EPOGEN	34, 35	ethambutol hcl	16
.....	88	EPRONTIA	60, 65	ethosuximide	84
EMBECTA INSULIN SYRINGE	88	eq acetaminophen	58, 65, 75	ethynodiol diac-eth estradiol...	125, 130,
EMBECTA INSULIN SYRINGE U-100		eq athletes foot	176	137	
.....	88	eq athletes foot (tolnaftate).....	185	etodolac.....	76, 81
EMBECTA INSULIN SYRINGE U-500		eq calcium 500+d	95, 194	etodolac er.....	76, 81
.....	88	eq complete multivit adult 50+ ..	95, 187	etonogestrel-ethinyl estradiol..	125, 130,
EMBECTA PEN NEEDLE NANO.....	88	eq daily fiber	113	137	

EUCRISA.....	174, 183	ferrous gluconate.....	37	FLUMIST.....	24
EVAC-U-GEN.....	113	ferrous sulfate.....	37	flunisolide.....	104, 121, 165, 169
EVEKEO.....	57	fesoterodine fumarate er.....	186	fluocinolone acetonide.....	104, 179
EVEKEO ODT.....	57	FETZIMA.....	83	fluocinonide.....	179
EVENITY.....	144, 151	FETZIMA TITRATION.....	83	fluocinonide emulsified base.....	179
everolimus.....	22, 145, 159	FEVERALL INFANTS.....	58, 65, 75	fluorometholone.....	104
EVISTA.....	129, 151	fexofenadine hcl.....	13, 170	fluorouracil.....	22, 174, 184
EVKEEZA.....	42	FIASP.....	140	fluoxetine hcl.....	84
EXCILON IV SPONGES.....	88	FIASP FLEXTOUCH.....	140	fluoxetine hcl (pmdd).....	84
EXELON.....	30	FIASP PENFILL.....	140	fluphenazine decanoate.....	79
exenatide.....	133	FIASP PUMPCART.....	140	fluphenazine hcl.....	79
EXFORGE.....	40, 50	fiber.....	113	flurbiprofen.....	76, 81, 107
EXFORGE HCT.....	40, 50, 98	fiber therapy.....	113	flurbiprofen sodium.....	81, 107
extraprin.....	58, 75, 80, 82	fiber-lax.....	113	fluticasone furoate ellipta.....	104, 121, 165, 169
EYSUVIS.....	104	FIBRICOR.....	51	fluticasone furoate-vilanterol.....	32, 104, 121, 165
EZ CHAR.....	109	FIFTY50 PEN NEEDLES.....	88	fluticasone propionate	104, 121, 165, 169
EZALLOR SPRINKLE.....	52	finasteride.....	149, 178	fluticasone propionate diskus.....	104, 121, 165, 169
ezetimibe.....	47	fingolimod hcl.....	147, 157	fluticasone propionate hfa.....	104, 121, 165, 169
ezetimibe-simvastatin.....	47, 52	FINTEPLA.....	60	fluticasone-salmeterol.....	32, 104, 121, 165, 166
EZFE 200.....	37	FINZALA.....	125, 130, 137	fluvastatin sodium.....	52
FABIOR.....	181, 184	FIRAZYR.....	152	fluvastatin sodium er.....	52
FALMINA.....	125, 130, 137	FIRVANQ.....	17	fluvoxamine maleate.....	84
famciclovir.....	20	fish oil.....	160	fluvoxamine maleate er.....	84
famotidine.....	11, 118	fish oil concentrate.....	160	FLUZONE.....	24
FANAPT.....	69	fish oil/super potent/no burp.....	160	FLUZONE HIGH-DOSE.....	24
FANAPT TITRATION PACK A.....	69	flavoxate hcl.....	186	FML FORTE.....	104
FANAPT TITRATION PACK B.....	69	flecainide acetate.....	48	FOCALIN.....	80
FANAPT TITRATION PACK C.....	69	FLECTOR.....	76	FOCALIN XR.....	80
FANTASY LUBRICATED.....	161	FLEET BISACODYL.....	113	folic acid.....	191
FANTASY		FLEET LIQUID GLYCERIN SUPP.....	113	fondaparinux sodium.....	34, 37
LUBRICATED/SPERMICIDE.....	161	FLEET MINI ENEMA.....	113	for sty relief.....	106
FARESTON.....	22, 129	FLEET PEDIATRIC.....	113	FORA G20 BLOOD GLUCOSE	
FARXIGA.....	142	FLINTSTONES COMPLETE.....	37, 95, 187, 193	SYSTEM.....	88
FASENRA.....	168	FLINTSTONES GUMMIES.....	95, 187, 193	FORA G20 BLOOD GLUCOSE TEST	
FASENRA PEN.....	168	FLINTSTONES GUMMIES PLUS.....	95, 187, 193	.....	92
FC2 FEMALE CONDOM.....	161	FLINTSTONES GUMMIES-IMMUNITY		FORFIVO XL.....	62
fe c tab plus.....	37, 191, 192	.....	95, 187, 193	formoterol fumarate.....	32, 171
FEIBA.....	35	FLINTSTONES PLUS CALCIUM ..	187, 191, 193	FORMULA 3 THE TREATMENT....	185
felbamate.....	60	FLINTSTONES SOUR GUMMIES ..	95, 187, 193	FORTEO.....	135, 151
FELBATOL.....	60	FLINTSTONES/MY FIRST	187, 191, 193	FOSAMAX.....	151
felodipine er.....	50, 51	.....	193	FOSAMAX PLUS D.....	151, 194
FEMCAP.....	161	FLINTSTONES PLUS CALCIUM ..	187, 191, 193	fosinopril sodium.....	41
fenofibrate.....	51	FLINTSTONES SOUR GUMMIES ..	95, 187, 193	fosinopril sodium-hctz.....	41, 98
fenofibrate micronized.....	51	FLINTSTONES/MY FIRST	187, 191, 193	FOSRENOL.....	93, 150
fenofibric acid.....	51	.....	193	FRAGMIN.....	36
FENOGLIDE.....	51	flolipid.....	52	FREESTYLE FREEDOM LITE.....	88
fenoprofen calcium.....	76, 81	FLOMAX.....	31	FREESTYLE INSULINX TEST.....	92
fenentanyl.....	78	FLUAD.....	24	FREESTYLE LIBRE 14 DAY READER	
FEOSOL.....	37	FLUARIX.....	24	.....	88
FERATE.....	37	FLUBLOK.....	24		
FEROSUL.....	37	FLUCELVAX.....	24		
FERREX 150.....	37	fluconazole.....	16		
ferric x-150.....	37	flucytosine.....	21		
FERROCITE.....	37	fludrocortisone acetate.....	121		
ferrous fumarate.....	37	FLULAVAL.....	24		

FREESTYLE LIBRE 14 DAY SENSOR	88	geri-kot.....	113	gnp dairy relief.....	115
FREESTYLE LIBRE 2 PLUS SENSOR	88	geri-lanta.....	109, 110	gnp diclofenac sodium.....	183, 184
FREESTYLE LIBRE 2 READER.....	88	geri-mox.....	109, 110	gnp esomeprazole magnesium	119
FREESTYLE LIBRE 2 SENSOR.....	88	GILENYA.....	147, 157	gnp essential one daily.....	187
FREESTYLE LIBRE 3 PLUS SENSOR	88	GIMOTI.....	118	gnp eye drops long lasting.....	106
FREESTYLE LIBRE 3 READER.....	88	glatiramer acetate.....	143, 157	gnp fexofenadine hcl	13, 170
FREESTYLE LIBRE 3 SENSOR.....	88	GLATOPA.....	143, 157	gnp fiber-caps.....	113
FREESTYLE LITE.....	88	glimepiride.....	143	gnp fluticasone propionate	104, 121, 166, 169
FREESTYLE LITE TEST.....	92	glipizide.....	143	gnp gas relief.....	110
FREESTYLE TEST.....	92	glipizide er.....	143	gnp hair/skin/nails.....	95, 187
FROVA.....	83	glipizide xl.....	143	gnp infants pain/fever	58, 65, 75
frovatriptan succinate.....	83	glipizide-metformin hcl.....	124, 143	gnp insulin syringe.....	89
fruit c 500.....	193	global alcohol prep ease.....	88	gnp iron.....	37
ft allergy relief.....	13, 170	global ease inject pen needles	88	gnp lansoprazole.....	119
ft allergy relief 12 hour	13, 170	global easy glide insulin syr.....	89	gnp lice treatment.....	183
ft allergy relief 24 hour	13, 170	global inject ease insulin syr.....	89	gnp lidocaine pain relief.....	175
ft arthritis pain	183, 184	global insulin syringes.....	89	gnp little ones childrens...187, 191, 193	
ft nicotine	28, 33	GLUCAGEN HYPOKIT.....	8, 133, 150	gnp loratadine.....	13, 171
full spectrum b/vitamin c .	187, 191, 193	glucagon emergency	8, 133, 150	gnp loratadine childrens	13, 170
furosemide.....	52, 93	GLUCOCARD EXPRESSION MONITOR.....	89	gnp mega multi for women	95, 187
FYAVOLV.....	130, 137	GLUCOCARD EXPRESSION TEST	92	gnp miconazorb af.....	176
FYCOMPA.....	60	GLUCOCARD SHINE.....	89	gnp naproxen sodium....65, 76, 81, 150	
g tussin ac.....	164, 166	GLUCOCARD SHINE TEST.....	92	gnp nasal decongestant	25, 163
gabapentin.....	58, 60, 73	GLUCOCARD SHINE XL.....	89	gnp nasal moisturizing.....	106, 168
galantamine hydrobromide	31	GLUCOCARD SHINE XL.....	89	gnp natural fiber	113
galantamine hydrobromide er.....	31	glucosamine sulfate.....	160	gnp nicotine.....	28, 33
GALBRIELA.....	125, 130, 137	glucose.....	123	gnp nicotine mini	28, 33
GARDASIL 9.....	24	glucoten.....	95, 187	gnp nicotine polacrilex.....	28, 33
gas relief.....	110	GLUTOSE 15.....	123	gnp olopatadine hcl	11, 100
gas relief extra strength	110	GLUTOSE 45.....	123	gnp omeprazole.....	119
gatifloxacin.....	100	glyburide.....	143	gnp one daily mens health 50+ .95, 187	
gavilax.....	113	glyburide micronized.....	143	gnp one daily mens/lycopene	95, 187
GAVILYTE-C.....	113	glyburide-metformin.....	124, 143	gnp one daily womens.....	95, 187
GAVILYTE-G.....	113	GLYCOLAX.....	113	gnp one daily womens health	95, 187
GAVILYTE-N WITH FLAVOR PACK	113	glycopyrrolate	27, 175	gnp one daily womens health	95, 187
GEL-KAM.....	85, 152	GLYDO.....	175	gnp tab tussin	166
gemfibrozil.....	51	GLYXAMBI.....	129, 142	gnp terbinafine hydrochloride	14, 173
GEMMILY.....	125, 130, 137	gnp 24 hour nasal allergy	104, 166, 169	gnp tolnaftate.....	185
GEMTESA.....	186	gnp adapalene.....	161, 181, 184	gnp tussin dm cough	164, 166
GENERESS FE.....	125, 130, 137	gnp all day allergy.....	13, 170	gnp ulticare pen needles	89
generlac.....	92	gnp all day allergy childrens	13, 170	gnp ultra com insulin syringe.....	89
genicin.....	160	gnp all day allergy-d.....	13, 25	GOCOVRI.....	14, 28, 56
GENOTROPIN.....	135, 142	gnp allergy .. 9, 10, 28, 59, 67, 164, 168		goodsense all day allergy	13, 171
GENOTROPIN MINIQUICK....	135, 142	gnp allergy & congestion	13, 25	goodsense aller-ease	13, 171
gentamicin sulfate.....	15, 100, 173	gnp allergy relief	13, 170	goodsense clickfine pen needle	89
GENTEAL TEARS.....	106	gnp allergy/congestion relief.....	13, 25	GOODSENSE ESOMEPRAZOLE..	119
gentle laxative.....	113	gnp antacid extra strength	109, 112	goodsense lansoprazole.....	119
gentlelax.....	113	gnp aspirin.....	38, 39, 65, 82	goodsense nicotine	28, 33
GENVOYA.....	18, 19	gnp calcium 500 +d3	95, 194	GRALISE.....	58, 60, 73
GEODON.....	63, 69	gnp childrens chewables/iron ...	37, 187	granisetron hcl.....	108
geri-dryl.....	9, 10, 28, 59, 67, 164, 167	GNP CLEARLAX.....	113	griseofulvin microsize	15
		gnp clickfine pen needles	89	griseofulvin ultramicrosize	15
		gnp clotrimazole 3.....	176	guaiaatussin ac	164, 166
		gnp cold/cough childrens	10, 12, 26, 164	guaifenesin	166
				guaifenesin ac	164, 166

guaifenesin er	166	hm loratadine	13, 171	hydrocortisone-acetic acid.....	104, 106, 121, 179
guaifenesin-codeine	164, 166	hm loratadine childrens.....	13, 171	hydrogen peroxide.....	182
guaifenesin-dm	164, 166	hm nicotine	29, 33	hydromet	27, 164
guanfacine hcl.....	47, 51, 71	hm nicotine polacrilex	29, 33	hydromorphone hcl.....	78
guanfacine hcl er.....	71	hm stool softener/laxative	113	hydromorphone hcl er.....	78
GUMMI BEAR MULTIVITAMIN/MIN	95, 187, 193	HOMATROPAIRE.....	107	hydroxychloroquine sulfate.....	15, 145, 154, 157
GVOKE HYPOPEN 1-PACK.....	8, 133, 150	HONEY BEARS.....	188	hydroxyurea.....	22
GVOKE HYPOPEN 2-PACK.....	8, 133, 150	HONEY BEARS W/IRON-ZINC	37, 188	hydroxyzine hcl.....	10, 11, 67
GVOKE KIT.....	8, 133, 150	HORIZANT	58, 60, 73	hydroxyzine pamoate	10, 11, 67
GVOKE PFS	8, 133, 150	HULIO.....	116, 148, 154, 157	hyoscyamine sulfate	8, 27, 163
HABITROL	29, 33	HULIO (2 PEN).....	116, 148, 154, 157	hyoscyamine sulfate er.....	8, 27, 163
HADLIMA.....	116, 148, 154, 157	HUMALOG	140, 141	hyprost.....	160
HADLIMA PUSHTOUCH	116, 148, 154, 157	HUMALOG JUNIOR KWIKPEN.....	140	HYRIMOZ.....	116, 148, 154, 157
HAEGARDA.....	152	HUMALOG KWIKPEN	141	HYRIMOZ-CROHNS/UC STARTER	..... 116, 148, 154, 157
HAILEY 1.5/30	125, 130, 137	HUMALOG MIX 50/50	141	HYRIMOZ-PED<40KG CROHN	STARTER..... 116, 148, 154, 157
HAILEY 24 FE.....	125, 130, 137	HUMALOG MIX 50/50 KWIKPEN..	141	HYRIMOZ-PED>/=40KG CROHN	START
HAILEY FE 1.5/30.....	125, 130, 137	HUMALOG MIX 75/25	141	START	116, 148, 154, 157
HAILEY FE 1/20.....	125, 130, 137	HUMALOG MIX 75/25 KWIKPEN..	141	HYRIMOZ-PLAQ PSOR/UVEIT START	..... 116, 149, 154, 157
hair/skin/nails	95, 188	HUMALOG TEMPO PEN	141	HYRIMOZ-PLAQUE PSORIASIS	START
HALOETTE	125, 130, 137	HUMATE-P	36	START	117, 149, 154, 157
haloperidol	71	HUMATROPE.....	135, 142	HYSINGLA ER	78
haloperidol decanoate.....	71	HUMIRA (1 PEN)....	116, 148, 154, 157	HYZAAR.....	40, 98
haloperidol lactate.....	71	HUMIRA (2 PEN)....	116, 148, 154, 157	ibandronate sodium.....	151
HARVONI.....	18	HUMIRA (2 SYRINGE) ..	116, 148, 154, 157	IBSRELA	117
HAVRIX	24	HUMIRA-CD/UC/HS STARTER ...	116, 148, 154, 157	IBU	65, 77, 81
headache relief	58, 75, 80, 82	HUMIRA-PED<40KG CROHNS	STARTER	ibuprofen	65, 77, 81
healthy eyes.....	95, 188	STARTER	116, 148, 154, 157	ibuprofen childrens	65, 77, 81
HEALTHY MAMA EAZZE THE PAIN	..... 9, 10, 58, 67, 75	HUMIRA-PED>/=40KG CROHNS	START	ibuprofen junior strength.....	65, 77, 81
HEALTHY MAMA SHAKE THAT ACHE	..... 58, 65, 75	START	116, 148, 154, 157	ibuprofen-famotidine.....	77, 81, 118
HEALTHYLAX.....	113	HUMIRA-PSORIASIS/UVEIT	STARTER	ICAPS.....	95, 188
heartburn relief.....	11, 118	STARTER	116, 148, 154, 157	ICAPS LUTEIN & OMEGA-3	95, 188
heartburn relief max st	11, 118	HUMULIN 70/30	134, 141	icatibant acetate	44, 152
HEATHER.....	125, 137	HUMULIN 70/30 KWIKPEN....	134, 141	ICLEVIA.....	125, 130, 137
h-e-b incontrol alcohol.....	89	HUMULIN N.....	134	icosapent ethyl	42, 53
h-e-b incontrol pen needles	89	HUMULIN N KWIKPEN	134	IDACIO (2 PEN)	117, 149, 154, 157
HEMANGEOL	30, 42, 47, 48, 53, 65	HUMULIN R.....	141	IDACIO (2 SYRINGE).....	117, 149, 154, 157
HEMLIBRA.....	36	HUMULIN R U-500	(CONCENTRATED).....	IDACIO-CROHNS/UC STARTER ..	117, 149, 154, 158
HEMOFIL M.....	36	.....	142	IDACIO-PSORIASIS STARTER.....	117, 149, 154, 158
hemorrhoidal cooling.....	26, 175, 178	HUMULIN R U-500 KWIKPEN	142	IDELVION.....	36
HEPLISAV-B.....	24	hydralazine hcl.....	51	IDOSE TR	107
HETLIOZ.....	67, 74	hydrochlorothiazide.....	54, 98	ILARIS	20, 58, 160, 168
HETLIOZ LQ.....	67, 74	hydrocodone bitartrate er.....	78	ILEVRO	107
HIBERIX.....	24	hydrocodone bit-homatrop mbr.	27, 164	ILUMYA	180, 184
hm allergy relief.....	13, 171	hydrocodone-acetaminophen	58, 75, 78	ILUVIEN	104, 179
hm allergy relief/nasal decong ..	13, 25	hydrocortisone	104, 121, 177, 179	imipramine hcl	85
hm cetirizine hcl	13, 171	hydrocortisone (perianal)	104, 121, 179	imiquimod	174, 184
hm complete men	95, 188	hydrocortisone max st....	104, 121, 179	IMITREX.....	83
hm complete women.....	95, 188	hydrocortisone valerate ..	104, 121, 179		
hm fexofenadine hcl.....	13, 171	hydrocortisone/aloec max str...	104, 121, 179		

IMITREX STATDOSE REFILL	83	irbesartan.....	40	KAPSPARGO SPRINKLE	33, 43, 47,
IMITREX STATDOSE SYSTEM	83	irbesartan-hydrochlorothiazide ...	40, 98	48, 53	
IMURAN.....	144, 154, 158, 159	iron.....	37	KARIVA	126, 131, 137
INBRIJA	72	iron 100 plus	37, 191, 193	KATERZIA.....	50, 51, 55
INCASSIA	125, 137	iron supplement childrens.....	37	KELNOR 1/35.....	126, 131, 137
IN-CHECK INSPIRATORY FLOW MTR		ISENTRESS	18	KELNOR 1/50.....	126, 131, 137
.....	89	ISENTRESS HD	18	KEPPRA.....	60
INCRUSE ELLIPTA	27, 163	ISIBLOOM	125, 130, 137	KEPPRA XR.....	60
indapamide	55, 99	isoniazid.....	16	KERALYT	181
INDERAL LA.....	30, 42, 47, 48, 53, 65	isopropyl alcohol.....	182	KERR INSTA-CHAR.....	109
INDERAL XL.....	30, 42, 47, 48, 53, 65	isosorbide dinitrate.....	53	KERYDIN	183
INDOCIN.....	77, 81, 150	isosorbide mononitrate	53	KESIMPTA	147, 158
indomethacin.....	77, 81, 150	isosorbide mononitrate er	53	ketoconazole	16, 176
indomethacin er	77, 81, 150	isotretinoin	181, 184	KETO-DIASTIX	92
INFANTS ADVIL	65, 77, 81	isradipine	50, 51	ketone test.....	92
infants ibuprofen	65, 77, 81	ISTALOL.....	30, 42, 48, 102	ketoprofen	66, 77
INFLECTRA... 117, 145, 149, 154, 158,	184	itraconazole	16	ketoprofen er	66, 77
infiximab. 117, 145, 149, 154, 158, 184		iv prep wipes.....	182	ketorolac tromethamine.....	77, 81, 107
INNOPRAN XL.... 30, 42, 47, 48, 53, 65		ivabradine hcl	46, 55	KETOSTIX.....	92
INPEFA	54, 142	IXINITY	36	ketotifen fumarate.....	11, 100
insulin asp prot & asp flexpen	141	IYUZEH	107	KEVZARA.....	146, 154
insulin aspart.....	141	JAIMIESS	125, 130, 137	kimono.....	161
insulin aspart flexpen	141	JALYN	31, 149	KIMONO COLORS.....	161
insulin aspart penfill	141	JANTOVEN	34	KIMONO MAXX-LARGE FLARE ...	161
insulin aspart prot & aspart	141	JANUMET	124, 129	kimono micro thin	161
insulin degludec	134	JANUMET XR.....	124, 129	kimono micro thin plus.....	161
insulin degludec flextouch.....	134	JANUVIA	129	kimono plus	161
insulin glargine max solostar.....	134	JARDIANCE	142	kimono ps	161
insulin glargine solostar	134	JASMIEL.....	125, 131, 137	kimono ps plus	161
insulin glargine-yfgn	134	JENCYCLA.....	125, 137	kimono sensation	161
insulin lispro	141	JENTADUETO.....	124, 129	kimono sensation plus	161
insulin lispro (1 unit dial)	141	JENTADUETO XR.....	124, 129	KIMONO SPECIAL.....	161
insulin lispro junior kwikpen	141	JINTELI.....	131, 137	KINERET	146, 154, 158
insulin lispro prot & lispro	141	JIVI	36	KITABIS PAK (W/ NEBULIZER) 15,	100
insulin syringe	89	jock itch.....	176	KLOR-CON M10	95
insulin syringe-needle u-100	89	jock itch spray powder	185	KLOR-CON M20	95
insupen pen needles.....	89	JOLESSA	126, 131, 137	KLOXXADO.....	8, 78
INSUPEN SENSITIVE	89	JORNAY PM.....	80	KLS ALLER-TEC.....	13, 171
INSUPEN ULTRAFIN	89	JOYEAX.....	126, 131, 137	kls diclofenac sodium	183, 184
intense toothache pain relief ...	107, 175	JUBLIA	176	kls esomeprazole magnesium	119
INTROVALE.....	125, 130, 137	JULEBER	126, 131, 137	kls lansoprazole.....	119
INTUNIV.....	71	JULUCA.....	18	KLS LAXACLEAR	113
INVEGA	69	JUNEL 1.5/30	126, 131, 137	kls mucus relief chest	166
INVEGA HAFYERA	69	JUNEL 1/20	126, 131, 137	kls omeprazole	119
INVEGA SUSTENNA.....	69	JUNEL FE 1.5/30.....	126, 131, 137	KLS QUIT2.....	29, 33
INVEGA TRINZA	69	JUNEL FE 1/20.....	126, 131, 137	KLS QUIT4	29, 33
INVELTYS.....	104	JUNEL FE 24.....	126, 131, 137	kmart valu insulin syringe 29g	89
INVOKAMET.....	124, 142	JYNNEOS.....	24	KOATE	36
INVOKAMET XR.....	124, 142	KAITLIB FE.....	126, 131, 137	KOATE-DVI	36
INVOKANA	142	KALBITOR.....	52, 152, 160	KOGENATE FS	36
IOPIDINE	99, 106	KALLIGA.....	126, 131, 137	KONVOMEPEP.....	109, 119
IPOL.....	24	KAMELEON LUBRICATED	161	KOVALTRY	36
ipratropium bromide	27, 163	KAOPECTATE EXTRA STRENGTH		kp adults 50+ daily formula.....	96, 188
ipratropium-albuterol	27, 32, 163	.....	109, 110, 112	kp b complex-c	188, 191, 193
				kp folic acid.....	191

kp ketotifen fumarate 11, 100
 kp mag-oxide magnesium 96
 kp mens daily formula 96, 188
 kp omeprazole magnesium 119
 KP VISION FORMULA/LUTEIN 96, 188
 kp womens 50+ daily formula ... 96, 188
 kp womens daily formula 96, 188
 K-PAX IMMUNE PROFESSIONAL ST
 96, 188
 kpn prenatal 37, 96, 188, 191
 KURVELO 126, 131, 137
 K-Y ME & YOU EXTRA LUBRICATED
 162
 K-Y ME & YOU INTENSE 162
 KYLEENA 123, 126, 137
 labetalol hcl... 30, 31, 39, 43, 47, 48, 53
 LAC-HYDRIN FIVE 177
 lacosamide 60, 73
 lactase enzyme 115
 lactic acid 177
 lactose fast acting relief 115
 lactulose 92
 LAGEVRIO 20
 LAMICTAL 61, 63
 LAMICTAL ODT 61, 63
 LAMICTAL STARTER 61, 63
 LAMICTAL XR 61, 63
 lamivudine 19
 lamotrigine 61, 63
 lamotrigine er 61, 63
 lamotrigine starter kit-blue 61, 63
 lamotrigine starter kit-green 61, 63
 lamotrigine starter kit-orange 61, 63
 lansoprazole 119
 lanthanum carbonate 93, 150
 LANTUS 134
 LANTUS SOLOSTAR 134
 LARIN 1.5/30 126, 131, 137
 LARIN 1/20 126, 131, 137
 LARIN 24 FE 126, 131, 137
 LARIN FE 1.5/30 126, 131, 137
 LARIN FE 1/20 126, 131, 137
 latanoprost 107
 LATUDA 69
 laxacin 113
 laxative 113
 LAYOLIS FE 126, 131, 137
 l-carnitine 93
 leader insulin syringe 89
 ledipasvir-sofosbuvir 18
 LEENA 126, 131, 137
 leflunomide 146, 154, 158, 160
 LEMTRADA 147, 158
 LEQVIO 42, 54
 LESCOL XL 52
 LESSINA 126, 131, 137
 LETAIRIS 55, 166, 172
 letrozole 22, 123
 leucovorin calcium 9, 150, 191
 LEUKERAN 22
 levalbuterol hcl 32, 171
 levalbuterol tartrate 32, 171
 levamlodipine maleate 50, 51, 55
 levetiracetam 61
 levetiracetam er 61
 levobunolol hcl 102
 levocarnitine (dietary) 93
 levocetirizine dihydrochloride 13
 levofloxacin 16, 21, 173
 LEVONEST 126, 131, 137
 levonorgest-eth est & eth est. 126, 131,
 137
 levonorgest-eth estrad 91-day 126, 131,
 137
 levonorgest-eth estradiol-iron 126, 131,
 138
 levonorgestrel 123, 126, 138
 levonorgestrel-ethinyl estrad.. 126, 131,
 138
 levonorg-eth estrad triphasic . 126, 131,
 138
 LEVORA 0.15/30 (28)..... 126, 131, 138
 LEVO-T 143
 levothyroxine sodium 143
 LEVOXYL 143
 LEXAPRO 84
 l-glutamine 160, 184
 LIALDA 111
 LIBERVANT 70
 LICART 77
 lice killing 183
 lice killing maximum strength 183
 lice treatment 183
 lidocaine 175
 lidocaine hcl 175
 lidocaine hcl urethral/mucosal 175
 lidocaine pain relief 175
 lidocaine plus 175
 lidocaine viscous hcl 107
 lidocaine-prilocaine 175
 LILETTA (52 MG) 123, 126, 138
 linezolid 21
 LINZESS 117
 liothyronine sodium 143
 LIPIITOR 52
 LIPOFEN 51
 LIQREV 54, 169, 186
 liquid acetaminophen 58, 66, 75
 liquid corn & callus remover 181
 liquid pain relief 58, 66, 75
 liraglutide 59, 133
 lisdexamfetamine dimesylate 57
 lisinopril 41
 lisinopril-hydrochlorothiazide 41, 98
 LITETOUCH INSULIN SYRINGE 89
 LITETOUCH PEN NEEDLES 89
 lithium 63
 lithium carbonate 63
 lithium carbonate er 63
 LITTLE REMEDIES FOR FEVER 58,
 66, 75
 LITTLE REMEDIES FOR TUMMYS 111
 LIVALO 52
 LO LOESTRIN FE 126, 131, 138
 LOESTRIN 1.5/30 (21) 126, 131, 138
 LOESTRIN 1/20 (21) 126, 131, 138
 LOESTRIN FE 1.5/30 126, 131, 138
 LOESTRIN FE 1/20 126, 131, 138
 LOFENA 77
 LOHIST-D 10, 12, 25
 LOJAIMIESS 126, 131, 138
 LOKELMA 93
 lomustine 22
 long acting nasal spray 108
 longs insulin syringe 89
 loperamide hcl 110
 LOPID 52
 lopinavir-ritonavir 19
 LOPRESSOR 33, 43, 47, 48, 53
 LOPROX 180, 184
 loratadine 13, 171
 loratadine childrens 13, 171
 loratadine-d 12hr 13, 26
 loratadine-d 24hr 13, 26
 lorazepam 70
 LORYNA 126, 131, 138
 losartan potassium 40
 losartan potassium-hctz 40, 98
 LOTEMAX 105
 LOTEMAX SM 105
 LOTENSIN 41
 LOTENSIN HCT 41, 98
 loteprednol etabonate 105
 LOTREL 41, 50
 LOTRIMIN AF 176
 LOTRIMIN AF DEODORANT
 POWDER 176
 LOTRIMIN AF JOCK ITCH POWDER
 177
 LOTRONEX 111
 lovastatin 52
 LOVENOX 36, 37
 LOW-OGESTREL 126, 131, 138
 loxapine succinate 67, 72
 LO-ZUMANDIMINE 126, 131, 138

lubiprostone	114, 117	MAVENCLAD (8 TABS)...	23, 144, 158, 160	methadone hcl.....	78
lubricant eye drops pf.....	106	MAVENCLAD (9 TABS)...	23, 144, 158, 160	METHERGINE	162
lubricating eye drops.....	106	MAVYRET	18	methimazole	124
lubricating tears eye drops.....	106	MAXALT	83	methocarbamol.....	18, 29
LUIZZA 1.5/30.....	126, 131, 138	MAXALT-MLT	83	methotrexate sodium	23, 145, 154, 158, 160
luliconazole	177	MAXI-COMFORT INSULIN SYRINGE	89	methsuximide	84
LUMIGAN.....	107	MAXI-COMFORT SAFETY PEN NEEDLE.....	89	methyl dopa.....	26, 47, 51
LUNESTA	67, 74	MAXIDEX	105	methylergonovine maleate	162
lurasidone hcl.....	69	maxx	162	METHYLIN	80
LUTERA.....	126, 131, 138	maxx plus	162	methylphenidate	80
LUZU	177	MAYZENT	147, 158	methylphenidate hcl	80
LYBALVI	63, 69, 110	MAYZENT STARTER PACK..	147, 158	methylphenidate hcl er	80
LYLEQ	126, 138	meclizine hcl.....	10, 111	methylphenidate hcl er (cd)	80
LYRICA.....	61, 72, 73	meclofenamate sodium.....	77, 81	methylphenidate hcl er (la)	80
LYRICA CR.....	58, 72, 73	medicated anti-fungal	185	methylphenidate hcl er (osm)	80
LYSIPLEX PLUS.....	96, 188	MEDI-FIRST ASPIRIN... ..	38, 39, 66, 82	methylphenidate hcl er (xr)	80
LYSODREN	22	MEDI-FIRST IBUPROFEN ...	66, 77, 81	methylprednisolone	121
LYUMJEV	141	medi-laxx	113	metoclopramide hcl	118
LYUMJEV KWIKPEN.....	141	MEDI-PAK PERFORMANCE PLUS ABD	184	metolazone.....	55, 99
LYUMJEV TEMPO PEN	141	MEDIPROXEN.....	66, 77, 81, 150	metoprolol succinate er ..	33, 43, 47, 48, 53
LYZA.....	126, 138	MEDIQUE ASPIRIN.....	38, 39, 66, 82	metoprolol tartrate	33, 43, 47, 48, 53
MACUVITE/LUTEIN.....	96, 188	MEDPURA HYDROCORTISONE .	105, 121, 179	metoprolol-hydrochlorothiazide ..	43, 47, 98
mag-al plus xs.....	109, 111	MEDROL	121	metronidazole	14, 16, 20, 112, 174
MAGELLAN INSULIN SAFETY SYR	89	medroxyprogesterone acetate	126, 138	mexiletine hcl.....	48
mag-g.....	96	mefenamic acid.....	77, 81	mgo	96
magnesium	96	mefloquine hcl.....	15	MIBELAS 24 FE	127, 131, 138
magnesium citrate.....	113	mega multiple/chelated mineral	118, 188	MICARDIS.....	40
magnesium gluconate.....	96	megestrol acetate	23, 138	MICARDIS HCT	40, 98
magnesium lactate.....	96	meijer anti-diarrheal	110	miconazole 3	177
magnesium oxide (antacid).....	109, 112	meijer zinc oxide	175	miconazole 3 combo pack.....	177
magnesium oxide -mg supplement ..	96, 109, 112	MELEYA	126, 138	miconazole 7	177
MAGNESIUM-OXIDE	96	meloxicam	77, 81	miconazole antifungal.....	177
malathion	183	melphalan	23	miconazole nitrate	177
mapap.....	58, 66, 75	memantine hcl	71	miconazole-zinc oxide-petrolat	175, 177, 179
MAPAP ACETAMINOPHEN EXTRA STR.....	58, 66, 75	memantine hcl er	71	MICROCHAMBER.....	89
mapap arthritis pain	58, 66, 75	MENQUADFI	24	MICRODOT PEN NEEDLE	89
MAPAP CHILDRENS.....	58, 66, 75	MENVEO	24	MICROGESTIN 1.5/30	127, 131, 138
MAPO BATH.....	177	meprobamate	67, 74	MICROGESTIN 24 FE.....	127, 131, 138
maraviroc	18	mercaptapurine.....	23, 145, 160	MICROGESTIN FE 1.5/30.....	127, 131, 138
marlissa	126, 131, 138	MERILOG	141	MICROGESTIN FE 1/20..	127, 131, 138
MATULANE	22	MERILOG SOLOSTAR.....	141	MICROLET NEXT LANCING DEVICE	89
MATZIM LA.....	44, 45, 46, 49, 55	MERZEE.....	126, 131, 138	MICROSPACER.....	89
MAVENCLAD (10 TABS) .	22, 144, 158, 160	mesalamine	111	MIEBO.....	101, 106
MAVENCLAD (4 TABS) ...	23, 144, 158, 160	mesalamine er	111	mifepristone.....	123, 162
MAVENCLAD (5 TABS) ...	23, 144, 158, 160	mesalamine-cleanser.....	111	miglitol	122
MAVENCLAD (6 TABS) ...	23, 144, 158, 160	METAMUCIL.....	113	migraine relief.....	58, 75, 80, 82
MAVENCLAD (7 TABS) ...	23, 144, 158, 160	metformin hcl	124	MILI	127, 131, 138
		metformin hcl er.....	124	milk of magnesia	113

MINASTRIN 24 FE.....	127, 131, 138	multi for her 50+.....	96, 188	naproxen sodium.....	66, 77, 81, 151
mineral oil.....	113	MULTI FOR HIM.....	96, 188	naproxen sodium er.....	66, 77, 81, 151
mineral oil heavy.....	113	multi for him 50+.....	96, 188	naproxen-esomeprazole.....	81, 119
mineral oil light.....	113	multi prenatal.....	37, 188, 191	naproxen-esomeprazole mg77, 81, 119	
MINIMED 630G GUARDIAN PRESS	89	MULTIGEN.....	37, 38, 93, 160, 191	naratriptan hcl.....	83
minocycline hcl.....	15, 22, 100, 174	MULTIGEN FOLIC.....	37, 93, 160, 191, 193	NARCAN.....	8, 79
minoxidil.....	51, 178	MULTIGEN PLUS.....	37, 93, 161, 191, 193	nasal decongestant spray.....	108
mintox maximum strength.....	109, 111	multiple vit/minerals/no iron.....	96, 188	nasal four.....	26, 107, 108
mirabegron er.....	186	multiple vitamins.....	188	nasal spray.....	108
MIRAPEX ER.....	74	multiple vitamins/womens.....	96, 188	nasal spray extra moisturizing.....	108
MIRCERA.....	35	multiple vitamins-minerals.....	96, 188	NATACYN.....	101
MIRENA (52 MG).....	123, 127, 138	multi-purpose solution.....	103	NATAZIA.....	127, 132, 138
mirtazapine.....	62, 84	multivitamin.....	96, 188	NATROBA.....	183
misoprostol.....	118	multivitamin & mineral.....	96, 188	natural oatmeal bath treatment.....	179
mm insulin syringe/needle.....	89	multivitamin adult.....	188	natural psyllium seed.....	113
M-M-R II.....	24	multivitamin childrens.....	188	natural senna laxative.....	113
m-natal plus.....	37, 188, 191	multivitamin childrens (w/ fa).....	188, 191, 193	NAYZILAM.....	70
MNEXSPIKE.....	24	multi-vitamin hp/minerals.....	118, 188	neбиволоl hcl.....	30, 43, 47, 48
modafinil.....	85	multivitamin men.....	96, 188	NECON 0.5/35 (28).....	127, 132, 138
moexipril hcl.....	41	multivitamin men 50+.....	96, 188	NECON 1/35 (28).....	127, 132, 138
MOISTURE EYES.....	106	multivitamin women.....	96, 188	nefazodone hcl.....	84
mometasone furoate.....	105, 121, 166, 169, 179	multivitamin women 50+.....	96, 188	NEFFY.....	26
MONDOXYNE NL.....	15, 22, 174	multivitamin/fluoride.....	85, 152, 188, 191	NEMLUVIO.....	180
MONISTAT 3.....	177	multi-vitamin/fluoride/iron.....	37, 152, 188	neomycin-polymyxin-dexameth.....	101, 105
MONISTAT CARE INSTANT ITCH RLF.....	105, 121, 179	multi-vitamin/minerals.....	96, 188	neomycin-polymyxin-gramicidin.....	101
MONOJECT INSULIN SYRINGE.....	89	multi-vitamins.....	188	neomycin-polymyxin-hc.....	101, 105
MONOJECT ULTRA COMFORT SYRINGE.....	90	mupirocin.....	174	NEO-POLYCIN.....	101
MONO-LINYAH.....	127, 132, 138	mupirocin calcium.....	174	NEO-POLYCIN HC.....	17, 101, 105, 174
montelukast sodium.....	168	MURO 128.....	106	NEORAL.....	101, 144, 154, 158, 160
morphine sulfate.....	78	MY CHOICE.....	123, 127, 138	NEOSPORIN ORIGINAL.....	17, 101, 174
morphine sulfate (concentrate).....	78	MY WAY.....	123, 127, 138	NEUAC.....	20, 174, 182
morphine sulfate er.....	78	mycophenolate mofetil.....	144, 160	NEUPRO.....	74
morphine sulfate er beads.....	78	mycophenolate sodium.....	160	NEURONTIN.....	58, 61, 73
MOTEGRITY.....	117	MYDAYIS.....	57	NEUTROGENA RAPID CLEAR.....	181
motion sickness relief.....	10, 111	MYFORTIC.....	160	NEVANAC.....	107
motion-time.....	10, 111	MYHIBBIN.....	160	nevirapine.....	18
MOTPOLY XR.....	61, 73	MYLERAN.....	23	nevirapine er.....	18
MOUNJARO.....	133	MYNEPHRON.....	188, 191, 193	NEW DAY.....	123, 127, 138
MOVANTIK.....	117, 118	MYRBETRIQ.....	186	NEXIUM.....	119
moxifloxacin hcl.....	16, 21, 22, 101, 174	MYSOLINE.....	70	NEXIUM 24HR.....	119
moxifloxacin hcl (2x day).....	21, 101	nabumetone.....	77, 81	NEXIUM 24HR CLEAR MINIS.....	119
MRESVIA.....	24	nadolol.....	30, 33, 39, 43, 47, 48, 53	NEXLETOL.....	39, 42
MS CONTIN.....	78	naftifine hcl.....	173	NEXLIZET.....	39, 42, 47
MUCINEX SINUS-MAX CLEAR & COOL.....	108	NAFTIN.....	173	NEXPLANON.....	123, 127, 138
mucosa.....	166	NALFON.....	77, 81	NEXTSTELLIS.....	127, 132, 138
mucus relief.....	167	naloxone hcl.....	8, 78, 79, 150	NGENLA.....	135
mucus relief d.....	26, 167	naltrexone hcl.....	8, 33, 79, 149, 150	niacin.....	191
mucus relief dm.....	164, 167	NAMENDA.....	71	niacin (antihyperlipidemic).....	42, 191
mucus relief dm max.....	164, 167	NAMENDA TITRATION PAK.....	71	niacin er.....	42, 191
mucus relief er.....	167	NAMZARIC.....	31, 71, 72	niacin er (antihyperlipidemic).....	42, 191
multi complete/iron.....	96, 188	NAPRELAN.....	66, 77, 81, 151	nicardipine hcl.....	50, 51, 56
		NAPROSYN.....	66, 77, 81, 151	NICODERM CQ.....	29, 33
		naproxen.....	66, 77, 81, 151	NICORELIEF.....	29, 33
				NICORETTE.....	29, 33

NICORETTE MINI.....	29, 33	NORVIR.....	19	OCUFLOX.....	22, 101
NICORETTE STARTER KIT	29, 33	NOURIANZ	57, 72	ocutabs-lutein	96, 188
nicotine	29, 34	novavax covid-19 vaccine.....	24	OCUVITE-LUTEIN	96, 188
nicotine mini	29, 33	NOVOEIGHT	36	ODEFSEY	19, 20
nicotine polacrilex	29, 34	NOVOFINE	90	odor control foot & sneaker	185
nicotine polacrilex mini.....	29, 33	NOVOFINE AUTOCOVER PEN		ofloxacin	22, 101
nicotine step 1.....	29, 34	NEEDLE.....	90	OHTUVAYRE	166
nicotine step 2.....	29, 34	NOVOFINE PEN NEEDLE	90	olanzapine.....	63, 69, 110
nicotine step 3.....	29, 34	NOVOFINE PLUS.....	90	olanzapine-fluoxetine hcl	63, 69, 84,
NICOTROL	29, 34	NOVOFINE PLUS PEN NEEDLE	90	110	
NICOTROL NS	29, 34	NOVOLIN 70/30.....	134, 142	olmesartan medoxomil	40
nifedipine	50, 51, 56	NOVOLIN 70/30 FLEXPEN ...	134, 142	olmesartan medoxomil-hctz.....	40, 98
nifedipine er	50, 51, 56	NOVOLIN 70/30 FLEXPEN RELION		olmesartan-amlodipine-hctz ..	40, 50, 99
nifedipine er osmotic release	50, 51, 56	.....	134, 142	olopatadine hcl	11, 100
night time pain medicine ex st	9, 10, 58,	NOVOLIN 70/30 RELION	134, 142	OLUMIANT	146, 155
68, 75		NOVOLIN N	134	omega-3	161
nighttime sleep aid	9, 10, 28, 59, 68,	NOVOLIN N FLEXPEN.....	134	omega-3 fish oil.....	161
164, 168		NOVOLIN N FLEXPEN RELION ...	134	omega-3-acid ethyl esters	42, 53
NIKKI	127, 132, 138	NOVOLIN N RELION.....	134	omeprazole.....	119
nimodipine.....	50, 51, 56	NOVOLIN R.....	142	omeprazole magnesium	119
nisoldipine er	50, 51	NOVOLIN R FLEXPEN.....	142	omeprazole-sodium bicarbonate ...	109,
nitrofurantoin	22	NOVOLIN R FLEXPEN RELION ...	142	119	
nitrofurantoin macrocrystal.....	22	NOVOLIN R RELION.....	142	OMNARIS.....	105, 121, 166
nitroglycerin.....	53	NOVOLOG	141	omnicap.....	188
NITRO-TIME	53	NOVOLOG 70/30 FLEXPEN RELION		OMNIFLEX DIAPHRAGM	162
NIVA-PLUS	37, 188, 191	.....	141	OMNITROPE.....	135, 142
NIVESTYM.....	35	NOVOLOG FLEXPEN	141	OMVOH.....	117, 118
non-aspirin	58, 66, 76	NOVOLOG FLEXPEN RELION	141	once daily	188
non-aspirin extra strength	58, 66, 75	NOVOLOG MIX 70/30	141	ONCOVITE.....	96, 188
non-pseudo sinus decongestant	26	NOVOLOG MIX 70/30 FLEXPEN...	141	ondansetron	108
NORA-BE.....	127, 138	NOVOLOG MIX 70/30 RELION.....	141	ondansetron hcl.....	108
NORDITROPIN FLEXPEN	135, 142	NOVOLOG PENFILL	141	one daily calcium/iron.....	96, 189
norethin ace-eth estrad-fe	127, 132, 139	NOVOLOG RELION	141	one daily for men 50+ advanced	96,
norethindrone.....	127, 139	NOVOLOG RT	36	189	
norethindrone acetate	139	NOVOTWIST	90	one daily for men/lycopene.....	96, 189
norethindrone-eth estradiol	132, 139	NOXAFIL	16	one daily for women	96, 189
norethindron-ethinyl estrad-fe	127, 132,	NP THYROID.....	143	one daily maximum	96, 189
139		NUCALA	164	one daily multivitamin adult	189
norethin-eth estradiol-fe ..	127, 132, 139	NULEV.....	8, 27, 163	one daily multivitamin/iron	37, 189
norgestimate-eth estradiol	127, 132,	NUPERCAINAL	175	one daily womens 50 plus	96, 189
139		NUPLAZID	69	one daily/minerals	96, 189
norgestim-eth estrad triphasic	127, 132,	NURTEC.....	71	ONE-A-DAY ADULT	
139		NUVARING.....	127, 132, 139	VITACRAVES+DHA	189
NORLIQVA	50, 51, 56	nuvaxovid covid-19 vaccine.....	24	ONE-A-DAY ESSENTIAL.....	189
NORLYDA.....	127, 139	NUWIQ	36	ONE-A-DAY MENOPAUSE FORMULA	
NORLYROC.....	127, 139	NYAMYC	21, 183	.....	96, 189
NORPACE CR.....	47	NYLIA 1/35	127, 132, 139	ONE-A-DAY MENS 50+ ADVANTAGE	
NORTREL 0.5/35 (28)	127, 132, 139	NYLIA 7/7/7	127, 132, 139	.....	96, 189
NORTREL 1/35 (21)	127, 132, 139	NYMYO	127, 132, 139	ONE-A-DAY TEEN ADVANTAGE/HER	
NORTREL 1/35 (28)	127, 132, 139	nystatin	21, 183	.....	96, 189
NORTREL 7/7/7	127, 132, 139	nystatin-triamcinolone.....	21, 179, 183	ONE-A-DAY TEEN ADVANTAGE/HIM	
nortriptyline hcl.....	85	obizur.....	36	.....	96, 189
NORVASC	50, 51, 56	OCELLA	127, 132, 139	ONE-A-DAY WOMENS HEALTHY	
		OCREVUS	158	SKIN	96, 189
		OCREVUS ZUNOVO.....	158		

ONE-A-DAY WOMENS PETITES.... 96, 189	oxazepam 71	PEDIACARE CHILDREN .....59, 66, 76
one-daily multi-vitamin 189	OXBRYTA 34	PEDIA-LAX..... 113
ONETOUCH ULTRA..... 92	oxcarbazepine 61, 73	PEDIAPRED.....105, 121
ONETOUCH ULTRA 2..... 90	oxiconazole nitrate..... 177	pediatric electrolyte 97
ONETOUCH ULTRA BLUE TEST 92	OXISTAT 177	peg 3350 113
ONETOUCH ULTRA TEST 92	OXTELLAR XR..... 61, 73	peg 3350-kcl-na bicarb-nacl 113
ONETOUCH VERIO 92	oxybutynin chloride 186	peg-3350/electrolytes 114
ONETOUCH VERIO FLEX SYSTEM 90	oxybutynin chloride er..... 186	PEGASYS .....19, 23, 145, 158
ONEXTON 20, 174, 182	oxycodone hcl..... 78	pen needles..... 90
ONFI 70, 71	oxycodone hcl er..... 78	pen needles 5/16 90
ONGENTYS..... 71	oxycodone-acetaminophen... 58, 76, 78	PENBRAYA..... 24
OPCICON ONE-STEP 123, 127, 139	OXYCONTIN 78	penciclovir 175
OPILL..... 127, 139	oxymorphone hcl er 78	penicillin v potassium..... 20
OPIPZA..... 63, 69	OXYTROL 186	penmenvy 24
OPSUMIT..... 56, 166, 172	OXYTROL FOR WOMEN 186	PENTASA..... 111
OPSYNVI..... 166, 169	OYSCO 500+D 96, 194	PENTIPS 90
OPTICHAMBER DIAMOND..... 90	oyster shell calcium 97	PENTIPS GENERIC PEN NEEDLES90
OPTICHAMBER DIAMOND-LG MASK 90	oyster shell calcium 250+d 97, 194	pentoxifylline er 35
OPTICHAMBER DIAMOND-MD MASK 90	oyster shell calcium 500+d 97, 194	PERFOROMIST .....32, 171
OPTICHAMBER DIAMOND-SM MASK 90	oyster shell calcium/d 97, 194	perindopril erbumine..... 41
OPTI-FREE DAILY CLEANER..... 103	oyster shell calcium/vitamin d ... 97, 194	PERIOGARD ....14, 101, 102, 176, 182
OPTI-FREE REPLENISH 103	OYSTERCAL-D 97, 194	permethrin 183
OPTIMAL D3..... 194	OZEMPIC (0.25 OR 0.5 MG/DOSE)134	perphenazine..... 79
OPTIMAL-D 194	OZEMPIC (1 MG/DOSE) 134	perphenazine-amitriptyline .....79, 85
OPTION 2 123, 127, 139	OZEMPIC (2 MG/DOSE) 134	PERTZYE .....99, 115
OPTIONS GYNOL II CONTRACEPTIVE..... 162	OZURDEX 105	petrolatum white 177
OPVEE 79	PACERONE..... 49	petroleum jelly 177
OPZELURA..... 23, 180, 184	pain & fever childrens 58, 66, 76	petroleum jelly lip treatment..... 177
oral analgesic max st 107, 175	pain & fever infants 58, 66, 76	pharbedryl ...9, 10, 28, 59, 68, 164, 168
oralyte 96	pain relief childrens..... 58, 66, 76	PHARBETOL EXTRA STRENGTH ..59, 66, 76
ORAVIG 177	pain relief extra strength 58, 66, 76	PHARMACIST CHOICE DICLOFENAC.....183, 184
ORENCIA..... 144, 155, 158	pain relief pm extra strength .. 9, 10, 58, 68, 76	phenazopyridine hcl 175
ORENCIA CLICKJECT ... 144, 155, 158	pain reliever 58, 66, 76	phenelzine sulfate 74
ORENITRAM 56, 170, 172	pain reliever extra strength .. 58, 66, 76, 80, 82	phenobarbital..... 70
ORENITRAM MONTH 1 ... 56, 169, 172	pain reliever plus..... 58, 76, 80, 82	phenylephrine hcl .....107, 108
ORENITRAM MONTH 2 ... 56, 169, 172	pain reliever pm 9, 10, 59, 68, 76	PHENYTEK .....48, 73
ORENITRAM MONTH 3 ... 56, 169, 172	pain reliever pm ex st.. 9, 10, 58, 68, 76	phenytoin .....48, 73
ORLADEYO 52, 152, 160	pain reliever/fever reducer 59, 66, 76	PHENYTOIN INFATABS .....48, 73
orlistat 117	pain-off..... 59, 76, 80, 82	phenytoin sodium extended.....48, 73
orphenadrine citrate er 29, 33, 59	paliperidone er 69	PHEXXI 162
ORSYTHIA..... 127, 132, 139	PAMPRIN MAX..... 59, 76, 80, 82	PHILITH.....127, 132, 139
ORTHO TRI-CYCLEN LO..... 127, 132, 139	PANCREAZE..... 99, 115	PHILLIPS..... 114
OS-CAL CALCIUM + D3..... 96, 194	pantoprazole sodium 119	PHILLIPS MILK OF MAGNESIA ... 114
oscimin..... 8, 27, 163	PARAGARD INTRAUTERINE COPPER..... 162	PHILLIPS STOOL SOFTENER..... 114
oseltamivir phosphate 20	paroxetine hcl 84	phytonadione .....8, 150, 195
OTEZLA..... 147, 155, 158, 184	paroxetine hcl er 84	pilocarpine hcl .....31, 107
OVACE PLUS 174	paroxetine mesylate..... 84	pimecrolimus .....160, 180, 184
OVIDE..... 183	PAXIL 84	pimozide .....67, 72
oxaprozin 77, 82	PAXIL CR 84	PIMTREA .....127, 132, 139
	PAXLOVID (150/100) 16, 17	pindolol .....30, 43, 47, 48, 53
	PAXLOVID (300/100 & 150/100) 16, 17	pink bismuth .....109, 110, 112
	PAXLOVID (300/100) 16, 17	pioglitazone hcl..... 143
		pioglitazone hcl-glimepiride 143

pioglitazone hcl-metformin hcl	124, 143	pregabalin	61, 72, 73	pregabalin er	59, 72, 73	PREHEVBRIO	24	PREMARIN	132, 151	PRENATABS RX	37, 189, 191	prenatal	38, 189, 192	prenatal (w/iron & fa)	37, 97, 189, 191	prenatal complete	37, 189, 191	prenatal formula a-free	37, 189, 191
PIRMELLA 7/7/7	127, 132, 139	pregabalin er	59, 72, 73	PREHEVBRIO	24	PREMARIN	132, 151	PRENATABS RX	37, 189, 191	prenatal	38, 189, 192	prenatal plus	38, 189, 192	prenatal vitamins	38, 189, 192	prenatal/iron	38, 97, 189, 192	PREPARATION H	105, 122, 179
piroxicam	77, 82	PREHEVBRIO	24	PREMARIN	132, 151	PRENATABS RX	37, 189, 191	prenatal	38, 189, 192	prenatal plus	38, 189, 192	prenatal vitamins	38, 189, 192	prenatal/iron	38, 97, 189, 192	PREPARATION H	105, 122, 179	PREPARATION H SOOTHING RELIEF	105, 122, 179
pitavastatin calcium	52	PREMARIN	132, 151	PRENATABS RX	37, 189, 191	prenatal	38, 189, 192	prenatal plus	38, 189, 192	prenatal vitamins	38, 189, 192	prenatal/iron	38, 97, 189, 192	PREPARATION H	105, 122, 179	PREPARATION H SOOTHING RELIEF	105, 122, 179	PRESERVISION/LUTEIN	97, 189
PLAVIX	38	PRENATABS RX	37, 189, 191	prenatal	38, 189, 192	prenatal plus	38, 189, 192	prenatal vitamins	38, 189, 192	prenatal/iron	38, 97, 189, 192	PREPARATION H	105, 122, 179	PREPARATION H SOOTHING RELIEF	105, 122, 179	PRESERVISION/LUTEIN	97, 189	PREVACID	119
PLEGRIDY	158	prenatal	38, 189, 192	prenatal plus	38, 189, 192	prenatal vitamins	38, 189, 192	prenatal/iron	38, 97, 189, 192	PREPARATION H	105, 122, 179	PREPARATION H SOOTHING RELIEF	105, 122, 179	PRESERVISION/LUTEIN	97, 189	PREVACID	119	PREVACID 24HR	119
PLEGRIDY STARTER PACK	158	prenatal complete	37, 189, 191	prenatal formula a-free	37, 189, 191	PREVACID	119	PREVACID 24HR	119	PREVACID SOLUTAB	119	PREVNAR 20	24	PREZCOBIX	19, 161	PREVACID SOLUTAB	119	PREVNAR 20	24
PNEUMOVAX 23	24	prenatal formula a-free	37, 189, 191	PREVACID	119	PREVACID 24HR	119	PREVACID SOLUTAB	119	PREVNAR 20	24	PREZCOBIX	19, 161	PREZISTA	19	PREVNAR 20	24	PREZCOBIX	19, 161
POCKET CHAMBER	90	PREVACID	119	PREVACID 24HR	119	PREVACID SOLUTAB	119	PREVNAR 20	24	PREZCOBIX	19, 161	PREZISTA	19	PRILOSEC	119	PREZCOBIX	19, 161	PREZISTA	19
podofilox	181, 184	PREVACID 24HR	119	PREVACID SOLUTAB	119	PREVNAR 20	24	PREZCOBIX	19, 161	PREZISTA	19	PRILOSEC	119	primaquine phosphate	15	PREZCOBIX	19, 161	PRILOSEC	119
POLYCIN	17, 101, 174	PREVACID SOLUTAB	119	PREVNAR 20	24	PREZCOBIX	19, 161	PREZISTA	19	PRILOSEC	119	primaquine phosphate	15	primidone	70	PRILOSEC	119	PRIOSEC	119
polyethylene glycol 3350	114	PREVNAR 20	24	PREZCOBIX	19, 161	PREZISTA	19	PRILOSEC	119	primaquine phosphate	15	primidone	70	PRIORIX	25	PRIOSEC	119	PRIOSEC	119
POLY-IRON 150	37	PREZCOBIX	19, 161	PREZISTA	19	PRILOSEC	119	primaquine phosphate	15	primidone	70	PRIORIX	25	PRISTIQ	83	PRIOSEC	119	PRIOSEC	119
polymyxin b-trimethoprim	21, 101, 174	PREZISTA	19	PRILOSEC	119	primaquine phosphate	15	primidone	70	PRIORIX	25	PRISTIQ	83	pro comfort alcohol	90	PRIOSEC	119	PRIOSEC	119
polysaccharide iron complex	37	PRILOSEC	119	primaquine phosphate	15	primidone	70	PRIORIX	25	PRISTIQ	83	pro comfort alcohol	90	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
polysaccharide-iron complex	37	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
polyvinyl alcohol	106	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PONVORY	158	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PONVORY STARTER PACK	158	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PORTIA-28	127, 132, 139	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
posaconazole	16	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
potassium chloride	97	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
potassium chloride clys er	97	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
potassium chloride er	97	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
potassium citrate er	92	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
povidone-iodine	176, 182	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRADAXA	35	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRALUENT	54	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
pramipexole dihydrochloride	74	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
pramipexole dihydrochloride er	74	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prasugrel hcl	38	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
pravastatin sodium	52	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
praziquantel	15	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prazosin hcl	30, 39, 43	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRECISION XTRA BLOOD GLUCOSE	92	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRECISION XTRA-GLUCOSE/KETONE	90	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRED MILD	105, 121	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prednisolone	105, 122	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prednisolone acetate	105, 121	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prednisolone sodium phosphate	105, 122	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prednisone	122	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PREDNISONE INTENSOL	122	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
preferred plus insulin syringe	90	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
pregabalin	61, 72, 73	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
pregabalin er	59, 72, 73	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PREHEVBRIO	24	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PREMARIN	132, 151	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PRENATABS RX	37, 189, 191	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prenatal	38, 189, 192	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prenatal (w/iron & fa)	37, 97, 189, 191	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prenatal complete	37, 189, 191	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
prenatal formula a-free	37, 189, 191	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
promethazine hcl	9, 10, 11, 12, 68, 110, 115, 168	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
promethazine vc	11, 12, 26	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
promethazine-dm	11, 12, 164	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
promethazine-phenylephrine	11, 12, 26	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
PROMETHEGAN	11, 12, 68, 110, 115, 168	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
propafenone hcl	48	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
propranolol hcl	30, 43, 47, 48, 53, 66	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119	PRO COMFORT INSULIN SYRINGE	90	PRIOSEC	119	PRIOSEC	119
propranolol hcl er	30, 43, 47, 48, 53, 66	PRIOSEC	119	PRIOSEC	119	PRIOSEC	119												

qc loratadine allergy relief.....	13, 171	ra lice maximum strength.....	183	REMERON.....	62, 84
qc loratadine-d.....	13, 26	ra lice solution.....	183	REMERON SOLTAB.....	62, 84
qc natural vegetable.....	114	ra menstrual relief.....	9, 59, 76, 80	REMICADE	117, 145, 149, 155, 158, 185
qc natura-lax.....	114	ra miconazole 3 combo pack.....	177	RENAL.....	189, 192, 193
qc nicotine transdermal system ..	29, 34	ra miconazole 3 combo pack app ...	177	renal vitamin.....	189, 192, 193
qc non-aspirin extra strength	59, 66, 76	ra mineral oil.....	114	rena-vite.....	189, 192, 193
qc olopatadine hcl.....	11, 100	ra mini nicotine.....	29, 34	rena-vite rx.....	189, 192, 193
qc pain reliever pm ex st..	9, 11, 59, 68, 76	ra mucus relief d max strength .	26, 167	RENFLEXIS ...	117, 145, 149, 155, 159, 185
QELBREE.....	72, 80	ra multihealth fiber.....	114	reno caps.....	189, 192, 193
QLEARQUIL.....	108	ra nicotine.....	29, 34	RENU MULTIPLUS.....	103
QNASL.....	105, 122, 166, 169	ra nicotine gum.....	29, 34	RENU MULTIPLUS LUB/REWETTING.....	103
QNASL CHILDRENS.....	105, 122, 166, 169	ra nicotine polacrillex.....	29, 34	RENU REWETTING DROPS.....	103
QTERN.....	129, 142	ra nighttime sleep aid.	9, 11, 28, 59, 68, 164, 168	RENVELA.....	8, 93, 150
QUDEXY XR.....	61	ra no flush niacin.....	192	REPATHA.....	54
QUESTRAN.....	43	ra nose drops extra strength....	26, 107, 108	REPATHA PUSHTRONEX SYSTEM	54
QUESTRAN LIGHT.....	43	ra p col-rite.....	114	REPATHA SURECLICK.....	54
quetiapine fumarate.....	64, 69	ra petroleum jelly.....	177	RESOURCE THICKENUP CLEAR	162
quetiapine fumarate er.....	63, 69	ra renewal soothing bath.....	179	RESTASIS.....	102, 106, 144
QUILLICHEW ER.....	80	ra suphedrine.....	26, 163	RESTASIS MULTIDOSE.	102, 106, 144
QUILLIVANT XR.....	80	ra tussin.....	167	RETACRIT.....	34, 35
quin b strong.....	97, 189	ra tussin dm.....	165, 167	RETAINC CMC.....	106
quinapril hcl.....	41, 42	ra wart remover.....	181	RETAINC PM.....	106
quinapril-hydrochlorothiazide.....	42, 99	rabeprazole sodium.....	119	RETIN-A MICRO.....	23, 178
quinidine sulfate.....	15, 47	raloxifene hcl.....	129, 151	RETIN-A MICRO PUMP.....	23, 178
quintabs.....	189	ramelteon.....	68, 74	RETISERT.....	105, 179
quintabs-m.....	97, 189	ramipril.....	41, 42	REVATIO.....	54, 169, 172, 186
QULIPTA.....	71	RAPAFLO.....	31	rewetting drops.....	103
QUTENZA.....	185	REALITY LATEX CONDOMS.....	162	REXTOVY.....	8, 79
QUTENZA (2 PATCH).....	185	REALITY LATEX/ULTRA TEXTURED.....	162	REXULTI.....	69
QUVIVIQ.....	79	REALITY LATEX/ULTRA THIN.....	162	REYVOW.....	83
QVAR REDHALER.....	122, 166, 169	REBIF.....	146, 158	REZUROCK.....	161
ra acetaminophen.....	59, 66, 76	REBIF REBIDOSE.....	145, 158	REZVOGLAR KWIKPEN.....	134
ra acetaminophen childrens..	59, 66, 76	REBIF REBIDOSE TITRATION PACK.....	146, 158	RHOPRESSA.....	108
ra acetaminophen ex st.....	59, 66, 76	REBIF TITRATION PACK.....	146, 158	ribavirin.....	20
ra allergy relief childrens.....	13, 171	REBINYN.....	36	rifabutin.....	16, 22
ra antibiotic/pain relief	17, 101, 174, 175	REBLOZYL.....	34, 35	rifampin.....	16, 22
ra antifungal foot care.....	14, 173	RECLIPSEN.....	127, 132, 139	riluzole.....	57, 72
ra anti-itch maximum strength	105, 122, 179	RECOMBINATE.....	36	RINVOQ.....	146, 155
ra antiseptic.....	176, 182	RECOMBIVAX HB.....	25	risedronate sodium.....	151
RA CENTRAL-VITE.....	97, 189	refenesen 400.....	167	RISPERDAL.....	64, 69
ra central-vite womens mature..	97, 189	REFRESH.....	101, 106	RISPERDAL CONSTA.....	64, 69
ra cleaning/disinfecting lens.....	103	REFRESH LACRI-LUBE.....	106	risperidone.....	64, 69
ra clotrimazole.....	177	REGULOID.....	114	risperidone microspheres er.....	64, 69
ra col-rite.....	114	RELAFEN DS.....	77, 82	RITALIN.....	80
ra dairy aid.....	115	RELENZA DISKHALER.....	20	RITALIN LA.....	80
ra dairy relief fast acting.....	115	RELEXXII.....	80	ritonavir.....	19
ra fever reducer/pain reliever	59, 66, 76	RELION INSULIN SYRINGE.....	90	rivastigmine.....	31
ra fish oil.....	161	RELION KETONE TEST.....	92	rivastigmine tartrate.....	31
ra gas relief ultra strength.....	111	RELION MINI PEN NEEDLES.....	90	RIVELSA.....	127, 132, 139
ra glycerin adult.....	114	RELION PEN NEEDLES.....	90	rixubis.....	36
ra hemorrhoidal .	26, 162, 177, 178, 179	RELPAK.....	83	rizatriptan benzoate.....	83
ra laxative.....	114				

ROBITUSSIN CHILDRENS COUGH		
LA.....	165	
ROCKLATAN.....	108	
roflumilast.....	169, 180, 183	
ropinirole hcl.....	74	
ropinirole hcl er.....	74	
rosuvastatin calcium.....	52	
ROWASA.....	111	
ROWEEPRA.....	61	
ROZEREM.....	68, 74	
RUCONEST.....	152	
rufinamide.....	61, 74	
RYALTRIS 11, 100, 105, 122, 166, 169		
RYBELSUS.....	134	
RYKINDO.....	64, 69	
rynex dm.....	11, 12, 26, 165	
rynex pe.....	11, 12, 27	
rynex pse.....	11, 12, 26	
RYTARY.....	72	
SABRIL.....	61, 73	
SAFYRAL.....	128, 132, 139, 192	
SAIZEN.....	135, 142	
saline.....	103	
saline mist spray.....	106, 168	
saline nasal spray.....	106, 168	
salsalate.....	82	
SANCUSO.....	108	
SANDIMMUNE 102, 144, 155, 159, 160		
SANTYL.....	99, 177, 185	
SAPHRIS.....	64, 69	
SAVAYSA.....	35	
SAVELLA.....	72, 83	
SAVELLA TITRATION PACK.....	72, 83	
saxagliptin hcl.....	129	
saxagliptin-metformin er.....	124, 129	
SAXENDA.....	59, 134	
sb allergy.....	9, 11, 28, 59, 68, 165, 168	
sb allergy medicine.....	9, 11, 28, 59, 68, 165, 168	
sb anti-diarrhea.....	110	
sb cough control.....	167	
sb coughtab.....	167	
sb hemorrhoid.....	27, 177, 178, 180	
sb lice killing max st.....	183	
sb non-aspirin.....	59, 66, 76	
sb non-aspirin extra strength.....	59, 66, 76	
sb non-aspirin nighttime.....	9, 11, 59, 68, 76	
sb omega-3 fish oil.....	161	
sb pain relief x-str.....	59, 76, 80, 82	
sb saline nose.....	106, 168	
sb sleep.....	9, 11, 28, 59, 68, 165, 168	
scopolamine.....	27, 110, 118	
SECUADO.....	64, 69	
SEGLUROMET.....	124, 142	
selegiline hcl.....	74	
selenium.....	97	
selenium sulfide.....	176, 181, 182	
SELZENTRY.....	18	
SEMGLEE (YFGN).....	134	
senexon-s.....	114	
senior tabs.....	97, 189	
senna.....	114	
senna-docusate sodium.....	114	
senna-lax.....	114	
senna-plus.....	114	
senna-s.....	114	
senna-time s.....	114	
sennosides-docusate sodium.....	114	
SENSITIVE EYES PLUS SALINE ..	103	
senry.....	97, 189	
senry senior.....	97, 189	
SEREVENT DISKUS.....	32, 171	
SEROQUEL.....	64, 69	
SEROQUEL XR.....	64, 69	
SEROSTIM.....	135, 142	
sertraline hcl.....	84	
SETLAKIN.....	128, 132, 139	
sevelamer carbonate.....	8, 93, 150	
sevelamer hcl.....	8, 93, 150	
SEVENFACT.....	36	
SFROWASA.....	111	
SHAROBEL.....	128, 139	
SHINGRIX.....	25	
SIDESTREAM PEDIATRIC FACE		
MASK.....	90	
SIKLOS.....	23	
sildenafil citrate.....	54, 169, 172, 186	
silicone mask/pediatric.....	90	
SILIQ.....	180, 185	
silodosin.....	31	
siltussin dm das.....	165, 167	
siltussin-dm alcohol free.....	165, 167	
silver sulfadiazine.....	176, 182	
SIMBRINZA.....	99, 102	
simethicone.....	111	
SIMLANDI (1 PEN).....	117, 149, 155, 159	
SIMLANDI (1 SYRINGE).....	149	
SIMLANDI (2 PEN).....	117, 149, 155, 159	
SIMLANDI (2 SYRINGE).....	117, 149, 155, 159	
SIMLIYA.....	128, 132, 139	
SIMPESSE.....	128, 132, 139	
SIMPLY SLEEP . 9, 11, 28, 59, 68, 165, 168		
SIMPONI.....	117, 149, 155, 159	
SIMPONI ARIA.....	117, 149, 155, 159	
simvastatin.....	52	
SINEMET.....	72	
SINGULAIR.....	168	
sinus relief.....	108	
sinus relief extra strength ..	27, 107, 108	
SINUVA.....	105, 122, 166, 169	
sirolimus.....	147, 160, 180	
sitagliptin.....	129	
sitagliptin base-metformin hcl ..	124, 129	
SITAVIG.....	20, 175	
SKYLA.....	123, 128, 139	
SKYRIZI.....	117, 180, 185	
SKYRIZI PEN.....	180, 185	
SKYTROFA.....	135	
sleep aid (diphenhydramine) ..	9, 11, 28, 60, 68, 165, 168	
slow iron.....	38	
slow release iron.....	38	
SLYND.....	123, 128, 139	
sm acid reducer.....	11, 118	
sm all day allergy.....	13, 171	
sm all day allergy-d.....	13, 26	
sm allergy childrens.....	13, 171	
sm allergy relief.....	9, 11, 13, 28, 60, 68, 105, 122, 165, 166, 168, 169, 171	
sm animal shapes complete.....	38, 190	
sm antacid advanced.....	109, 111	
sm antacid anti-gas.....	109, 111	
sm antibiotic.....	17, 101, 174	
sm anti-dandruff coal tar.....	182	
sm antifungal miconazole.....	177	
sm antioxidant vitamins.....	97, 190	
sm b-complex/vitamin c... ..	190, 192, 193	
sm calcium 500/vitamin d3.....	97, 194	
sm calcium/vitamin d.....	97, 194	
sm calcium-vitamin d.....	97, 194	
sm chest congestion relief.....	167	
sm childrens loratadine.....	13, 171	
sm complete.....	97, 190	
sm complete 50+.....	97, 190	
sm complete 50+ ultimate mens.....	97, 190	
sm complete 50+ ultimate women.....	97, 190	
sm complete advanced formula.....	97, 190	
sm complete senior formula.....	97, 190	
sm enema.....	114	
sm fexofenadine hcl.....	13, 171	
sm fiber.....	114	
sm fiber laxative.....	114	
sm fiber powder.....	114	
sm fish oil.....	161	
sm foaming antacid.....	109	
sm gauze.....	90	
sm glycerin pediatric.....	114	
sm ibuprofen ib.....	66, 77, 82	
sm iron slow release.....	38	
sm lansoprazole.....	119	
sm laxative.....	114	

sm lice killing max strength	183	spironolactone	52, 54, 94	sulfasalazine.....	22, 111, 145, 155, 159
sm lice treatment.....	183	spironolactone-hctz.....	52, 54, 94, 99	sulindac	77, 82
sm loratadine	14, 171	SPORANOX	16	sumatriptan.....	83
sm lorata-dine d	14, 26	SPRINTEC 28.....	128, 132, 139	sumatriptan succinate.....	83
sm loratadine d 12hr	13, 26	SPRITAM.....	61	sumatriptan succinate refill.....	83
sm magnesium oxide	97	SPS	8, 93, 150	sumatriptan-naproxen sodium	77, 82, 83
sm medicated corn removers.....	181	SPS (SODIUM POLYSTYRENE SULF)	8, 93, 150	super antioxidant	98, 190
sm motion sickness.....	11, 111	SRONYX	128, 132, 139	super b-complex/vit c/fa... 190,	192, 193
sm multi-purpose	103	SSD	176, 182	super multiple	98, 190
sm nasal decongestant.....	26, 163	SSD (SILVER SULFADIAZINE)	176, 182	SUPER OMEGA-3	161
sm nasal spray sinus	108	SSKI	167	super thera vite m.....	98, 190
sm nicotine.....	29, 34	sss 10-5.....	174, 181	support	98, 190
sm nicotine polacrilex.....	29, 34	ST JOSEPH LOW DOSE 38, 39, 66,	82	SUPRAX.....	14
sm oatmeal bath	180	STALEVO 100	71, 72	sure comfort alcohol prep	90
sm olopatadine hcl	12, 100	STALEVO 125	71, 72	sure comfort insulin syringe.....	90
sm one daily essential.....	97, 190	STALEVO 150	71, 72	sure comfort pen needles	90
sm one daily mens.....	97, 190	STALEVO 200	71, 72	SYEDA	128, 132, 139
sm one daily prenatal 38, 161,	190, 192	STALEVO 50	71, 72	SYMBICORT	32, 122
sm one daily womens	97, 190	STALEVO 75	71, 72	SYMLINPEN 120.....	122
sm opti-vitamins	97, 190	STALEVO 75	71, 72	SYMLINPEN 60.....	122
sm saline solution	103	STEGLATRO	142	SYMPAZAN.....	70, 71
sm senna-s	114	STEGLUJAN.....	129, 142	SYMPROIC	117, 118
sm smooth antacid ex st	109, 112	STELARA	117, 146, 185	SYMTUZA	19, 161
sm super b complex/c.....	190, 192, 193	STEQEYMA.....	146	SYNAGIS	20
sm tussin cough/chest congest	165, 167	sterile gauze	90	SYNJARDY	124, 142
sm ultra dairy digestive	115	stimulant laxative	114	SYNJARDY XR	124, 142
sm vitamin d3.....	194	STIOLTO RESPIMAT	27, 32	SYNOVACIN	161
SMOOTH LAX	114	stool softener	114	SYNTHROID	143
sodium bicarbonate.....	109, 112	stool softener plus laxative	114	SYSTANE CONTACTS.....	107
sodium chloride.....	97, 168	stop lice complete treatment.....	183	TAB-A-VITE.....	190
sodium chloride (hypertonic)...	106, 107	STRATTERA	72, 80	TAB-A-VITE/BETA CAROTENE	190
sodium fluoride.....	85, 152	stress b complex/antioxid/zinc ..	97, 190	TAB-A-VITE/IRON.....	38, 190
sodium fluoride 5000 plus	85, 152	stress b/zinc.....	97, 190, 192, 193, 195	TABLOID	23
sodium fluoride 5000 ppm.....	85, 152	stress b-complex/vit c/zinc	97, 190, 192, 193, 195	tacrolimus	144, 160, 180, 185
sofosbuvir-velpatasvir	18	stress formula	190	tadalafil (pah).....	54, 169, 172
SOGROYA.....	135	stress formula (folic acid) 190,	192, 193	TADLIQ	54, 169, 172
SOLIA	128, 132, 139	stress formula/iron	38, 190	tafluprost (pf)	108
solifenacin succinate	186	STRIVERDI RESPIMAT	32, 171	TAKHZYRO.....	52, 152, 160
SOLQUA.....	134, 135	SUBLOCADE.....	79	TALTZ	146, 185
SOLUBLE FIBER THERAPY.....	114	SUBOXONE	79	TAMIFLU	20
SOOTHE.....	109, 110, 112	sucralfate	118	tamoxifen citrate	23, 129
SOOTHE HYDRATION.....	107	SUDAFED CHILDRENS.....	26, 163	tamsulosin hcl.....	31
SOOTHE XP	107	SUDOGEST	26, 163	TARINA 24 FE.....	128, 132, 139
sorbitol	114	sudogest 12 hour	26, 163	TARINA FE 1/20 EQ.....	128, 132, 139
SORBUGEN NR	165, 167	SUDOGEST SINUS/ALLERGY .	11, 12, 26	TARSUM RELIEF	182
sotalol hcl	30, 43, 47, 49, 53	SULAR.....	50, 51	TASCENSO ODT	147, 159
sotalol hcl (af).....	30, 43, 47, 48, 49, 53	sulfacetamide sodium	101	tasimelteon	68, 74
SOTYKTU.....	180, 185	sulfacetamide sodium (acne).....	174	TASMAR	71
SOTYLIZE.....	30, 43, 47, 49, 53	sulfacetamide sodium-sulfur ...	174, 181	tavorole.....	183
SOVALDI	18	sulfacetamide-prednisolone....	101, 105	TAVNEOS	144, 152
SPEVIGO.....	180, 185	sulfadiazine.....	22	TAYSOFY.....	128, 132, 139
SPIKEVAX	25	sulfamethoxazole-trimethoprim... 16,	22	TAYTULLA	128, 132, 139
spinosad	183			tazarotene	181, 185
SPIRIVA HANDHALER.....	27, 163			TDVAX	23
SPIRIVA RESPIMAT	27, 163				

TECFIDERA.....	145, 159	TIAZAC.....	44, 45, 46, 50, 56	TRELEGY ELLIPTA ...	27, 32, 105, 122, 166
teclite insulin syringe.....	91	TILIA FE.....	128, 132, 139	TREMFYA.....	145, 180, 185
TECHLITE PEN NEEDLES.....	91	timolol maleate... 30, 43, 47, 49, 53, 67, 102		TREMFYA ONE-PRESS .	145, 180, 185
TECHLITE PLUS PEN NEEDLES....	91	timolol maleate (once-daily). 30, 43, 49, 102		TRESIBA.....	135
TEGRETOL.....	61, 64	TIMOLOL MALEATE OCUDOSE 30, 43, 49, 102		TRESIBA FLEXTOUCH.....	135
TEGRETOL-XR.....	61, 64	timolol maleate pf..... 30, 43, 49, 102		tretinoin.....	23, 178
TEKTURNA.....	54	TIMOPTIC OCUDOSE . 30, 43, 49, 102		tretinoin microsphere.....	23, 178
telmisartan.....	40	tiotropium bromide.....	27, 163	tretinoin microsphere pump.....	23, 178
telmisartan-amlodipine.....	40, 50	TIVICAY.....	18	TRETTEN.....	36
telmisartan-hctz.....	41, 99	tizanidine hcl.....	29	TREXIMET.....	78, 82, 83
temazepam.....	71	TOBI.....	15, 101	TRI FEMYNOR.....	128, 132, 139
TENCON.....	59, 70, 76	TOBI PODHALER.....	15, 101	triamcinolone acetonide..	105, 122, 166, 169, 179
TENIVAC.....	23	tobramycin.....	15, 101	triamterene.....	54, 94
tenofovir disoproxil fumarate.....	19	tobramycin-dexamethasone	15, 101, 105	triamterene-hctz.....	94, 99
TENORETIC 100.....	43, 47, 99	TODAY SPONGE.....	162	triazolam.....	71
TENORETIC 50.....	43, 47, 99	today's health pen needles.....	91	TRIBENZOR.....	41, 50, 99
TENORMIN.....	33, 43, 47, 49, 53	TOFIDENCE.....	146, 155, 159	tri-buffered aspirin ..	38, 39, 67, 82, 109, 114
terazosin hcl.....	30, 39, 43	tolcapone.....	71	TRICOR.....	52
terbinafine hcl.....	14, 173	tolmetin sodium.....	77	TRIDERM.....	122, 179
terbutaline sulfate.....	32, 171	tolnaftate.....	185	TRIESENCE.....	105
teriflunomide.....	144, 159	tolnaftate antifungal.....	185	TRI-ESTARYLLA.....	128, 132, 139
teriparatide.....	135, 151	tolsura.....	16	trifluoperazine hcl.....	79
TESTIM.....	122, 123	tolterodine tartrate.....	186	trifluridine.....	102
testosterone.....	122, 123	tolterodine tartrate er.....	186	trihexyphenidyl hcl.....	28, 60
testosterone cypionate.....	122, 123	TOPAMAX.....	61, 67	TRIJARDY XR.....	124, 129, 142
tetracycline hcl.....	15, 22, 112, 174	TOPAMAX SPRINKLE.....	61, 67	TRI-LEGEST FE.....	128, 132, 139
TEZRULY.....	30, 39	topcare clickfine pen needles.....	91	TRILEPTAL.....	62, 74
TEZSPIRE.....	168, 170	topcare ultra comfort ins syr.....	91	TRI-LINYAH.....	128, 132, 140
THE MAGIC BULLET.....	114	topiramate.....	61, 62, 67	TRILIPIX.....	52
THEO-24.....	51, 80, 93, 172, 186	topiramate er.....	61, 67	TRI-LO-ESTARYLLA.....	128, 132, 140
theophylline er.....	51, 80, 93, 172, 186	TOPROL XL.....	33, 43, 47, 49, 53	TRI-LO-MARZIA.....	128, 133, 140
THERA.....	190	toremifene citrate.....	23, 129	TRI-LO-MILI.....	128, 133, 140
THERA M PLUS.....	98, 190	torsemide.....	52, 93	TRI-LO-SPRINTEC.....	128, 133, 140
THERAGRAN-M PREMIER 50 PLUS.....	98, 190	TOSYMRA.....	83	trimethoprim.....	22
thera-m.....	98, 190	total allergy . 9, 11, 28, 60, 68, 165, 168		TRI-MILI.....	128, 133, 140
therapeutic.....	182	TOUJEO MAX SOLOSTAR.....	135	trinatal rx 1.....	38, 190, 192
THERAPEUTIC T+PLUS.....	182	TOUJEO SOLOSTAR.....	135	TRINESSA (28).....	128, 133, 140
therapeutic-m.....	98, 190	TOVIAZ.....	186	TRINTELLIX.....	84
thera-tabs.....	190	TRACLEER.....	56, 166, 172	TRI-NYMYO.....	128, 133, 140
THERATRUM COMPLETE.....	98, 190	TRADJENTA.....	129	triple antibiotic.....	17, 101, 174, 175
THERATRUM COMPLETE 50 PLUS.....	98, 190	tramadol hcl.....	78	triple antibiotic pain relief..	17, 101, 174, 175
THEREMS.....	190	tramadol hcl (er biphasic).....	78	triple antibiotic plus....	17, 101, 174, 175
THEROMEGA.....	161	tramadol hcl er.....	78	TRI-SPRINTEC.....	128, 133, 140
thiamine hcl.....	192	trandolapril.....	41, 42	TRIUMEQ.....	18, 19
thiamine mononitrate.....	192	trandolapril-verapamil hcl er.....	42, 46	tri-vitamin/fluoride.....	85, 152, 190, 191, 193, 194
THICK NOW.....	162	TRANSDERM-SCOP.....	27, 110, 118	TRIVORA (28).....	128, 133, 140
THICK-IT.....	162	tranylcypromine sulfate.....	74	TRI-VYLIBRA.....	128, 133, 140
THICK-IT #2.....	162	TRAVATAN Z.....	108	TRI-VYLIBRA LO.....	128, 133, 140
thioridazine hcl.....	79	travel-ease.....	11, 111	TROKENDI XR.....	62, 67
thiothixene.....	84	travoprost (bak free).....	108	tropium chloride.....	186
THRIVE.....	29, 34	trazodone hcl.....	84		
thyroid.....	143				
tiagabine hcl.....	61, 73				

tropium chloride er	186	TYRVAYA.....	34, 107	VAPRISOL	99
true comfort alcohol prep pads	91	TYSABRI	159	VAQTA	25
true comfort insulin syringe	91	TYVASO	56, 170, 172	varenicline tartrate.....	29, 34
true comfort pen needles	91	TYVASO DPI MAINTENANCE KIT .	56,	varenicline tartrate (starter)	29, 34
TRUE METRIX AIR GLUCOSE		170, 172		varenicline tartrate(continue)	29, 34
METER.....	91	TYVASO DPI TITRATION KIT .	56, 170,	VARIVAX.....	25
TRUE METRIX BLOOD GLUCOSE		172		VASELINE.....	180
TEST	92	TYVASO REFILL KIT	56, 170, 172	VASERETIC	42, 99
TRUE METRIX METER	91	TYVASO STARTER KIT... 56, 170, 172		VASOTEC	41, 42
TRUEPLUS 5-BEVEL PEN NEEDLES		UBRELVY	71	VAXNEUVANCE	25
.....	91	UCERIS.....	122, 179	v-c forte	98, 190
TRUEPLUS GLUCOSE ... 93, 123, 193,		ULTICARE INSULIN SYR 1/2 UNIT .	91	VCF VAGINAL CONTRACEPTIVE	162
194		ULTICARE INSULIN SYRINGE.....	91	VELIVET.....	128, 133, 140
TRUEPLUS INSULIN SYRINGE.....	91	ULTICARE MICRO PEN NEEDLES .	91	VELPHORO	93
TRULANCE.....	117	ULTICARE MINI PEN NEEDLES	91	VELSIPITY	118, 159
TRULICITY	134	ULTICARE PEN NEEDLES	91	VELTASSA.....	93
TRUMENBA.....	25	ULTICARE SHORT PEN NEEDLES	91	VEMLIDY.....	20
TRUSTEX COLOR CONDOMS +		ULTIGUARD SAFEPACK PEN		venlafaxine hcl.....	83
LUBE.....	162	NEEDLE.....	91	venlafaxine hcl er	83
TRUSTEX LUB/RIBBED/STUDDED		ultilet alcohol swabs.....	91	VENTOLIN HFA	32, 172
.....	162	ULTILET PEN NEEDLE.....	91	verapamil hcl	44, 45, 46, 50, 56
TRUSTEX LUB/SPERMICIDE EX ST		ULTRA FRESH.....	107	verapamil hcl er	44, 45, 46, 50, 56
.....	162	ULTRA FRESH PM	107	VERELAN PM	44, 45, 46, 50, 56
TRUSTEX LUB/SPERMICIDE XL... 162		ULTRA OMEGA 3.....	161	VERKAZIA.....	102, 106, 144
TRUSTEX LUBRICATED	162	ultracare insulin syringe	91	VERQUVO	47, 56
TRUSTEX LUBRICATED EX LARGE		ultracare pen needles	91	VERSACLOZ.....	69
.....	162	ULTRA-THIN II INS SYR SHORT	91	VESICARE	186
TRUSTEX LUBRICATED EXTRA ST		ULTRA-THIN II INSULIN SYRINGE .	91	VESICARE LS.....	186
.....	162	ULTRA-THIN II MINI PEN NEEDLE .	91	VESTURA	128, 133, 140
TRUSTEX		ULTRA-THIN II PEN NEEDLE SHORT		VEVYE	102, 106, 144
LUBRICATED/SPERMICIDE	162	.....	91	VFEND	16
TRUSTEX NATURAL CONDOMS +		ULTRA-THIN II PEN NEEDLES	91	VIBERZI	110, 117
LUBE.....	162	umeclidinium-vilanterol	27, 32	VIC-FORTE	98, 190
TRUSTEX NON-LUBRICATED	162	UNIFIBER.....	114	VICKS SINEX 12 HOUR DECONGEST	
TRUSTEX RIA LUB/SPERMICIDE .	162	UNIFINE PENTIPS	91	.....	108
TRUSTEX RIA LUBRICATED	162	UNIFINE PENTIPS PLUS.....	91	VICKS SINEX MOISTURIZING.....	108
TRUSTEX RIA NON-LUBRICATED	162	UPLIZNA	147, 159	VICTOZA.....	59, 134
TRUSTEX-NONOXYNOL-9/RIB/STUD		UPTRAVI	172	VIENVA	128, 133, 140
.....	162	UPTRAVI TITRATION	172	vigabatrin.....	62, 73
TRYNGOLZA.....	42, 122, 151	urea	53, 93, 107, 181	VIGAMOX.....	22, 101
TRYPTYR	107	ursodiol	114	VIIBRYD	84
TUDORZA PRESSAIR	27, 163	UZEDY	69	vilazodone hcl.....	84
TUMS CHEWY DELIGHTS	109, 112	VAGISTAT-3.....	177	VIMPAT	62, 74
TURQOZ.....	128, 133, 140	valacyclovir hcl.....	20	VINATE ONE.....	38, 190, 192
tusnel diabetic.....	165, 167	valproic acid.....	62, 64, 67, 73	VIOKACE	99, 115
tussin dm.....	165, 167	valsartan	40, 41	viorele.....	128, 133, 140
tussin mucus & chest congest	167	valsartan-hydrochlorothiazide	41, 99	virt-caps.....	190, 192, 193
tussin mucus+chest congestion	167	VALTOCO 10 MG DOSE.....	70	vision vitamins	98, 190
TWINRIX.....	25	VALTOCO 15 MG DOSE.....	70	vit e-vit c-beta carotene	190
TWIRLA	128, 133, 140	VALTOCO 20 MG DOSE.....	70	vitalee	190
TYBLUME	128, 133, 140	VALTOCO 5 MG DOSE.....	70	VITALET'S CHILDRENS... 98, 190, 193	
TYDEMY	128, 133, 140, 192	VALTRESX	20	vitamin a	191
TYENNE	146, 155, 159	VALTYA 1/35.....	128, 133, 140	vitamin b-1.....	192
TYMLOS	135, 151	valved holding chamber.....	91	vitamin b12	38, 192
TYR COOLER.....	93	VANISHPOINT INSULIN SYRINGE .	91	vitamin b-12.....	38

vitamin b-12	192	WEBCOL ALCOHOL PREP LARGE	91	YOSPRALA	39, 119
vitamin b-2	192	WEGOVY	59, 134	YUFLYMA (1 PEN)..	117, 149, 155, 159
vitamin b-6	192	WELCHOL	43, 123	YUFLYMA (2 PEN)..	117, 149, 155, 159
vitamin c.....	190, 193	WELLBUTRIN SR.....	62	YUFLYMA (2 SYRINGE)	117, 149, 155, 159
vitamin c immune health	193	WELLBUTRIN XL	62	YUFLYMA-CD/UC/HS STARTER ..	117, 149, 155, 159
vitamin c plus wild rose hips	193	WERA.....	128, 133, 140	YUPELRI	27, 164
vitamin c-rose hips	193	westab plus.....	38, 191, 192	YUTIQ	105, 179
vitamin c-rose hips er.....	193	WEZLANA	146	YUVAFEM.....	133, 152
vitamin d (cholecalciferol)	194	white petrolatum	177	ZADITOR.....	12, 100
vitamin d (ergocalciferol)	194	WIDE-SEAL DIAPHRAGM 60	162	ZAFEMY	128, 133, 140
vitamin d2.....	194	WIDE-SEAL DIAPHRAGM 65	162	zafirlukast	168
vitamin d3.....	194, 195	WIDE-SEAL DIAPHRAGM 70	162	zaleplon	68, 74
vitamin d3 complete	98, 190	WIDE-SEAL DIAPHRAGM 75	162	ZARONTIN	84
vitamin e	195	WIDE-SEAL DIAPHRAGM 80	162	ZARXIO	35
vitamins a-d-e/selenium	98, 190	WIDE-SEAL DIAPHRAGM 85	162	ZAVZPRET.....	71
VITRUM SENIOR	98, 190	WIDE-SEAL DIAPHRAGM 90	162	ZEASORB-AF	177
VIVITROL.....	8, 34, 79, 149, 150	WIDE-SEAL DIAPHRAGM 95	162	ZEGALOGUE	9, 133, 150
VIVJOA	16	WILATE	36	ZEGERID	109, 119
VOGELXO	123	WINLEVI.....	174, 185	ZEMBRACE SYMTOUCH.....	83
VOGELXO PUMP	122, 123	WIXELA INHUB.....	32, 105, 122, 166	ZENATANE	181, 185
VOLNEA	128, 133, 140	womans laxative	114	ZENPEP	99, 115
VONVENDI	36	womens daily form/fa/ca/fe	98, 191	ZENZEDI	57
voriconazole.....	17	WYMZYA FE	128, 133, 140	ZEPATIER.....	18
VORTEX HOLD CHMBR/MASK/CHILD	91	XADAGO	74	ZEPBOUND	59, 134
VORTEX HOLD CHMBR/MASK/TODDLER.....	91	XALATAN	108	ZEPOSIA.....	159
VORTEX VALVED HOLDING CHAMBER.....	91	XARELTO	35	ZEPOSIA 7-DAY STARTER PACK	159
VOSEVI	18	XARELTO STARTER PACK	35	ZERVIAE.....	14, 100, 171
vp-vite rx	191, 192, 193	XCOPRI.....	62, 74	ZESTORETIC.....	42, 99
VRAYLAR	70	XCOPRI (250 MG DAILY DOSE)	62, 74	ZESTRIL.....	41, 42
VUITY	31, 107	XCOPRI (350 MG DAILY DOSE)	62, 74	ZETIA	47
VUMERITY	145, 159	XELJANZ.....	146, 155	ZIANA.....	20, 174, 178, 185
VUSION	175, 177, 180	XELJANZ XR.....	146, 155	zidovudine	19
VYALEV	72	XELPROS	108	ZIEXTENZO	35
VYEPTI	71	XELSTRYM	57	zileuton er.....	168
VYFEMLA	128, 133, 140	XENICAL	117	ZIMHI.....	8, 9, 79, 150
VYLIBRA.....	128, 133, 140	XEPI	174	zinc	98
VYTORIN.....	47, 52	XERESE	20, 175, 179	zinc gluconate	98
VYVANSE	57	XHANCE.....	105, 122, 166, 169	zinc oxide	175
VYZULTA.....	108	XIGDUO XR	124, 142	zinc sulfate	98
WAL-FOUR.....	27, 107, 108	XIIDRA.....	102, 106	ZIOPTAN.....	108
WAL-MUCIL.....	114	XIPERE	105	ziprasidone hcl	64, 70
WAL-PHED	26, 163	XOFLUZA (40 MG DOSE).....	16, 17	ziprasidone mesylate.....	64, 70
WAL-PHED 12 HOUR	26, 163	XOFLUZA (80 MG DOSE).....	16, 17	ZITHROMAX	21
WAL-PHED D	26, 163	XOLAIR	146, 170	ZITHROMAX TRI-PAK	21
WAL-PHED PE	27	XOPENEX HFA	32, 172	ZITHROMAX Z-PAK.....	21
wal-sporin.....	17, 101, 174	XPHOZAH	93, 117	ZITUVIO	129
WAL-TUSSIN COUGH/CHEST DM	165, 167	X-SEB T PLUS	182	ZOCOR	52
WAL-ZYR.....	14, 171	XULANE	128, 133, 140	zolmitriptan	83
WAL-ZYR CHILDRENS	14, 171	XULTOPHY	134, 135	ZOLOFT	84
warfarin sodium.....	34, 35	XYNTHA	36	zolpidem tartrate.....	68, 74
wart remover maximum strength	181	XYNTHA SOLOFUSE.....	36	zolpidem tartrate er	68, 74
		YASMIN 28.....	128, 133, 140	ZOMACTON	135, 143
		YAZ.....	128, 133, 140		
		YELETS TEENAGE FORMULA	98, 191		
		YESINTEK	146		

ZOMACTON (FOR ZOMA-JET 10) 135, 143	ZOVIA 1/35 (28)..... 128, 133, 140	ZYMFENTRA (2 PEN)....117, 145, 149, 155, 159, 185
ZOMIG 83	ZOVIRAX..... 20, 175	ZYMFENTRA (2 SYRINGE)...117, 145, 149, 155, 159, 185
ZONISADE..... 62, 74	ZTALMY 62, 73	ZYPITAMAG..... 52
zonisamide..... 62, 74	ZTLIDO 149, 175	ZYPREXA.....64, 70, 110
ZORBTIVE 135, 143	ZUBSOLV 79	ZYPREXA RELPREVV.....64, 70, 110
ZORTRESS 23, 145, 160	ZUMANDIMINE 128, 133, 140	ZYPREXA ZYDIS .....64, 70, 110
ZORYVE 169, 180, 183, 185	ZURZUVAE 62	
ZOSTRIX HP 185	ZYMFENTRA (1 PEN) ... 117, 145, 149, 155, 159, 185	

¿Tiene preguntas?

Llame a Servicios para Afiliados:

1-866-567-7242 (llamada gratuita)

Los usuarios de TTY deben llamar al 1-800-627-3529 o 711

Correo electrónico: members@mnscha.org

Visite nuestro sitio web: www.mnscha.org