



Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) Lista de medicamentos cubiertos de 2019 (Formulario)

**LEA ESTA INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

Este formulario se actualizó el 11/19/2019.

¿Tiene preguntas?

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Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan)

Lista de medicamentos cubiertos de 2019 (Formulario)

Introducción

Este documento se denomina la *Lista de Medicamentos Cubiertos* (también conocida como la Lista de Medicamentos). Le indica qué medicamentos recetados y medicamentos y artículos de venta libre están cubiertos por Anthem Blue Cross Cal MediConnect Plan. La Lista de Medicamentos también le indica si hay alguna regla o restricción especial para algún medicamento cubierto por Anthem Blue Cross Cal MediConnect Plan. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para Miembros*.

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A. Exenciones de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden obtener en Anthem Blue Cross Cal MediConnect Plan.

- ❖ Anthem Blue Cross Cal MediConnect Plan es un plan de salud que tiene contratos con Medicare y Medi-Cal para brindar a las personas inscritas los beneficios de ambos programas.
- ❖ Puede revisar siempre la Lista de Medicamentos Cubiertos actualizada de Anthem Blue Cross Cal MediConnect Plan en línea en duals.anthem.com o llamando al 1-855-817-5785 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m.
- ❖ Es posible que se apliquen limitaciones, copagos y restricciones. Para obtener más información, llame a Servicio a Miembros de Anthem Blue Cross Cal MediConnect Plan o lea el Manual para Miembros de Anthem Blue Cross Cal MediConnect Plan .
- ❖ Puede obtener este documento en otros formatos, como letra grande, braille o audio, de forma gratuita. Llame al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m.. La llamada es gratuita.
- ❖ Puede hacer una solicitud permanente para obtener esta y cualquier otra información en el futuro de forma gratuita en otros idiomas y formatos. Llame al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m.. La llamada es gratuita.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-817-5785 (TTY: 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. Esta llamada es gratuita.

ՈՒՇԱԴԻՆԻԹՅՈՒՆՆԵՐՆԵՐԸ՝ ԵՐԵ ԴՐԱՖ ԽՈՍՈՒՄ ԵՖ Հայերենի լեզվով, լեզվական օգնության ծառայությունները, անվճար, մատչելի են ձեզ համար: Զանգահարե՛ք 1-855-817-5785 (TTY: 711) Երկուսաբլից ուրբեղախոսակցության օրերին՝ ժամը 8:00-ից 20:00-ն: Այս գանգն անվճար է:

Armenian

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Chinese

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Árabe

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Persa

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Korean



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ВНИМАНИЕ: если вы говорите по-русски, вам могут предоставить бесплатные услуги перевода. Звоните по тел. 1-855-817-5785 (TTY: 711) с понедельника по пятницу с 8:00 до 20:00. Звонок бесплатный. Russian

注意: 日本語話者の方は無料の言語支援サービスをご利用いただけます。1-855-817-5785 (TTY: 711)、月曜から金曜の午前8時～午後8時にお電話ください。この通話は無料です。 Japanese

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ਧਿਆਨ ਧਰੋ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲੀ ਹੋ, ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-855-817-5785 (TTY: 711) 'ਤੇ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। Punjabi

សូមជ្រាប៖ ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទមកលេខ 1-855-817-5785 (TTY: 711) ពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 ល្ងាច។ ទូរសព្ទមកលេខនេះ គឺឥតគិតថ្លៃ។ Cambodian

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ระวัง: หากคุณพูดภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาโดยไม่คิดค่าใช้จ่ายใด ๆ โดยติดต่อไปที่ 1-855-817-5785(TTY: 711) วันจันทร์ถึงวันศุกร์เวลา 8:00 – 20:00 น. ไม่มีค่าใช้จ่ายใด ๆ ทั้งสิ้น Thai

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo nang walang bayad ang mga serbisyo ng tulong sa wika. Tumawag sa 1-855-817-5785 (TTY: 711), Lunes hanggang Biyernes, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag. Tagalog

CHU Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho quý vị. Xin gọi số 1-855-817-5785 (TTY: 711), Thứ Hai đến Thứ Sáu từ 8:00 sáng đến 8:00 tối. Cuộc gọi được miễn tính cước phí. Vietnamese

ສິ່ງທີ່ຄວນເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ທາງເຮົາມີການບໍລິການຊ່ວຍເຫຼືອທາງພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາໝາຍເລກ 1-855-817-5785 (TTY: 711), ວັນຈັນຫາວັນສຸກ ຕັ້ງແຕ່ 8:00 ໂມງເຊົ້າຫາ 8:00 ໂມງແລງ. ການໂທແມ່ນໂທຟຣີ. Laotian

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B. Preguntas frecuentes

Aquí encontrará respuestas a las preguntas que pueda tener sobre esta *Lista de Medicamentos Cubiertos*. Puede leer todas las preguntas frecuentes para aprender más o buscar la respuesta a cualquier pregunta.

B1. ¿Qué medicamentos recetados se encuentran en la *Lista de Medicamentos Cubiertos*? (A la *Lista de Medicamentos Cubiertos* la llamamos “Lista de Medicamentos” para abreviar).

Los medicamentos que se encuentran en la Lista de Medicamentos son los medicamentos cubiertos por el plan Anthem Blue Cross Cal MediConnect Plan. Los medicamentos están disponibles en farmacias de nuestra red. La farmacia pertenece a nuestra red si tenemos un contrato con ellos para que trabajen con nosotros y brindarle servicios. A estas farmacias las denominamos “farmacias de la red”.

- Anthem Blue Cross Cal MediConnect Plan cubrirá todos los medicamentos médicamente necesarios que se encuentran en la Lista de Medicamentos si:
 - su médico u otro emisor de recetas indica que los necesita para mejorar o mantenerse saludable **y**
 - Debe abastecer la receta en una farmacia de la red del plan Anthem Blue Cross Cal MediConnect Plan .
- En algunos casos, deberá cumplir algunos requisitos antes de que pueda obtener un medicamento (consulte la pregunta B4 a continuación).

También puede ver una lista actualizada de medicamentos que cubrimos en nuestro sitio web en duals.anthem.com o puede llamar a Servicio a Miembros al 1-855-817-5785 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m.

B2. ¿Se realizan cambios en la Lista de Medicamentos?

Sí. Anthem Blue Cross Cal MediConnect Plan puede agregar o eliminar medicamentos de la Lista de Medicamentos durante el año.

También es posible que cambiemos nuestras normas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir solicitar o no solicitar una aprobación previa para un medicamento. (*La aprobación previa* es un permiso de Anthem Blue Cross Cal MediConnect Plan antes de que pueda obtener un medicamento).
- Incrementar o cambiar la cantidad del medicamento que puede obtener (lo que se le llama límites de cantidad).



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- Incrementar o cambiar las restricciones de la terapia escalonada con un medicamento. (*Terapia escalonada* significa que debe probar un medicamento antes de que cubramos otro medicamento).

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

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

- aparezca un medicamento nuevo y más barato que funcione ahora tan bien como los medicamentos de la Lista de Medicamentos ,
- sepamos que un medicamento no es seguro o
- se retire un medicamento del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando la Lista de Medicamentos cambia.

- Puede revisar siempre la Lista de Medicamentos actualizada del plan Anthem Blue Cross Cal MediConnect Plan en línea en duals.anthem.com.
- También puede llamar a Servicio a Miembros para revisar la Lista de Medicamentos actual en 1-855-817-5785 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m.

B3. ¿Qué sucede cuando se realiza un cambio en la Lista de Medicamentos?

Algunos cambios a la Lista de Medicamentos se realizarán **de inmediato**. Por ejemplo:

- **Cuando un nuevo medicamento genérico está disponible.** A veces, aparece un medicamento nuevo y más barato que funciona tan bien como los medicamentos de la Lista de Medicamentos. Cuando eso sucede, podemos eliminar el medicamento actual, pero su costo para el nuevo medicamento seguirá siendo el mismo. Cuando agreguemos el nuevo medicamento genérico, también podremos decidir mantener el medicamento actual en la lista, pero cambiar sus reglas o límites de cobertura.
 - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico o los cambios que realicemos.
 - Usted o su proveedor pueden solicitar una excepción de estos cambios. Le enviaremos una notificación con los pasos que puede seguir para solicitar una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Cuando un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) indica que un medicamento que está tomando no es seguro o si el fabricante del medicamento retira un medicamento del mercado, lo retiraremos de la Lista de Medicamentos. Si está tomando el medicamento, le informaremos. Comuníquese con su médico que emite la receta tan pronto como reciba la carta.



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Es posible que realicemos otros cambios que afecten los medicamentos que toma. Le informaremos con anticipación sobre estos otros cambios en la Lista de Medicamentos. Se pueden realizar estos cambios si:

- La FDA proporciona una nueva guía o hay nuevas pautas clínicas sobre el medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**
 - Reemplazamos un medicamento de marca que actualmente se encuentra en la Lista de Medicamentos **o**
 - Cambiamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando se realicen estos cambios, le informaremos al menos 30 días antes de realizar el cambio en la Lista de Medicamentos o cuando solicite un reabastecimiento. Esto le dará tiempo para hablar con su médico u otro emisor de recetas. Él o ella puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos que pueda tomar o si solicitar una excepción. Entonces, puede:

- Obtener un suministro de 31 días del medicamento antes de que se realice el cambio en la Lista de Medicamentos **o**
- Solicitar una excepción de estos cambios. Consulte la pregunta B10 para obtener más información sobre las excepciones.

B4. ¿Existen restricciones o límites en la cobertura del medicamento o cualquier acción requerida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas o límites de cobertura en la cantidad que puede obtener. En algunos casos; usted, su médico u otro emisor de recetas deben hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted, su médico u otro emisor de recetas deben obtener una aprobación de Anthem Blue Cross Cal MediConnect Plan antes de que abastezca su receta. Es posible que Anthem Blue Cross Cal MediConnect Plan no cubra el medicamento si no obtiene la aprobación.
- **Límites de cantidad:** A veces Anthem Blue Cross Cal MediConnect Plan limita la cantidad que puede obtener de un medicamento.
- **Terapia escalonada:** A veces, Anthem Blue Cross Cal MediConnect Plan requiere que siga una terapia escalonada. Esto significa que tendrá que probar los medicamentos en un cierto orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro medicamento. Si su médico cree que el primer medicamento no funciona para usted, cubriremos el segundo.

Usted puede averiguar si su medicamento tiene requisitos o límites adicionales consultando las tablas en las páginas 14 - 117. También puede obtener más información visitando nuestro sitio web en duals.anthem.com. Hemos publicado documentos en línea que explican nuestra autorización



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previa y las restricciones de terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción de estos límites. Esto le dará tiempo para hablar con su médico u otro emisor de recetas. Él o ella puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos que pueda tomar o si solicitar una excepción. Consulte las preguntas B10 - B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabe si el medicamento que desea tiene limitaciones o si se deben tomar medidas para obtener el medicamento?

La *Lista de Medicamentos Cubiertos* en la página 14 tiene una columna titulada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, autorización previa (aprobación), límites de cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le informaremos con anticipación si agregamos o cambiamos la aprobación previa, los límites de cantidad y/o las restricciones de terapia escalonada en un medicamento. Consulte la pregunta B3 para obtener más información sobre esta notificación anticipada y las situaciones en las que es posible que no podamos informarle con anticipación cuando las reglas sobre los medicamentos de la Lista de Medicamentos cambien.

B7. ¿Cómo puede averiguar si un medicamento está en la Lista de medicamentos?

Hay dos formas de encontrar un medicamento:

- Puede buscar en orden alfabético (si sabe cómo deletrear el medicamento) o
- Puede buscar por afección médica.

Para buscar **en orden alfabético**, vaya al índice de la sección de Medicamentos Cubiertos que inicia en la página 118, luego busque el nombre de su medicamento en la lista.

Para buscar **por afección médica**, busque la sección “Lista de medicamentos por afección médica” en la página 14. Los medicamentos en esta sección están agrupados en categorías basadas en el tipo de afección médica para los que se utilizan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular, Hipertensión/Lípidos. Ahí es donde encontrará medicamentos que tratan las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que desea tomar no está en la Lista de Medicamentos?

Si no ve su medicamento en la Lista de Medicamentos, llame a Servicio a Miembros al 1-855-817-5785 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m. y pregunte por él. Si se le informa



Si tiene alguna pregunta, llame Anthem Blue Cross Cal MediConnect Plan al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m. La llamada es gratuita. **Para obtener más información**, visite duals.anthem.com.

que Anthem Blue Cross Cal MediConnect Plan no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicio a Miembros una lista de los medicamentos como el que desea tomar. Luego, muestre la lista a su médico u otro emisor de recetas. Él o ella puede recetar un medicamento de la Lista de Medicamentos que sea como el que usted desea tomar. **O**
- Puede solicitar una excepción al plan de salud para cubrir su medicamento. Consulte las preguntas B10 - B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si es un nuevo miembro de Anthem Blue Cross Cal MediConnect Plan y no puede encontrar su medicamento en la Lista de Medicamentos o tiene problemas para obtener su medicamento?

Nosotros podemos ayudarle. Es posible que cubramos un suministro temporal de 31 días de su medicamento durante los primeros 90 días desde que es miembro de Anthem Blue Cross Cal MediConnect Plan. Esto le dará tiempo para hablar con su médico u otro emisor de recetas. Él o ella puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos que pueda tomar o si solicitar una excepción.

Si en su receta figuran menos días, permitiremos que le entreguen múltiples reabastecimientos hasta un máximo de 31 días de medicamento.

Cubriremos un suministro de 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra Lista de Medicamentos **o**
- las reglas del plan de salud no le permiten obtener la cantidad ordenada por el emisor de recetas **o**
- el medicamento requiere la aprobación previa de Anthem Blue Cross Cal MediConnect Plan **o**
- está tomando un medicamento que es parte de la restricción de la terapia escalonada.

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no se encuentra en la Lista de Medicamentos o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta por menos días), sea usted o no un miembro nuevo de Anthem Blue Cross Cal MediConnect Plan .
- Esto se suma al suministro temporal durante los primeros 90 días como miembro de Anthem Blue Cross Cal MediConnect Plan.

Si experimenta un cambio en el nivel de la atención que está recibiendo y que requiera trasladarse de una instalación o centro para tratamiento a otro, puede ser elegible para un único abastecimiento temporal de la receta que tiene ahora. Por ejemplo, si fue dado de alta del hospital y se le entregó una lista de medicamentos según el formulario del hospital, es posible que pueda obtener el medicamento por única vez. Puede obtener la excepción de abastecimiento temporal único, esté



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o no dentro de los primeros 90 días de la inscripción en el programa. Haga que el emisor de recetas nos llame para obtener detalles.

B10. ¿Puede solicitar una excepción para cubrir su medicamento?

Sí. Puede solicitar que Anthem Blue Cross Cal MediConnect Plan haga una excepción para que cubra un medicamento que no se encuentra en la Lista de Medicamentos.

También puede solicitarnos que cambiemos las reglas de su medicamento.

- Por ejemplo, Anthem Blue Cross Cal MediConnect Plan puede limitar la cantidad que cubriremos del medicamento. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y que cubramos más.
 - Otros ejemplos: Puede solicitarnos que eliminemos las restricciones de la terapia escalonada o los requisitos de aprobación previa.
-

B11. ¿Cómo se puede solicitar una excepción?

Para solicitar una excepción, llame a Servicio a Miembros. Su representante de Servicio a Miembros trabajará con usted y su proveedor para ayudarle a solicitar una excepción.

También puede leer el Capítulo 9 del *Manual para Miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto demora obtener una excepción?

Primero, debemos obtener una declaración del emisor de recetas que respalde su solicitud de excepción. Después de recibir la declaración, tomaremos una decisión sobre su solicitud de excepción dentro de 72 horas.

Si usted o el emisor de recetas creen que su salud puede verse perjudicada si debe esperar 72 horas para la decisión, puede solicitar una excepción acelerada. Esto es cuando se toma una decisión más rápido. Si el emisor de recetas respalda su solicitud, tomaremos una decisión dentro de las 24 horas posteriores a la recepción de la declaración de respaldo del profesional que emitió la receta.

B13. ¿Qué son medicamentos genéricos?

Los medicamentos genéricos tienen los mismos ingredientes que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y generalmente sus nombres son menos conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA).

Anthem Blue Cross Cal MediConnect Plan cubre medicamentos de marca y medicamentos genéricos.



Si tiene alguna pregunta, llame Anthem Blue Cross Cal MediConnect Plan al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m. La llamada es gratuita. **Para obtener más información**, visite duals.anthem.com.

B14. ¿Qué son medicamentos OTC?

OTC se refiere a medicamentos “de venta libre”. Anthem Blue Cross Cal MediConnect Plan cubre algunos medicamentos de venta libre cuando son recetados por su proveedor.

Puede leer la Lista de Medicamentos de Anthem Blue Cross Cal MediConnect Plan para ver qué medicamentos de venta libre están cubiertos.

B15. ¿Anthem Blue Cross Cal MediConnect Plan cubre productos de venta libre que no son medicamentos?

Anthem Blue Cross Cal MediConnect Plan cubre algunos productos de venta libre que no son medicamentos cuando son recetados por su proveedor.

Entre los productos de venta libre que no son medicamentos se encuentran las máscaras, los preservativos y los medidores de flujo de aire máximo.

Puede leer la Lista de Medicamentos de Anthem Blue Cross Cal MediConnect Plan para ver qué productos de venta libre que no son medicamentos están cubiertos.

B16. ¿Cuál es su copago?

Puede leer la Lista de Medicamentos de Anthem Blue Cross Cal MediConnect Plan para aprender sobre el copago para cada medicamento. Los miembros de Anthem Blue Cross Cal MediConnect Plan que viven en hogares de ancianos u otros centros de atención a largo plazo no tendrán copagos. Algunos miembros que reciben atención a largo plazo en la comunidad tampoco tendrán copagos.

Los copagos se clasifican por niveles. Los niveles son grupos de medicamentos con el mismo copago.

- Nivel 1 - Medicamentos de marca y genéricos preferidos de la Parte D de Medicare.
El copago es de \$0.
(Un suministro de hasta 93 días en una farmacia minorista o de pedido por correo de la red)
- Nivel 2 - Medicamentos de marca y genéricos preferidos y no preferidos de la Parte D de Medicare.
El copago es de \$0 a \$8.50.
(Un suministro de hasta 93 días en una farmacia minorista o de pedido por correo de la red)
- Nivel 3 – Medicamentos recetados de marca y genéricos no cubiertos por Medicare y aprobados por Medi-Cal (estado).
El copago es de \$0.
(Un suministro de hasta 31 días en una farmacia minorista de la red)
- Nivel 4 – Medicamentos genéricos de venta libre no cubiertos por Medicare y aprobados por Medi-Cal (estado).
El copago es de \$0.
(Un suministro de hasta 31 días en una farmacia minorista de la red)



Si tiene alguna pregunta, llame Anthem Blue Cross Cal MediConnect Plan al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m. La llamada es gratuita. **Para obtener más información**, visite duals.anthem.com.

C. Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le brinda información sobre los medicamentos cubiertos por Anthem Blue Cross Cal MediConnect Plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 118. En el índice se encuentran en orden alfabético todos los medicamentos que están cubiertos por Anthem Blue Cross Cal MediConnect Plan.

En la primera columna del cuadro se encuentran los nombres de los medicamentos. Los medicamentos de marca figuran en letra mayúscula (por ej., SPIRIVA) y los medicamentos genéricos aparecen en letra minúscula y cursiva (por ej., *atenolol*).

La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si Anthem Blue Cross Cal MediConnect Plan tiene alguna regla para la cobertura de su medicamento.

Nota: El asterisco (*) al lado del medicamento significa que éste no es un “medicamento de la Parte D”. No tendrá que pagar un copago por estos medicamentos. Estos medicamentos también tienen diferentes reglas para las apelaciones.

- Una *apelación* es una manera formal de solicitarnos que revisemos una decisión tomada acerca de su cobertura y que la modifiquemos si cree que nos equivocamos. Por ejemplo, podemos decidir que un medicamento que desea no esté cubierto o que deje de estar cubierto por Medicare o Medi-Cal.
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si tiene alguna pregunta, llame a Servicio a Miembros al 1-855-817-5785 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m. También puede leer el Capítulo 9 del *Manual para Miembros* para saber cómo apelar una decisión.



Si tiene alguna pregunta, llame Anthem Blue Cross Cal MediConnect Plan al 1-855-817-5785 (TTY 711), de lunes a viernes de 8 a.m. a 8 p.m. La llamada es gratuita. **Para obtener más información**, visite duals.anthem.com.

D. Lista de medicamentos por afección médica

Los medicamentos en esta sección están agrupados en categorías basadas en el tipo de afección médica para los que se utilizan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular, Hipertensión/Lípidos. Ahí es donde encontrará medicamentos que tratan las afecciones cardíacas.

Estos son los significados de los códigos usados en la columna “Acciones necesarias, restricciones o límites de uso”:

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
B/D PAR	Determinación Parte B vs. Parte D	Este medicamento recetado puede estar cubierto por la Parte B o D de Medicare, según las circunstancias. Es posible que se deba presentar información describiendo el uso y las circunstancias de uso del medicamento para tomar la decisión.
LA	Disponibilidad limitada	Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, llame al Servicio a Miembros al 1-855-817-5785 (TTY 711).
MO	Medicamento de venta por correo	Este medicamento con receta está disponible a través de nuestro servicio de pedido por correo, así como a través de nuestras farmacias minoristas de la red. Considere usar el servicio de pedido por correo para sus medicamentos a largo plazo (de mantenimiento) (como medicamentos para la presión arterial alta). Las farmacias minoristas de la red pueden ser más adecuadas para recetas a corto plazo (como antibióticos).
NE	Suministro no ampliado	Los suministros no ampliados de medicamentos incluyen medicamentos especializados. Los medicamentos especializados se limitan a un suministro para 31 días. Puede averiguar si el abastecimiento de medicamentos especializados o suministro no ampliado de un medicamento están limitados a un suministro de 31 días consultando el cuadro de beneficios que se encuentra al inicio de su Manual para Afiliados.
PAR	Se requiere autorización previa.	Anthem Blue Cross Cal MediConnect Plan requiere que usted o su médico tengan una autorización previa para determinados medicamentos. Esto significa que necesita obtener aprobación antes de poder abastecer su receta. Si no obtiene la aprobación, podríamos no cubrir el medicamento.
QLL	Límite de cantidad	Para ciertos medicamentos, Anthem Blue Cross Cal MediConnect Plan limita la cantidad del medicamento que cubrirá.
ST	Terapia escalonada.	En algunos casos, Anthem Blue Cross Cal MediConnect Plan requiere que usted pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si ambos medicamentos A y B tratan su afección médica, puede no cubrir el medicamento

		B a menos que usted pruebe primero el medicamento A. Si el medicamento A no es efectivo para usted, entonces cubrirá el medicamento B.
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Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
ANTI - INFECTIVES		
<i>abacavir oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
ABELCET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>acyclovir oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>adefovir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>albendazole</i>	\$0.00-\$8.50 (Tier 2)	MO
ALBENZA	\$0.00-\$8.50 (Tier 2)	MO; NE
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 30 days)
<i>amantadine hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
AMBISOME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin-pot clavulanate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amphotericin b</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ampicillin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>ampicillin oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
APTIVUS ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	NE; QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>atovaquone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ATRIPLA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
AZACTAM	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aztreonam</i>	\$0.00-\$8.50 (Tier 2)	MO
BARACLUDGE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K)	\$0.00-\$8.50 (Tier 2)	MO
BIKTARVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
BILTRICIDE	\$0.00-\$8.50 (Tier 2)	MO
CAPASTAT	\$0.00-\$8.50 (Tier 2)	
CAYSTON	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>cefaclor oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefaclor oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefazolin intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefdinir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefepime injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin in dextrose, iso-osm</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefpodoxime</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefprozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 6 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ceftriaxone in dextrose, iso-os</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefuroxime axetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cephalexin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>chloramphenicol sod succinate</i>	\$0.00-\$8.50 (Tier 2)	
<i>chloroquine phosphate</i>	\$0.00-\$8.50 (Tier 2)	MO
CIMDUO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clarithromycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>colistin (colistimethate na)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMPLERA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
DAPSONE ORAL	\$0.00-\$8.50 (Tier 2)	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>daptomycin intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
DARAPRIM	\$0.00-\$8.50 (Tier 2)	NE
DELSTRIGO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>demeclocycline</i>	\$0.00-\$8.50 (Tier 2)	MO
DESCOVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>dicloxacillin</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	\$0.00-\$8.50 (Tier 2)	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
DOVATO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>doxy-100</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>doxycycline hyclate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
EDURANT	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (850 per 30 days)
<i>entecavir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EPCLUSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ertapenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>erythrocine (as stearate) oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>erythromycin ethylsuccinate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ethambutol</i>	\$0.00-\$8.50 (Tier 2)	MO
EVOTAZ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (21 per 7 days)
<i>fluconazole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>flucytosine oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flucytosine oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>fosamprenavir</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gentamicin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml injection</i>	\$0.00-\$8.50 (Tier 2)	MO
GENVOYA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>griseofulvin ultramicrosize</i>	\$0.00-\$8.50 (Tier 2)	MO
HARVONI ORAL TABLET 90-400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipenem-cilastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
INTELENCE ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
INVANZ INJECTION	\$0.00-\$8.50 (Tier 2)	MO
INVIRASE ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS HD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
ISENTRESS ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
<i>isoniazid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>itraconazole oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>ivermectin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
JULUCA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>ketoconazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/ 50 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/ 100 ml, 750 mg/150 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
LEXIVA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	\$0.00-\$8.50 (Tier 2)	
<i>linezolid oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>lopinavir-ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
<i>mefloquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meropenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methenamine hippurate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metro i.v.</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole in nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minocycline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minocycline oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
MONUROL	\$0.00-\$8.50 (Tier 2)	MO
<i>morgidox oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>moxifloxacin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>nafcillin intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
NEBUPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>neomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral suspension</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORVIR ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>nystatin oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
ODEFSEY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>ofloxacin oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>okebo oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oseltamivir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>oxacillin injection recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paromomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
PASER	\$0.00-\$8.50 (Tier 2)	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>penicillin g sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin v potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
PENTAM	\$0.00-\$8.50 (Tier 2)	MO
<i>pentamidine injection</i>	\$0.00-\$8.50 (Tier 2)	
PIFELTRO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>praziquantel</i>	\$0.00-\$8.50 (Tier 2)	MO
PREZCOBIX	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PREZISTA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
PRIFTIN	\$0.00-\$8.50 (Tier 2)	MO
PRIMAQUINE	\$0.00-\$8.50 (Tier 2)	MO
<i>pyrazinamide</i>	\$0.00-\$8.50 (Tier 2)	MO
REESE'S PINWORM MEDICINE	\$0 (Tier 4)	[*]
RELENZA DISKHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO
REYATAZ ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ribavirin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ribavirin oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>rifabutin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>rifampin</i>	\$0.00-\$8.50 (Tier 2)	MO
RIFATER	\$0.00-\$8.50 (Tier 2)	MO
<i>rimantadine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SIRTURO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>stavudine oral capsule 15 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
STREPTOMYCIN	\$0.00-\$8.50 (Tier 2)	MO
STRIBILD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfamethoxazole-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
SYMFI	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMFI LO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMTUZA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYNAGIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
SYNERCID	\$0.00-\$8.50 (Tier 2)	NE
TEFLARO	\$0.00-\$8.50 (Tier 2)	MO; NE
TEMIXYS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tetracycline</i>	\$0.00-\$8.50 (Tier 2)	MO
TIGECYCLINE	\$0.00-\$8.50 (Tier 2)	NE
TIVICAY ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	NE
<i>tobramycin sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
TRECTOR	\$0.00-\$8.50 (Tier 2)	MO
<i>trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
TRIUMEQ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TROGARZO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (10.64 per 28 days)
TRUVADA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TYBOST	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	\$0.00-\$8.50 (Tier 2)	

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	\$0.00-\$8.50 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	\$0.00-\$8.50 (Tier 2)	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (80 per 10 days)
VEMLIDY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIREAD ORAL POWDER	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>voriconazole oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
VOSEVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
XOFLUZA	\$0.00-\$8.50 (Tier 2)	MO
ZIAGEN ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1920 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
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<i>zidovudine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ABRAXANE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>adriamycin intravenous recon soln 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
AFINITOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
AFINITOR DISPERZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALECENSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ALIMTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALIQOPA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ALUNBRIG ORAL TABLET 180 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 180 days)
<i>anastrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ARRANON	\$0.00-\$8.50 (Tier 2)	B/D PAR
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	\$0.00-\$8.50 (Tier 2)	NE
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
ARZERRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
AVASTIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azacitidine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azathioprine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BALVERSA ORAL TABLET 3 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
BAVENCIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
BELEODAQ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BENDEKA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
BESPONSA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bexarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)
<i>bicalutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
BICNU	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bleomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BORTEZOMIB	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BOSULIF ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>busulfan</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BUSULFEX	\$0.00-\$8.50 (Tier 2)	B/D PAR
CABOMETYX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
CALQUENCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CAPRELSA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; LA; NE; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>carmustine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
CELLCEPT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cisplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cladribine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>clofarabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
CLOLAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (84 per 28 days)
COPIKTRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
COTELLIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyclosporine modified</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
CYRAMZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dacarbazine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dactinomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
DARZALEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>daunorubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
DAURISMO ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>decitabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>doxorubicin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>doxorubicin, peg-liposomal</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
DROXIA	\$0.00-\$8.50 (Tier 2)	MO
ELITEK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EMCYT	\$0.00-\$8.50 (Tier 2)	MO
EMPLICITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>epirubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
ERBITUX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ERIVEDGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ERLEADA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ERWINAZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ETOPOPHOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>etoposide intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
EVOMELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>exemestane</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FARESTON	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
FASLODEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>fludarabine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>fluorouracil intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>flutamide</i>	\$0.00-\$8.50 (Tier 2)	MO
FOLOTYN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>fulvestrant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GAZYVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gengraf oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
GILOTRIF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
GLEOSTINE	\$0.00-\$8.50 (Tier 2)	PAR; MO
HALAVEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
HERCEPTIN HYLECTA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>hydroxyurea</i>	\$0.00-\$8.50 (Tier 2)	MO
IBRANCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>idarubicin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
IDHIFA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>imatinib oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
IMFINZI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
INLYTA ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
INREBIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
IRESSA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>irinotecan intravenous solution 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>irinotecan intravenous solution 500 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
ISTODAX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
IXEMPRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
JAKAFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
J EVTANA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
K ADCYLA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
K EPIVANCE	\$0.00-\$8.50 (Tier 2)	MO
K EYTRUDA INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
K HAPZORY	\$0.00-\$8.50 (Tier 2)	PAR; NE
K ISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (49 per 28 days)
K ISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (70 per 28 days)
K ISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (91 per 28 days)
K ISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (21 per 21 days)
K ISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (42 per 21 days)
K ISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (63 per 21 days)
K YPROLIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
L ENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
L ENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
L ENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>letrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>leucovorin calcium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
L EUKERAN	\$0.00-\$8.50 (Tier 2)	MO
<i>leuprolide subcutaneous kit</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; NE
LIBTAYO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LONSURF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LORBRENA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
LUMOXITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LUPRON DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LYSODREN	\$0.00-\$8.50 (Tier 2)	MO
MARQIBO	\$0.00-\$8.50 (Tier 2)	MO; NE
MATULANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>megestrol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
MEKTOVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>melphalan hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mercaptopurine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesna</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MESNEX ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>methotrexate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methotrexate sodium (pf) injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	
<i>methotrexate sodium (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>mitomycin intravenous recon soln 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mitoxantrone</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mycophenolate mofetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate sodium</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
MYLOTARG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NERLYNX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
NEXAVAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>nilutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
NINLARO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
NIPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
NUBEQA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
NULOJIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>octreotide acetate injection solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ODOMZO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
OPDIVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>oxaliplatin intravenous recon soln 100 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>oxaliplatin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>oxaliplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paclitaxel</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PERJETA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
POLIVY	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
POMALYST ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
PORTRAZZA	\$0.00-\$8.50 (Tier 2)	MO; NE
POTELIGEO	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF ORAL GRANULES IN PACKET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
PURIXAN	\$0.00-\$8.50 (Tier 2)	PAR; NE
RAPAMUNE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
REVLIMID ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (150 per 30 days)
RITUXAN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
RITUXAN HYCELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ROMIDEPSIN	\$0.00-\$8.50 (Tier 2)	PAR; NE
ROZLYTREK ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
RUBRACA ORAL TABLET 250 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
RYDAPT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
SIGNIFOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SIMULECT INTRAVENOUS RECON SOLN 10 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
SIMULECT INTRAVENOUS RECON SOLN 20 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
SOLTAMOX	\$0.00-\$8.50 (Tier 2)	MO; NE
SOMATULINE DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SPRYCEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
STIVARGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
SYNRIBO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TABLOID	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TAFINLAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>tamoxifen</i>	\$0.00-\$8.50 (Tier 2)	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
TARGRETIN TOPICAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 30 days)
<i>temsirolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>thiotepa</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TIBSOVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>toposar</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>topotecan intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>toremifene</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TORISEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TREANDA INTRAVENOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
TREXALL	\$0.00-\$8.50 (Tier 2)	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TURALIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
TYKERB	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
UNITUXIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
VECTIBIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VELCADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VENCLEXTA ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (84 per 365 days)
VERZENIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vincristine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vinorelbine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
VITRAKVI ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VOTRIENT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
VYXEOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
XALKORI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
XATMEP	\$0.00-\$8.50 (Tier 2)	MO
XGEVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.7 per 28 days)
XOSPATA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (12 per 28 days)
XTANDI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
YERVOY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
YONDELIS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
YONSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZALTRAP	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ZANOSAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZEJULA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
ZELBORAF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ZOLINZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZORTRESS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZYDELIG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ZYKADIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ABILIFY MAINTENA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ADASUVE	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>all day pain relief</i>	\$0 (Tier 4)	[*]
<i>all day relief</i>	\$0 (Tier 4)	[*]
<i>alprazolam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>amitriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>amoxapine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
AMPYRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
APOKYN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
APTIOM	\$0.00-\$8.50 (Tier 2)	ST; MO; NE
<i>aripiprazole oral solution</i>	\$0 (Tier 1)	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	MO; NE; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>aspir-81</i>	\$0 (Tier 4)	[*]
<i>aspir-low</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	\$0 (Tier 4)	[*]
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
AUBAGIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>baclofen oral</i>	\$0.00-\$8.50 (Tier 2)	MO
BANZEL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>benztropine oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
BRIVIACT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	PAR

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
BRIVIACT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>bromocriptine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>buprenorphine hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>bupirone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>butorphanol tartrate injection solution 1 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>butorphanol tartrate injection solution nasal spray, non-aerosol 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>carbamazepine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>carbamazepine oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa-entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carisoprodol oral tablet 350 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>celecoxib</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	\$0 (Tier 4)	[*]
<i>children's aspirin</i>	\$0 (Tier 4)	[*]
<i>children's pain relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain reliever oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain-fever relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>chlorpromazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>citalopram oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>clobazam oral suspension</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>clomipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	\$0 (Tier 1)	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	\$0 (Tier 1)	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	\$0 (Tier 1)	NE; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	\$0 (Tier 1)	NE; QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	\$0 (Tier 1)	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dalfampridine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>dantrolene oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
DIASTAT	\$0.00-\$8.50 (Tier 2)	MO
<i>DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam injection solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>diazepam injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium topical gel 1 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dihydroergotamine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (8 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN INFATABS	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN ORAL CAPSULE 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>divalproex</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>e.c. prin</i>	\$0 (Tier 4)	[*]
<i>ec-naproxen</i>	\$0.00-\$8.50 (Tier 2)	
EMSAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
EPIDIOLEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>epitol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ergoloid</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
ERGOMAR	\$0.00-\$8.50 (Tier 2)	MO
<i>escitalopram oxalate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>escitalopram oxalate oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>ethosuximide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
FANAPT ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (16 per 365 days)
<i>felbamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenoprofen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO
<i>flurbiprofen</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>fluvoxamine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	\$0.00-\$8.50 (Tier 2)	MO
FYCOMPA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
GEODON INTRAMUSCULAR	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>haloperidol</i>	\$0 (Tier 1)	MO
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate injection</i>	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>haloperidol lactate intramuscular</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral</i>	\$0 (Tier 1)	MO
HETLIOZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (50 per 10 days)
<i>hydromorphone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>ibu</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibu-200</i>	\$0 (Tier 4)	[*]
<i>ibuprofen ib oral tablet</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral capsule</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibuprofen oral tablet 200 mg</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipramine hcl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>indomethacin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>infant pain reliever</i>	\$0 (Tier 4)	[*]
<i>infants' pain and fever</i>	\$0 (Tier 4)	[*]
<i>infants' pain relief</i>	\$0 (Tier 4)	[*]
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.5 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2.625 per 90 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	\$0.00-\$8.50 (Tier 2)	MO
LATUDA ORAL TABLET 120 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>levetiracetam intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>levetiracetam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>lithium carbonate</i>	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>loxapine succinate</i>	\$0.00-\$8.50 (Tier 2)	MO
LYRICA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MARPLAN	\$0.00-\$8.50 (Tier 2)	MO
<i>meclofenamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meloxicam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>memantine oral capsule,sprinkle,er 24hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>methadone injection solution</i>	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>methadone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methocarbamol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>methylphenidate hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nabumetone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nalbuphine injection solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>naloxone</i>	\$0 (Tier 1)	MO
<i>naltrexone</i>	\$0.00-\$8.50 (Tier 2)	MO
NAMZARIC	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>naproxen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen sodium oral capsule</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 220 mg</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO
NAYZILAM	\$0.00-\$8.50 (Tier 2)	NE
<i>nefazodone oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NEUPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO
NUEDEXTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>olanzapine intramuscular</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>olanzapine oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>oxaprozin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxcarbazepine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxycodone oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>paroxetine hcl oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
PEGANONE	\$0.00-\$8.50 (Tier 2)	MO
<i>perphenazine</i>	\$0 (Tier 1)	MO
PERSERIS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
<i>phenelzine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenobarbital oral elixir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (123 per 30 days)
PHENYTEK	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium extended</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pimozide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>piroxicam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pramipexole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pregabalin oral capsule 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>pregabalin oral capsule 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>protriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>provil</i>	\$0 (Tier 4)	[*]
<i>pyridostigmine bromide oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>quetiapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>rasagiline</i>	\$0.00-\$8.50 (Tier 2)	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)
<i>risperidone oral solution</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>roovepra oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
SABRIL ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sertraline oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>sertraline oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>sulindac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan nasal spray</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan succinate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	\$0.00-\$8.50 (Tier 2)	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
TECFIDERA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>temazepam oral capsule 15 mg, 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>thioridazine</i>	\$0 (Tier 1)	ST; MO
<i>thiothixene</i>	\$0 (Tier 1)	MO
<i>tiagabine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tizanidine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolcapone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>topiramate oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (40 per 5 days)
<i>tranylcypromine</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>trazodone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluoperazine</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>trimipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
TYSABRI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>valproate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VERSACLOZ	\$0.00-\$8.50 (Tier 2)	QLL (600 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>vigabatrin oral powder in packet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
VRAYLAR ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (14 per 365 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (16 per 28 days)
XYREM	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>zolmitriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>zolpidem oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zonisamide</i>	\$0.00-\$8.50 (Tier 2)	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

<i>acebutolol</i>	\$0 (Tier 1)	MO
<i>aliskiren</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiloride-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiodarone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>amiodarone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine besylate tablet</i>	\$0 (Tier 1)	MO
<i>amlodipine-benazepril</i>	\$0 (Tier 1)	MO
<i>amlodipine-olmesartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aspirin-dipyridamole</i>	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>atenolol-chlorthalidone</i>	\$0 (Tier 1)	MO
<i>atorvastatin</i>	\$0 (Tier 1)	MO
<i>benazepril</i>	\$0 (Tier 1)	MO
<i>benazepril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>betaxolol oral</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>bisoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BRILINTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>bumetanide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>candesartan</i>	\$0 (Tier 1)	MO
<i>candesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>carvedilol</i>	\$0 (Tier 1)	MO
<i>chlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine light</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cilostazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clonidine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clonidine transdermal patch</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>colestipol</i>	\$0.00-\$8.50 (Tier 2)	MO
CORLANOR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	\$0.00-\$8.50 (Tier 2)	MO
DEMSER	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl intravenous solution</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diltiazem hcl oral tablet</i>	\$0 (Tier 1)	MO
<i>dofetilide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxazosin</i>	\$0 (Tier 1)	MO
ELIQUIS ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	\$0 (Tier 1)	MO
<i>enalapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enoxaparin subcutaneous solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16.8 per 28 days)
ENTRESTO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>eplerenone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eprosartan</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>felodipine</i>	\$0 (Tier 1)	MO
<i>fenofibrate micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg, 135 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flecainide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (18 per 30 days)
<i>fosinopril</i>	\$0 (Tier 1)	MO
<i>fosinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>furosemide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral tablet</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) injection solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12, 500 UNIT/250 ML	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>heparin, porcine (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/ 0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	
<i>hydralazine</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>irbesartan</i>	\$0 (Tier 1)	MO
<i>irbesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>isosorbide dinitrate oral tablet extended release</i>	\$0.00-\$8.50 (Tier 2)	
<i>isosorbide mononitrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>jantoven</i>	\$0.00-\$8.50 (Tier 2)	MO
JUXTAPID	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>labetalol intravenous solution</i>	\$0 (Tier 1)	MO
<i>labetalol oral</i>	\$0 (Tier 1)	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>lisinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>losartan</i>	\$0 (Tier 1)	MO
<i>losartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
MEPHYTON	\$0 (Tier 3)	[*]
<i>methyclothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metolazone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoprolol succinate</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous solution</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoprolol tartrate oral</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>mexiletine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minoxidil oral</i>	\$0.00-\$8.50 (Tier 2)	MO
MULTAQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	\$0 (Tier 1)	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	\$0 (Tier 1)	MO
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>niacin oral tablet</i>	\$0 (Tier 4)	[*]
<i>niacin oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 250 mg, 750 mg</i>	\$0 (Tier 4)	[*]
NIACOR	\$0.00-\$8.50 (Tier 2)	MO
<i>nicardipine oral</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release 24hr</i>	\$0 (Tier 1)	MO
<i>nimodipine</i>	\$0 (Tier 1)	MO
<i>nitro-bid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>nitroglycerin sublingual</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin transdermal patch 24 hour</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 acid ethyl esters</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 fatty acids oral capsule</i>	\$0 (Tier 4)	[*]
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pentoxifylline</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pindolol</i>	\$0 (Tier 1)	MO
PRADAXA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
PRALUENT PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>prasugrel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>pravastatin</i>	\$0 (Tier 1)	MO
<i>prazosin</i>	\$0 (Tier 1)	MO
<i>prevalite</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 500 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
PROMACTA ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
<i>propafenone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>propranolol intravenous</i>	\$0 (Tier 1)	
<i>propranolol oral</i>	\$0 (Tier 1)	MO
<i>quinapril</i>	\$0 (Tier 1)	MO
<i>quinapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
RANEXA	\$0.00-\$8.50 (Tier 2)	ST; MO
<i>ranolazine</i>	\$0.00-\$8.50 (Tier 2)	ST; MO
REPATHA PUSHTRONEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3.5 per 28 days)
REPATHA SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
REPATHA SYRINGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
<i>rosuvastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>simvastatin</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 240 mg</i>	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg</i>	\$0 (Tier 1)	MO
<i>sotalol af oral tablet 160 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>sotalol oral tablet 120 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>spironolactone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>spironolactone-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>taztia xt</i>	\$0 (Tier 1)	MO
TEKTURNA	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-amlodipine oral tablet 80-5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>terazosin capsule</i>	\$0 (Tier 1)	MO
<i>timolol maleate oral</i>	\$0 (Tier 1)	MO
<i>torseamide oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
UPTRAVI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (400 per 365 days)
<i>valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valsartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
VASCEPA	\$0.00-\$8.50 (Tier 2)	MO
VECAMYL	\$0.00-\$8.50 (Tier 2)	
<i>verapamil intravenous solution</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>verapamil oral tablet</i>	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>verapamil oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>warfarin</i>	\$0 (Tier 1)	MO
XARELTO ORAL TABLET 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (102 per 365 days)

DERMATOLOGICALS/TOPICAL THERAPY

ABREVA	\$0 (Tier 4)	[*]
<i>acitretin oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
ACNE MEDICATION TOPICAL GEL 10 %	\$0 (Tier 4)	[*]
<i>acyclovir topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ala-cort topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alclometasone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	
<i>amlactin topical lotion</i>	\$0 (Tier 4)	[*]
<i>ammonium lactate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ammonium lactate topical lotion</i>	\$0 (Tier 4)	[*]
<i>anti-dandruff</i>	\$0 (Tier 4)	[*]
<i>anti-itch (hc) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal (clotrimazole)</i>	\$0 (Tier 4)	[*]
<i>antifungal (tolnaftate) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal cream (miconazole)</i>	\$0 (Tier 4)	[*]
<i>athlete's foot (terbinafine)</i>	\$0 (Tier 4)	[*]
<i>athlete's foot (tolnaftate) topical aerosol,spray</i>	\$0 (Tier 4)	[*]
<i>bacitracin topical</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>bacitracin zinc topical packet</i>	\$0 (Tier 4)	[*]
<i>baza antifungal</i>	\$0 (Tier 4)	[*]
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	\$0 (Tier 4)	[*]
<i>betamethasone dipropionate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calamine-zinc oxide topical lotion 8-8 %</i>	\$0 (Tier 4)	[*]
<i>calcipotriene scalp</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
CAPEX	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclodan topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclopirox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>claravis</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical foam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical swab</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol scalp</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clotrimazole topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole topical</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-betamethasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>complete lice treatment</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
DENAVIR	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (5 per 30 days)
<i>desenex topical powder</i>	\$0 (Tier 4)	[*]
<i>desoximetasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>double antibiotic</i>	\$0 (Tier 4)	[*]
ELIDEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin-benzoyl peroxide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluocinolone and shower cap</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluocinolone topical cream 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluorouracil topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluticasone propionate topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fungoid-d</i>	\$0 (Tier 4)	[*]
<i>gentamicin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>halobetasol propionate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>halobetasol propionate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone acetate topical cream</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical lotion 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone valerate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-aloe vera topical cream 1 %</i>	\$0 (Tier 4)	[*]
<i>imiquimod topical cream in packet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>inzo antifungal</i>	\$0 (Tier 4)	[*]
<i>jock itch</i>	\$0 (Tier 4)	[*]
<i>ketoconazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketoconazole topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamisil af topical aerosol powder</i>	\$0 (Tier 4)	[*]
<i>lamisil at topical cream</i>	\$0 (Tier 4)	[*]
<i>lice bedding spray</i>	\$0 (Tier 4)	[*]
<i>lice complete kit 1-2-3</i>	\$0 (Tier 4)	[*]
<i>lice killing</i>	\$0 (Tier 4)	[*]
<i>lice killing (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice pyrinyl shampoo</i>	\$0 (Tier 4)	[*]
<i>lice solution</i>	\$0 (Tier 4)	[*]
<i>lice treatment (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical liquid 1 %</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical shampoo</i>	\$0 (Tier 4)	[*]
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>lidocaine hcl laryngotracheal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch,medicated</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO
LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM	\$0 (Tier 4)	[*]
<i>mafenide acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methoxsalen</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>metronidazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole topical gel 0.75 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole nitrate topical cream</i>	\$0 (Tier 4)	[*]
<i>miconazorb af</i>	\$0 (Tier 4)	[*]
<i>micro-guard</i>	\$0 (Tier 4)	[*]
<i>mometasone topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>myorisan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nyamyc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin-triamcinolone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystop</i>	\$0.00-\$8.50 (Tier 2)	MO
PANRETIN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>permethrin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PICATO	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>pimecrolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>remedy phytoplex antifungal topical powder</i>	\$0 (Tier 4)	[*]
<i>rid complete lice elim kit topical</i>	\$0 (Tier 4)	[*]
<i>rosadan topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
SANTYL	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>scalpicin anti-itch</i>	\$0 (Tier 4)	[*]
<i>selenium sulfide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>silver sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ssd</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide sodium (acne)</i>	\$0.00-\$8.50 (Tier 2)	MO
SULFAMYLON TOPICAL CREAM	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus topical</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
TAZORAC TOPICAL CREAM 0.05 %	\$0.00-\$8.50 (Tier 2)	PAR; MO
TAZORAC TOPICAL GEL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>terbinafina hcl topical</i>	\$0 (Tier 4)	[*]
<i>tolnaftate topical cream</i>	\$0 (Tier 4)	[*]
<i>tretinoin topical cream</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triderm topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triple antibiotic topical ointment</i>	\$0 (Tier 4)	[*]
<i>triple antibiotic topical ointment in packet</i>	\$0 (Tier 4)	[*]
UVADEX	\$0.00-\$8.50 (Tier 2)	B/D PAR

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
VALCHLOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zenatane</i>	\$0.00-\$8.50 (Tier 2)	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

<i>acamprosate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>acetylcysteine intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alendronate oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ALLI	\$0 (Tier 4)	[*]
<i>anagrelide</i>	\$0.00-\$8.50 (Tier 2)	MO
ARALAST NP	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>benzphetamine oral tablet 50 mg</i>	\$0 (Tier 3)	PAR; [*]
BUPHENYL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>bupropion hcl (smoking deter)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
CARBAGLU	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CHANTIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d2.5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d5 % and 0.9 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>d5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>deferasirox</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>dex4 glucose oral gel</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose pouch pack</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose quick dissolve</i>	\$0 (Tier 4)	[*]
<i>dextrose 10 % and 0.2 % nacl</i>	\$0.00-\$8.50 (Tier 2)	

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>dextrose 10 % in water (d10w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 20 % in water (d20w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 25 % in water (d25w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 30 % in water (d30w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 40 % in water (d40w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5 % in water (d5w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5 %-lactated ringers</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5%-0.2 % sod chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5%-0.3 % sod.chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 50 % in water (d50w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 70 % in water (d70w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose oral gel</i>	\$0 (Tier 4)	[*]
<i>dextrose with sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>disulfiram</i>	\$0.00-\$8.50 (Tier 2)	MO
EXJADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>gluco burst</i>	\$0 (Tier 4)	[*]
<i>glucose gel</i>	\$0 (Tier 4)	[*]
<i>glucose oral tablet,chewable 4 gram</i>	\$0 (Tier 4)	[*]
INCRELEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>kionex (with sorbitol)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lactated ringers irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levocarnitine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>levocarnitine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>midodrine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nicorelief</i>	\$0 (Tier 4)	[*]
NICORETTE BUCCAL LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
NICORETTE BUCCAL MINI LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal gum</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>nicotine (polacrilex) buccal lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
<i>nicotine transdermal patch, td daily, sequential</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
NICOTROL NS	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nitisinone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORTHERA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ORFADIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>phentermine</i>	\$0 (Tier 3)	PAR; [*]
<i>pilocarpine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLASTIN-C INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
RAVICTI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (525 per 30 days)
<i>riluzole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ringer's irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium phenylbutyrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>sodium polystyrene sulfonate oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	\$0.00-\$8.50 (Tier 2)	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	\$0.00-\$8.50 (Tier 2)	
<i>sps (with sorbitol) oral</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>sps (with sorbitol) rectal</i>	\$0.00-\$8.50 (Tier 2)	
<i>trientine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
VELPHORO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>water for irrigation, sterile</i>	\$0.00-\$8.50 (Tier 2)	MO

EAR, NOSE / THROAT MEDICATIONS

<i>acetic acid otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
CIPRODEX	\$0.00-\$8.50 (Tier 2)	MO
COLY-MYCIN S	\$0.00-\$8.50 (Tier 2)	MO
<i>ear drops (carbamide peroxide)</i>	\$0 (Tier 4)	[*]
<i>fluocinolone acetonide oil otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-acetic acid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ipratropium bromide nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nasal mist</i>	\$0 (Tier 4)	[*]
<i>neomycin-polymyxin-hc otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paroex oral rinse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>periogard</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sterile saline nasal</i>	\$0 (Tier 4)	[*]
<i>triamcinolone acetonide dental</i>	\$0.00-\$8.50 (Tier 2)	MO

ENDOCRINE/DIABETES

<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	\$0 (Tier 4)	[*]
ACCU-CHEK COMPACT PLUS TEST	\$0 (Tier 4)	[*]
ACCU-CHEK FASTCLIX LANCET DRUM	\$0 (Tier 4)	[*]
ACCU-CHEK MULTICLIX LANCET	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
ACCU-CHEK SMARTVIEW TEST STRIP	\$0 (Tier 4)	[*]
ACCU-CHEK SOFTCLIX LANCETS	\$0 (Tier 4)	[*]
ACTHAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>alcohol pads</i>	\$0 (Tier 1)	MO
ALDURAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANADROL-50	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
BYDUREON BCISE	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitonin (salmon)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitriol oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
CERDELGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
CONDOMS-PREM LUBRICATED	\$0 (Tier 4)	[*]
<i>cortisone tablet</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
CYCLOSET	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (180 per 30 days)
<i>danazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray with pump</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray, non-aerosol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral elixir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phos (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phosphate injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
ELAPRASE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FABRAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FANTASY CONDOM	\$0 (Tier 4)	[*]
FC2 FEMALE CONDOM	\$0 (Tier 4)	[*]
<i>fludrocortisone</i>	\$0.00-\$8.50 (Tier 2)	MO
GAUZE PADS 2 X 2	\$0 (Tier 1)	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
GLUCAGEN HYPOKIT	\$0 (Tier 1)	MO
GLUCAGON EMERGENCY KIT (HUMAN)	\$0 (Tier 1)	MO
<i>glyburide oral tablet 1.25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	\$0 (Tier 1)	MO
HUMALOG KWIKPEN INSULIN	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 INSULN U-100	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25(U-100)INSULN	\$0 (Tier 1)	MO
HUMALOG U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH INSULIN KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN R REGULAR U-100 INSULN	\$0 (Tier 1)	MO
HUMULIN R U-500 (CONC) INSULIN	\$0 (Tier 1)	PAR; MO; NE
HUMULIN R U-500 (CONC) KWIKPEN	\$0 (Tier 1)	PAR; MO; NE
<i>hydrocortisone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
INSTA-GLUCOSE (WITH DEXTRIN)	\$0 (Tier 4)	[*]
INSULIN LISPRO	\$0 (Tier 1)	MO
<i>insulin pen needle</i>	\$0 (Tier 1)	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	\$0 (Tier 1)	MO; QLL (200 per 30 days)
JANUMET	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
JANUVIA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JARDIANCE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JENTADUETO	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	\$0 (Tier 4)	[*]
KIMONO MICROTHIN LARGE CONDOMS	\$0 (Tier 4)	[*]
KIMONO TEXTURED CONDOMS	\$0 (Tier 4)	[*]
KORLYM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KUVAN ORAL TABLET,SOLUBLE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LANCETS 26 GAUGE	\$0 (Tier 4)	[*]
LANCETS,ULTRA THIN 26 GAUGE	\$0 (Tier 4)	[*]
LANTUS SOLOSTAR U-100 INSULIN	\$0 (Tier 1)	MO
LANTUS U-100 INSULIN	\$0 (Tier 1)	MO
LEVEMIR FLEXTOUCH U-100 INSULN	\$0 (Tier 1)	MO
LEVEMIR U-100 INSULIN	\$0 (Tier 1)	MO
<i>levothyroxine oral</i>	\$0 (Tier 1)	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>liothyronine oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylpred dp</i>	\$0.00-\$8.50 (Tier 2)	
<i>methylprednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MIACALCIN INJECTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
MICRO THIN LANCETS	\$0 (Tier 4)	[*]
<i>miglustat</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NAGLAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
NATPARA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (2 per 28 days)
NEEDLES, INSULIN DISP.,SAFETY	\$0 (Tier 1)	MO; QLL (200 per 30 days)
ONETOUCH DELICA LANCETS	\$0 (Tier 4)	[*]
ONETOUCH ULTRA BLUE TEST STRIP	\$0 (Tier 4)	[*]
ONETOUCH VERIO	\$0 (Tier 4)	[*]
<i>oxandrolone oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
OZEMPIC	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paricalcitol oral capsule 4 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PEAK AIR PEAK FLOW METER	\$0 (Tier 4)	[*]
<i>pioglitazone oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	\$0 (Tier 1)	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
PRODIGY TWIST TOP LANCET	\$0 (Tier 4)	[*]
PROGLYCEM	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>propylthiouracil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
SMART SENSE LANCETS 26 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
SOFT TOUCH LANCETS	\$0 (Tier 4)	[*]
SOMAVERT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
STIMATE	\$0.00-\$8.50 (Tier 2)	MO; NE
SUPER THIN LANCETS 30 GAUGE	\$0 (Tier 4)	[*]
SYMLINPEN 120	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (11 per 30 days)
SYMLINPEN 60	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 30 days)
SYNAREL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SYNJARDY	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
SYNTHROID	\$0.00-\$8.50 (Tier 2)	MO
<i>testosterone cypionate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>testosterone enanthate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
THIN LANCETS	\$0 (Tier 4)	[*]
TOPCARE UNIVERSAL1 LANCET	\$0 (Tier 4)	[*]
TOUJEO MAX U-300 SOLOSTAR	\$0.00-\$8.50 (Tier 2)	MO
TOUJEO SOLOSTAR U-300 INSULIN	\$0.00-\$8.50 (Tier 2)	MO
TRADJENTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
TRULICITY	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
TRUSTEX LATEX CONDOM	\$0 (Tier 4)	[*]
TRUSTEX LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUB/SPERMICIDE	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
ULTRA THIN LANCETS 30 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET COMFORTOUCH LANCET	\$0 (Tier 4)	[*]
UNILET GP LANCET	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
UNILET LANCET 28 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET SUPER THIN LANCETS	\$0 (Tier 4)	[*]
<i>unithroid</i>	\$0.00-\$8.50 (Tier 2)	MO
VICTOZA 2-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VPRIV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

GASTROENTEROLOGY

<i>acid control (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>acid controller</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid e.strength</i>	\$0 (Tier 4)	[*]
<i>acid reducer (famotidine)</i>	\$0 (Tier 4)	[*]
<i>acid reducer (ranitidine)</i>	\$0 (Tier 4)	[*]
<i>advanced antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>almacone oral suspension</i>	\$0 (Tier 4)	[*]
<i>almacone-2</i>	\$0 (Tier 4)	[*]
<i>alose tron</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	\$0 (Tier 4)	[*]
AMITIZA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>antacid</i>	\$0 (Tier 4)	[*]
<i>antacid anti-gas</i>	\$0 (Tier 4)	[*]
<i>antacid exst (mag carb-al hyd)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]
<i>antacid maximum strength</i>	\$0 (Tier 4)	[*]
<i>antacid plus anti-gas</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>antacid-simethicone</i>	\$0 (Tier 4)	[*]
<i>anti-diarrheal</i>	\$0 (Tier 4)	[*]
<i>anti-gas ultra strength</i>	\$0 (Tier 4)	[*]
<i>aprepitant oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (10 per 30 days)
APRISO	\$0.00-\$8.50 (Tier 2)	MO
<i>atropine injection syringe 0.05 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>atropine injection syringe 0.1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>balsalazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bisa-lax</i>	\$0 (Tier 4)	[*]
<i>bisacodyl</i>	\$0 (Tier 4)	[*]
<i>bismatrol</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>bismuth subsalicylate oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>budesonide oral capsule, delayed, extend. release</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
CANASA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>citrate of magnesia</i>	\$0 (Tier 4)	[*]
<i>clearlax oral powder</i>	\$0 (Tier 4)	[*]
<i>colocort</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>compro</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>constulose</i>	\$0.00-\$8.50 (Tier 2)	MO
CREON	\$0.00-\$8.50 (Tier 2)	MO
CYSTADANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diarrhea relief (bismuth subs)</i>	\$0 (Tier 4)	[*]
<i>dicyclomine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dicyclomine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>dicyclomine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DIPENTUM	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diphenoxylate-atropine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>docu</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral capsule 100 mg</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral liquid</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral tablet</i>	\$0 (Tier 4)	[*]
<i>docusil</i>	\$0 (Tier 4)	[*]
<i>dok</i>	\$0 (Tier 4)	[*]
<i>dronabinol oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>ducodyl</i>	\$0 (Tier 4)	[*]
<i>enulose</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine (pf)-nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine oral tablet 10 mg, 20 mg</i>	\$0 (Tier 4)	[*]
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fleet glycerin (adult)</i>	\$0 (Tier 4)	[*]
<i>foaming antacid</i>	\$0 (Tier 4)	[*]
<i>gas relief 80</i>	\$0 (Tier 4)	[*]
<i>gas relief extra strength</i>	\$0 (Tier 4)	[*]
<i>gas relief oral capsule</i>	\$0 (Tier 4)	[*]
<i>gas relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>gas relief ultra strength</i>	\$0 (Tier 4)	[*]
GAS-X ULTRA-STRENGTH	\$0 (Tier 4)	[*]
GATTEX 30-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GATTEX ONE-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>gavilax oral powder</i>	\$0 (Tier 4)	[*]
<i>gavilyte-c</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-g</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-n</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>generlac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentle laxative rectal</i>	\$0 (Tier 4)	[*]
<i>geri-pectate</i>	\$0 (Tier 4)	[*]
<i>glycerin (adult)</i>	\$0 (Tier 4)	[*]
<i>glycolax oral powder</i>	\$0 (Tier 4)	[*]
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>healthylax</i>	\$0 (Tier 4)	[*]
<i>heartburn antacid</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (famotidine)</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>heartburn relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>k-pec antidiarrheal (bism sub)</i>	\$0 (Tier 4)	[*]
<i>kao-tin (docusate calcium)</i>	\$0 (Tier 4)	[*]
<i>kaopectate (bismuth subsalicy) oral suspension</i>	\$0 (Tier 4)	[*]
<i>kaopectate ex str (bismuth ss)</i>	\$0 (Tier 4)	[*]
<i>lactulose oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lansoprazole oral capsule, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</i>	\$0 (Tier 4)	[*]
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>laxative (bisacodyl) rectal</i>	\$0 (Tier 4)	[*]
LINZESS	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>liquid antacid oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]
<i>loperamide oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mag-al plus</i>	\$0 (Tier 4)	[*]
<i>mag-al plus extra strength</i>	\$0 (Tier 4)	[*]
<i>magnesium citrate oral solution</i>	\$0 (Tier 4)	[*]
<i>masanti double strength</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meclizine oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal enema</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>mesalamine with cleansing wipe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoclopramide hcl oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mi-acid</i>	\$0 (Tier 4)	[*]
<i>mi-acid gas relief</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia concentrated</i>	\$0 (Tier 4)	[*]
<i>mineral oil extra heavy</i>	\$0 (Tier 4)	[*]
<i>mineral oil heavy oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil rectal</i>	\$0 (Tier 4)	[*]
<i>mintox</i>	\$0 (Tier 4)	[*]
<i>mintox maximum strength</i>	\$0 (Tier 4)	[*]
<i>misoprostol</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>motion relief (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion sickness (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion-time</i>	\$0 (Tier 4)	[*]
MOVANTIK	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
MOVIPREP	\$0.00-\$8.50 (Tier 2)	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ondansetron disintegrating tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl oral tablet 24 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>pantoprazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pantoprazole oral</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>peg-electrolyte soln</i>	\$0.00-\$8.50 (Tier 2)	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	\$0.00-\$8.50 (Tier 2)	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>peptic relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol to-go</i>	\$0 (Tier 4)	[*]
PHAZYME ORAL CAPSULE 180 MG	\$0 (Tier 4)	[*]
<i>pink bismuth</i>	\$0 (Tier 4)	[*]
<i>pink bismuth maximum strength</i>	\$0 (Tier 4)	[*]
<i>polyethylene glycol 3350</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>polyethylene glycol 3350</i>	\$0 (Tier 4)	[*]
<i>prochlorperazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine edisylate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine maleate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-med hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-pak</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctosol hc topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctozone-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	\$0 (Tier 4)	[*]
<i>ready-to-use enema (min oil)</i>	\$0 (Tier 4)	[*]
RELISTOR SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 30 days)
REMICADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>scopolamine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>silace</i>	\$0 (Tier 4)	[*]
<i>simethicone oral capsule</i>	\$0 (Tier 4)	[*]
<i>simethicone oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>soothe (bismuth subsalicylate)</i>	\$0 (Tier 4)	[*]
<i>soothe regular strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief max strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral suspension 262 mg/15 ml</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral tablet</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>stomach relief original</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>stool softener (docusate cal)</i>	\$0 (Tier 4)	[*]
<i>stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 4)	[*]
<i>stool softener oral liquid</i>	\$0 (Tier 4)	[*]
<i>stool softener oral syrup</i>	\$0 (Tier 4)	[*]
<i>sucrafate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfasalazine</i>	\$0.00-\$8.50 (Tier 2)	MO
TRANSDERM-SCOP	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>travel sickness (meclizine)</i>	\$0 (Tier 4)	[*]
<i>ursodiol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zantac maximum strength</i>	\$0 (Tier 4)	[*]
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	\$0.00-\$8.50 (Tier 2)	ST; MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

ACTHIB (PF)	\$0 (Tier 1)	MO
ACTIMMUNE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0 (Tier 1)	MO
ARCALYST	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ATGAM	\$0.00-\$8.50 (Tier 2)	B/D PAR
AVONEX (WITH ALBUMIN)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	\$0.00-\$8.50 (Tier 2)	MO
BETASERON SUBCUTANEOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BEXSERO	\$0.00-\$8.50 (Tier 2)	MO
BOOSTRIX TDAP	\$0 (Tier 1)	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0 (Tier 1)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
ENGERIX-B (PF)	\$0 (Tier 1)	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	B/D PAR; MO
FULPHILA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)
GAMUNEX-C	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GARDASIL 9 (PF)	\$0.00-\$8.50 (Tier 2)	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HIBERIX (PF)	\$0 (Tier 1)	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
IMOVAX RABIES VACCINE (PF)	\$0.00-\$8.50 (Tier 2)	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO; NE
INTRON A INJECTION SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE
IPOL	\$0 (Tier 1)	MO
IXIARO (PF)	\$0.00-\$8.50 (Tier 2)	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
M-M-R II (PF)	\$0 (Tier 1)	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
MENVEO A-C-Y-W-135-DIP (PF)	\$0.00-\$8.50 (Tier 2)	MO
MOZOBIL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NEULASTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
NEUPOGEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORDITROPIN FLEXPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OCTAGAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OMNITROPE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PEDIARIX (PF)	\$0.00-\$8.50 (Tier 2)	MO
PEDVAX HIB (PF)	\$0 (Tier 1)	MO
PEGASYS	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PENTACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PROLEUKIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROQUAD (PF)	\$0.00-\$8.50 (Tier 2)	MO
QUADRACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
RABAVERT (PF)	\$0.00-\$8.50 (Tier 2)	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0 (Tier 1)	B/D PAR
ROTARIX	\$0.00-\$8.50 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 1)	MO
SHINGRIX (PF)	\$0.00-\$8.50 (Tier 2)	MO
STAMARIL (PF)	\$0.00-\$8.50 (Tier 2)	
SYLATRON	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
TDVAX	\$0 (Tier 1)	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
TETANUS,DIPHThERIA TOX PED(PF)	\$0.00-\$8.50 (Tier 2)	MO
THYMOGLOBULIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
TICE BCG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TRUMENBA	\$0.00-\$8.50 (Tier 2)	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
VAQTA (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIZIG INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
YF-VAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
ZOSTAVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO

MUSCULOSKELETAL / RHEUMATOLOGY

<i>alendronate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>allopurinol</i>	\$0.00-\$8.50 (Tier 2)	MO
BENLYSTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
COLCRYS	\$0.00-\$8.50 (Tier 2)	MO
DEPEN TITRATABS	\$0.00-\$8.50 (Tier 2)	MO; NE
ENBREL MINI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/ 0.5 ML (0.5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ ML (1 ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
<i>febuxostat</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
FORTEO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
<i>ibandronate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 28 days)
<i>leflunomide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid-colchicine</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
RIDAURA	\$0.00-\$8.50 (Tier 2)	MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
SAVELLA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (110 per 365 days)
ULORIC	\$0.00-\$8.50 (Tier 2)	ST; MO
XELJANZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

OBSTETRICS / GYNECOLOGY

<i>3 day vaginal</i>	\$0 (Tier 4)	[*]
<i>3-day vaginal</i>	\$0 (Tier 4)	[*]
AFTERA	\$0 (Tier 4)	[*]
<i>altavera (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>apri</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aranelle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aviane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azurette (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>blisovi fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>camila</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>caziant (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole vaginal cream</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-3</i>	\$0 (Tier 4)	[*]
<i>cryselle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>econtra ez</i>	\$0 (Tier 4)	[*]
<i>elinest</i>	\$0.00-\$8.50 (Tier 2)	MO
ELLA	\$0.00-\$8.50 (Tier 2)	
<i>enpresse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>errin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>estradiol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>estradiol transdermal patch weekly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal cream</i>	\$0.00-\$8.50 (Tier 2)	MO
ESTRING	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 90 days)
<i>falmina (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydroxyprogesterone caproate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (25 per 147 days)
<i>junel 1.5/30 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kariva (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kelnor 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lessina</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonest (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorg-eth estrad triphasic</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>low-ogestrel (28)</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>luter</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>lyza</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>marlissa</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>medroxyprogesterone</i>	\$0.00-\$8.50 (Tier 2)	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>metronidazole vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole 7</i>	\$0 (Tier 4)	[*]
<i>miconazole nitrate vaginal cream</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal kit</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin 1.5/30</i> (21)	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin 1/20</i> (21)	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1.5/30</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1/20</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>mono-linyah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>necon 0.5/35</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>nora-be</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone (contraceptive)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (28), 0.25-35 mg-mcg	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 0.5/35</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35</i> (21)	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 7/7/7</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
NUVARING	\$0.00-\$8.50 (Tier 2)	MO
<i>ocella</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ogestrel</i> (28)	\$0.00-\$8.50 (Tier 2)	MO
<i>opcicon one-step</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PLAN B ONE-STEP	\$0 (Tier 4)	[*]
<i>portia 28</i>	\$0.00-\$8.50 (Tier 2)	MO
PREMARIN ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
PREMARIN VAGINAL	\$0.00-\$8.50 (Tier 2)	MO
PREMPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>previfem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>progesterone micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>reclipsen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>syeda</i>	\$0.00-\$8.50 (Tier 2)	MO
TAKE ACTION	\$0 (Tier 4)	[*]
<i>terconazole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tranexamic acid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-previfem (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trivora (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>vaginal contraceptive foam</i>	\$0 (Tier 4)	[*]
<i>velivet triphasic regimen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>viorele (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zarah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zovia 1/35e (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zumandimine (28)</i>	\$0.00-\$8.50 (Tier 2)	
OPHTHALMOLOGY		
<i>acetazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acetazolamide sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ak-poly-bac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alaway</i>	\$0 (Tier 4)	[*]
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>apraclonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
ARTIFICIAL TEARS (PETRO/MIN)	\$0 (Tier 4)	[*]
<i>artificial tears (polyvin alc)</i>	\$0 (Tier 4)	[*]
<i>artificial tears(pvalch-povid)</i>	\$0 (Tier 4)	[*]
ATROPINE OPHTHALMIC (EYE) DROPS	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
AZOPT	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betaxolol ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
BETIMOL	\$0.00-\$8.50 (Tier 2)	MO
<i>bimatoprost ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
BLEPHAMIDE S.O.P.	\$0.00-\$8.50 (Tier 2)	MO
<i>brimonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carteolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>children's alaway</i>	\$0 (Tier 4)	[*]
<i>ciprofloxacin hcl ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMBIGAN	\$0.00-\$8.50 (Tier 2)	MO
<i>cromolyn ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
CYSTARAN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide-timolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eye itch relief</i>	\$0 (Tier 4)	[*]
EYE STREAM	\$0 (Tier 4)	[*]
<i>eye wash</i>	\$0 (Tier 4)	[*]
<i>fluorometholone</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>flurbiprofen ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
FOR STY RELIEF	\$0 (Tier 4)	[*]
<i>gentak ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	
ILEVRO	\$0.00-\$8.50 (Tier 2)	MO
<i>ketorolac ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketotifen fumarate</i>	\$0 (Tier 4)	[*]
<i>latanoprost</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>liquitears</i>	\$0 (Tier 4)	[*]
LUBRICANT EYE (PG-PEG 400)	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) dropperette</i>	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 4)	[*]
<i>lubricating plus</i>	\$0 (Tier 4)	[*]
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0.00-\$8.50 (Tier 2)	MO
<i>methazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
MOXIFLOXACIN OPHTHALMIC (EYE)	\$0.00-\$8.50 (Tier 2)	MO
NATACYN	\$0.00-\$8.50 (Tier 2)	MO
<i>neo-polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neo-polycin hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-poly-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-polymyxin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b-dexameth</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-gramicidin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olopatadine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
PAZEO	\$0.00-\$8.50 (Tier 2)	MO
PHOSPHOLINE IODIDE	\$0.00-\$8.50 (Tier 2)	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polymyxin b sulf-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
RETAINE PM	\$0 (Tier 4)	[*]
SIMBRINZA	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride ophthalmic (eye)</i>	\$0 (Tier 4)	[*]
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide-prednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
SYSTANE NIGHTTIME	\$0 (Tier 4)	[*]
<i>timolol maleate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
TRAVATAN Z	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluridine</i>	\$0.00-\$8.50 (Tier 2)	MO
XIIDRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
ZIRGAN	\$0.00-\$8.50 (Tier 2)	MO

RESPIRATORY AND ALLERGY

<i>acetylcysteine</i>	\$0 (Tier 1)	B/D PAR; MO
ADEMPAS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ADVAIR DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ADVAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>albuterol sulfate oral</i>	\$0 (Tier 1)	MO
<i>all day allergy (cetirizine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>aller-g-time</i>	\$0 (Tier 4)	[*]
<i>allergy (diphenhydramine) oral capsule</i>	\$0 (Tier 4)	[*]
<i>allergy (diphenhydramine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (clemastine)</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	\$0 (Tier 4)	[*]
<i>allergy relief (diphenhydramin)</i>	\$0 (Tier 4)	[*]
<i>ambrisentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ANORO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>aprodine</i>	\$0 (Tier 4)	[*]
ARNIVITY ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ATROVENT HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (26 per 30 days)
<i>banophen oral capsule</i>	\$0 (Tier 4)	[*]
<i>banophen oral tablet</i>	\$0 (Tier 4)	[*]
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	[*]
<i>bosentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BREO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral tablet 10 mg</i>	\$0 (Tier 4)	[*]
CETIRIZINE ORAL TABLET 5 MG	\$0 (Tier 4)	[*]
<i>children's allergy (diphenhyd) oral liquid</i>	\$0 (Tier 4)	[*]
<i>children's silfedrine</i>	\$0 (Tier 4)	[*]
CINRYZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>clemastine oral tablet 2.68 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>codeine-guaifenesin</i>	\$0 (Tier 4)	[*]
<i>cold and allergy</i>	\$0 (Tier 4)	[*]
<i>cold and allergy pe</i>	\$0 (Tier 4)	[*]
COMBIVENT RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (8 per 30 days)
<i>complete allergy medicine</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral capsule</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral tablet</i>	\$0 (Tier 4)	[*]
<i>cromolyn inhalation</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (240 per 30 days)
<i>cromolyn nasal</i>	\$0 (Tier 4)	[*]
<i>cyproheptadine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DALIRESP	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>dayhist allergy</i>	\$0 (Tier 4)	[*]
<i>diphedryl</i>	\$0 (Tier 4)	[*]
<i>diphenhist oral capsule</i>	\$0 (Tier 4)	[*]
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl oral capsule</i>	\$0 (Tier 4)	[*]
DULERA	\$0.00-\$8.50 (Tier 2)	MO; QLL (13 per 30 days)
<i>ed a-hist oral tablet</i>	\$0 (Tier 4)	[*]
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 1)	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
FIRAZYR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FLONASE ALLERGY RELIEF	\$0 (Tier 4)	[*]
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16 per 30 days)
<i>fluticasone propionate nasal</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>hydrocodone-chlorpheniramine</i>	\$0 (Tier 3)	[*]
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	\$0 (Tier 3)	[*]
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	\$0 (Tier 3)	[*]
<i>hydrocodone-homatropine oral tablet</i>	\$0 (Tier 3)	[*]
<i>hydromet</i>	\$0 (Tier 3)	[*]
<i>hydroxyzine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>icatibant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ipratropium bromide inhalation</i>	\$0 (Tier 1)	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LETAIRIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>levocetirizine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>loratadine oral tablet</i>	\$0 (Tier 4)	[*]
<i>m-clear wc</i>	\$0 (Tier 4)	[*]
<i>metaproterenol oral syrup</i>	\$0 (Tier 1)	MO
<i>montelukast</i>	\$0 (Tier 1)	MO
NASACORT	\$0 (Tier 4)	[*]
<i>nasal decongestant (pseudoeph) oral tablet</i>	\$0 (Tier 4)	[*]
OFEV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>pharbedryl</i>	\$0 (Tier 4)	[*]
PROAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 30 days)
<i>promethazine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>promethazine-codeine</i>	\$0 (Tier 3)	[*]
<i>promethazine-dm</i>	\$0 (Tier 3)	[*]
<i>promethazine-phenyleph-codeine</i>	\$0 (Tier 3)	[*]
<i>promethegan rectal suppository 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>pseudoephedrine hcl oral tablet 30 mg</i>	\$0 (Tier 4)	[*]
PULMOZYME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (22 per 30 days)
SEREVENT DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>siladryl sa</i>	\$0 (Tier 4)	[*]
<i>sildenafil (pulm.hypertension) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SPIRIVA RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>sudogest</i>	\$0 (Tier 4)	[*]
<i>sudogest cold and allergy</i>	\$0 (Tier 4)	[*]
<i>sudogest sinus and allergy</i>	\$0 (Tier 4)	[*]
<i>suphedrin</i>	\$0 (Tier 4)	[*]
SYMJEPI	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
<i>terbutaline</i>	\$0 (Tier 1)	MO
<i>theophylline oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>theophylline oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
TRACLEER ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>valu-dryl allergy oral capsule</i>	\$0 (Tier 4)	[*]
VENTAVIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
VENTOLIN HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (36 per 30 days)
<i>virtussin ac</i>	\$0 (Tier 4)	[*]
<i>wixela inhub</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (6 per 28 days)
<i>zafirlukast</i>	\$0 (Tier 1)	MO
UROLOGICALS		
<i>alfuzosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bethanechol chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
CYSTAGON	\$0.00-\$8.50 (Tier 2)	MO; LA
<i>dutasteride</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>finasteride oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MYRBETRIQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>potassium citrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>solifenacin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolterodine oral capsule, extended release 24hr</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TOVIAZ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>urinary pain relief oral tablet 95 mg</i>	\$0 (Tier 4)	[*]
VESICARE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

AMINOSYN 7 % WITH ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 15 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN M 3.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-HBC 7%	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg), 215 mg calcium (500 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ext str (calcium carb)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral tablet, chewable 300 mg (750 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ascorbate calcium (vitamin c)</i>	\$0 (Tier 4)	[*]
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>b-12 dots</i>	\$0 (Tier 4)	[*]
<i>c-1000 oral tablet</i>	\$0 (Tier 4)	[*]
<i>c-1000 with rose hips</i>	\$0 (Tier 4)	[*]
<i>c-500 oral tablet</i>	\$0 (Tier 4)	[*]
<i>cal-gest antacid</i>	\$0 (Tier 4)	[*]
<i>calci-chew</i>	\$0 (Tier 4)	[*]
<i>calcitrate</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d (d3)</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 with d</i>	\$0 (Tier 4)	[*]
<i>calcium 600</i>	\$0 (Tier 4)	[*]
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) - 200 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]
<i>calcium acetate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium antacid ultra max st</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>calcium carbonate oral suspension</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet 500 mg calcium (1, 250 mg), 600 mg calcium (1,500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet, chewable 300 mg (750 mg), 500 mg calcium (1,250 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1, 250mg) -200 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -800 UNIT	\$0 (Tier 4)	[*]
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg(1,250mg) -400 unit</i>	\$0 (Tier 4)	[*]
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET, CHEWABLE 500-100 MG-UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate + d</i>	\$0 (Tier 4)	[*]
<i>calcium citrate oral tablet</i>	\$0 (Tier 4)	[*]
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG CALCIUM -250 UNIT, 315 MG- 250 UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium- 200 unit, 315-200 mg-unit</i>	\$0 (Tier 4)	[*]
<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium with vitamin d</i>	\$0 (Tier 4)	[*]
CALTRATE WITH VITAMIN D3	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 400 unit, 5,000 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 2,000 unit, 25 mcg (1, 000 unit)</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>classic prenatal</i>	\$0 (Tier 4)	[*]
CLINIMIX 5%/D15W SULFITE FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyanocobalamin (vitamin b-12) injection</i>	\$0 (Tier 3)	[*]
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>d-vi-sol</i>	\$0 (Tier 4)	[*]
<i>delta d3</i>	\$0 (Tier 4)	[*]
<i>dialyvite vitamin d</i>	\$0 (Tier 4)	[*]
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	\$0 (Tier 4)	[*]
<i>ezfe 200</i>	\$0 (Tier 4)	[*]
<i>ferate oral tablet 240 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferosul oral tablet</i>	\$0 (Tier 4)	[*]
<i>ferretts</i>	\$0 (Tier 4)	[*]
<i>ferrex 150</i>	\$0 (Tier 4)	[*]
<i>ferric x-150</i>	\$0 (Tier 4)	[*]
<i>ferro-time</i>	\$0 (Tier 4)	[*]
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ferrousul</i>	\$0 (Tier 4)	[*]
<i>flavor chews antacid</i>	\$0 (Tier 4)	[*]
<i>fluoride (sodium) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>folic acid oral tablet</i>	\$0 (Tier 4)	[*]
<i>freamine iii 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
HEPATAMINE 8%	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>hi-cal plus vit d</i>	\$0 (Tier 4)	[*]
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>iferex 150</i>	\$0 (Tier 4)	[*]
<i>intralipid intravenous emulsion 20 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>iron (dried)</i>	\$0 (Tier 4)	[*]
<i>iron (ferrous sulfate)</i>	\$0 (Tier 4)	[*]
<i>iron oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]
<i>klor-con 10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con 8</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m15</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m20</i>	\$0.00-\$8.50 (Tier 2)	MO
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0 (Tier 4)	[*]
<i>lactated ringers intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium oxide oral capsule 500 mg</i>	\$0 (Tier 4)	[*]
<i>magnesium sulfate in water intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0.00-\$8.50 (Tier 2)	

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>myferon 150</i>	\$0 (Tier 4)	[*]
NORMOSOL-M IN 5 % DEXTROSE	\$0.00-\$8.50 (Tier 2)	
NORMOSOL-R	\$0.00-\$8.50 (Tier 2)	MO
NORMOSOL-R PH 7.4	\$0.00-\$8.50 (Tier 2)	
<i>oysco 500/d oral tablet</i>	\$0 (Tier 4)	[*]
<i>oysco-500</i>	\$0 (Tier 4)	[*]
<i>oyster shell + d3</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium 500</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium-vit d3 oral tablet</i>	\$0 (Tier 4)	[*]
<i>oystercal-d</i>	\$0 (Tier 4)	[*]
PHOSLYRA	\$0.00-\$8.50 (Tier 2)	MO
PLASMA-LYTE 148	\$0.00-\$8.50 (Tier 2)	
<i>poly-iron</i>	\$0 (Tier 4)	[*]
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride oral capsule, extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral liquid</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	\$0 (Tier 1)	MO
<i>potassium chloride-0.45 % nacl</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>prenatal one daily</i>	\$0 (Tier 4)	[*]
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin plus low iron</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>ringer's intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>risacal-d</i>	\$0 (Tier 4)	[*]
<i>slow release iron oral tablet extended release 160 mg (50 mg iron)</i>	\$0 (Tier 4)	[*]
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	\$0.00-\$8.50 (Tier 2)	
<i>sodium chloride 3% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO

Nombre del medicamento	Lo que el medicamento le costará (Nivel)	Acciones necesarias, restricciones o límites de uso
<i>sodium chloride 5% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>soothing pureway-c</i>	\$0 (Tier 4)	[*]
<i>thera-d</i>	\$0 (Tier 4)	[*]
<i>thiamine hcl (vitamin b1) oral tablet 100 mg</i>	\$0 (Tier 4)	[*]
<i>thiamine mononitrate (vit b1)</i>	\$0 (Tier 4)	[*]
<i>travasol 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 6%	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>tums ultra oral tablet, chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ultra strength antacid</i>	\$0 (Tier 4)	[*]
VITAMIN A PALMITATE ORAL TABLET	\$0 (Tier 4)	[*]
<i>vitamin b-1</i>	\$0 (Tier 4)	[*]
<i>vitamin b-1 (mononitrate)</i>	\$0 (Tier 4)	[*]
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>vitamin b-2</i>	\$0 (Tier 4)	[*]
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c with rose hips oral tablet</i>	\$0 (Tier 4)	[*]
<i>vitamin d2</i>	\$0 (Tier 3)	[*]
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin d3 oral tablet 10 mcg (400 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin e (dl, acetate) oral capsule 100 unit, 200 unit</i>	\$0 (Tier 4)	[*]
<i>vitamin e oral capsule 1,000 unit, 200 unit, 400 unit</i>	\$0 (Tier 4)	[*]

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<i>antacid extra-strength oral tablet, chewable 300 mg (750 mg)</i>	111	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	41	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	41
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BALVERSA ORAL TABLET 3 MG	27	<i>betaxolol ophthalmic (eye)</i>	102	<i>brimonidine</i>	102
BALVERSA ORAL TABLET 4 MG	27	<i>betaxolol oral</i>	61	BRIVIACT INTRAVENOUS	41
BALVERSA ORAL TABLET 5 MG	27	<i>bethanechol chloride</i>	109	BRIVIACT ORAL SOLUTION	42
<i>banophen oral capsule</i>	105	BETIMOL	102	BRIVIACT ORAL TABLET 10 MG	42
<i>banophen oral tablet</i>	105	<i>bexarotene</i>	28	BRIVIACT ORAL TABLET 100 MG, 75 MG	42
BANZEL ORAL SUSPENSION	41	BEXSERO	93	BRIVIACT ORAL TABLET 25 MG	42
BANZEL ORAL TABLET 200 MG	41	<i>bicalutamide</i>	28	BRIVIACT ORAL TABLET 50 MG	42
BANZEL ORAL TABLET 400 MG	41	BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML(600K/600K)	16	<i>bromocriptine</i>	42
BARACLUDE ORAL SOLUTION	16	BICNU	28	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	105
BAVENCIO	28	BIKTARVY	16	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	105
<i>baza antifungal</i>	70	BILTRICIDE	16	<i>budesonide oral capsule, delayed, extend. release</i>	87
BCG VACCINE, LIVE (PF)	93	<i>bimatoprost ophthalmic (eye)</i>	102	<i>bumetanide</i>	61
BELEODAQ	28	<i>bisa-lax</i>	87	BUPHENYL ORAL TABLET	75
<i>benazepril</i>	61	<i>bisacodyl</i>	87	<i>buprenorphine hcl injection solution</i>	42
<i>benazepril-hydrochlorothiazide</i>	61	<i>bismatrol</i>	87	<i>buprenorphine hcl injection syringe</i>	42
BENDEKA	28	<i>bismuth oral tablet</i>	87	<i>buprenorphine hcl sublingual tablet 2 mg</i>	42
BENLYSTA	96	<i>bismuth oral tablet, chewable</i>	87	<i>buprenorphine hcl sublingual tablet 8 mg</i>	42
<i>benzonatate oral capsule 100 mg, 200 mg</i>	105	<i>bismuth subsalicylate oral tablet, chewable</i>	87	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	42
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	70	<i>bisoprolol fumarate</i>	61	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	42
<i>benzphetamine oral tablet 50 mg</i>	75	<i>bisoprolol-hydrochlorothiazide</i>	61	<i>bupropion hcl (smoking deterrent)</i>	75
<i>benztropine oral</i>	41	<i>bleomycin</i>	28		
BESPONSA	28	BLEPHAMIDE S.O.P.	102		
<i>betamethasone dipropionate</i>	70	BLINCYTO INTRAVENOUS KIT	28		
<i>betamethasone valerate topical cream</i>	70	<i>blisovi fe 1.5/30 (28)</i>	98		
<i>betamethasone valerate topical lotion</i>	70	BOOSTRIX TDAP	93		
<i>betamethasone valerate topical ointment</i>	70	BORTEZOMIB	28		
		<i>bosentan</i>	105		
		BOSULIF ORAL TABLET 100 MG	28		
		BOSULIF ORAL TABLET 400 MG, 500 MG	28		



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<i>bupropion hcl oral tablet 100 mg</i>	42	<i>calcipotriene scalp</i>	70	TABLET 600 MG(1,500MG)	
<i>bupropion hcl oral tablet 75 mg</i>	42	<i>calcipotriene topical</i>	70	-200 UNIT, 600 MG(1,	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	42	<i>calcitonin (salmon)</i>	79	500MG) -800 UNIT	112
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	42	<i>calcitrate</i>	111	<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg(1, 250mg) -400 unit</i>	112
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	42	<i>calcitriol intravenous solution 1 mcg/ml</i>	79	CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET,CHEWABLE 500-100 MG-UNIT	112
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	42	<i>calcitriol oral capsule</i>	79	<i>calcium citrate + d</i>	112
<i>buspirone</i>	42	<i>calcium 500 + d (d3)</i>	111	<i>calcium citrate oral tablet</i>	112
<i>busulfan</i>	28	<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	111	CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG CALCIUM -250 UNIT, 315 MG- 250 UNIT	112
BUSULFEX	28	<i>calcium 500 + d oral tablet, chewable</i>	111	<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium- 200 unit, 315-200 mg-unit</i>	112
<i>butorphanol tartrate injection solution 1 mg/ml vial</i>	42	<i>calcium 500 oral tablet, chewable</i>	111	<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	112
<i>butorphanol tartrate injection solution 2 mg/ml vial</i>	42	<i>calcium 500 with d</i>	111	<i>calcium with vitamin d</i>	112
<i>butorphanol tartrate injection solution nasal spray,non-aerosol 10 mg/ml</i>	42	<i>calcium 600</i>	111	CALQUENCE	28
BYDUREON BCISE	79	<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	111	CALTRATE WITH VITAMIN D3	112
BYDUREON SUBCUTANEOUS PEN INJECTOR	79	<i>calcium acetate oral capsule</i>	111	<i>camila</i>	98
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	79	<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	111	CANASA	87
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	79	<i>calcium antacid ultra max st</i>	111	<i>candesartan</i>	61
C		<i>calcium carbonate oral suspension</i>	112	<i>candesartan-hydrochlorothiazide</i>	61
<i>c-1000 oral tablet</i>	111	<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	112	CAPASTAT	16
<i>c-1000 with rose hips</i>	111	<i>calcium carbonate oral tablet, chewable 300 mg (750 mg), 500 mg calcium (1,250 mg)</i>	112	CAPEX	70
<i>c-500 oral tablet</i>	111	<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -400 unit</i>	112	CAPRELSA ORAL TABLET 100 MG	28
<i>cabergoline</i>	79	CALCIUM CARBONATE-VITAMIN D3 ORAL		CAPRELSA ORAL TABLET 300 MG	28
CABOMETYX	28			CARBAGLU	75
<i>cal-gest antacid</i>	111			<i>carbamazepine oral capsule, er multiphase 12 hr</i>	42
<i>calamine-zinc oxide topical lotion 8-8 %</i>	70			<i>carbamazepine oral suspension 100 mg/5 ml</i>	42
<i>calci-chew</i>	111			<i>carbamazepine oral suspension 200 mg/10 ml</i> ...	42
				<i>carbamazepine oral tablet</i>	42



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<i>carbamazepine oral tablet</i>	<i>cefpodoxime</i>	<i>children's acetaminophen oral</i>
<i>extended release 12 hr</i> 43	<i>cefprozil</i>	<i>suspension 160 mg/5 ml, 160</i>
<i>carbamazepine oral tablet,</i>	<i>ceftazidime injection recon</i>	<i>mg/5 ml (5 ml)</i> 43
<i>chewable</i>	<i>soln 1 gram, 2 gram</i> 17	<i>children's alaway</i> 102
<i>carbidopa-levodopa</i> 43	<i>ceftazidime injection recon</i>	<i>children's allergy (diphenhyd)</i>
<i>carbidopa-levodopa-</i>	<i>soln 6 gram</i> 17	<i>oral liquid</i> 105
<i>entacapone</i>	<i>ceftriaxone in dextrose, iso-</i>	<i>children's aspirin</i> 43
<i>carboplatin intravenous</i>	<i>os</i>	<i>children's pain relief oral</i>
<i>solution</i>	17	<i>suspension</i>
<i>carisoprodol oral tablet 350</i>	<i>ceftriaxone intravenous</i>	43
<i>mg</i>	<i>solution</i>	<i>children's pain reliever oral</i>
43	17	<i>suspension</i>
<i>carmustine</i>	<i>ceftriaxone intravenous</i>	43
28	<i>solution injection recon soln 1</i>	<i>children's pain-fever relief oral</i>
<i>carteolol</i>	<i>gram, 2 gram, 250 mg, 500</i>	<i>suspension</i>
102	<i>mg</i>	43
<i>cartia xt</i>	17	<i>children's silfedrine</i> 105
61	<i>ceftriaxone intravenous</i>	<i>chloramphenicol sod</i>
<i>carvedilol</i>	<i>solution injection recon soln</i>	<i>succinate</i>
62	<i>10 gram, 100 gram</i> 17	18
CAYSTON	<i>cefuroxime axetil oral</i>	<i>chlorhexidine gluconate</i>
16	<i>tablet</i>	<i>mucous membrane</i>
<i>caziant (28)</i>	17	78
98	<i>cefuroxime sodium injection</i>	<i>chloroquine phosphate</i> 18
<i>cefaclor oral capsule</i> 16	<i>recon soln 750 mg</i> 18	<i>chlorothiazide oral tablet ...</i> 62
<i>cefaclor oral suspension for</i>	<i>cefuroxime sodium intravenous</i>	<i>chlorpromazine</i>
<i>reconstitution 125 mg/5</i>	<i>recon soln 1.5 gram</i> 18	43
<i>ml</i>	<i>cefuroxime sodium intravenous</i>	<i>chlorthalidone oral tablet 25</i>
17	<i>recon soln 7.5 gram</i> 18	<i>mg, 50 mg</i>
<i>cefaclor oral suspension for</i>	<i>celecoxib</i>	62
<i>reconstitution 250 mg/5 ml,</i>	43	<i>cholecalciferol (vitamin d3)</i>
<i>375 mg/5 ml</i>	CELLCEPT	<i>oral capsule 25 mcg (1,000</i>
17	INTRAVENOUS	<i>unit), 400 unit, 5,000 unit, 50</i>
<i>cefaclor oral tablet extended</i>	28	<i>mcg (2,000 unit)</i>
<i>release 12 hr</i>	CELONTIN ORAL	112
17	CAPSULE 300 MG	<i>cholecalciferol (vitamin d3)</i>
<i>cefadroxil oral capsule</i> 17	43	<i>oral drops 10 mcg/ml (400</i>
<i>cefadroxil oral suspension for</i>	<i>cephalexin oral capsule 250</i>	<i>unit/ml)</i>
<i>reconstitution 250 mg/5 ml,</i>	<i>mg, 500 mg</i>	112
<i>500 mg/5 ml</i>	18	<i>cholecalciferol (vitamin d3)</i>
17	<i>cephalexin oral suspension for</i>	<i>oral tablet 10 mcg (400 unit),</i>
<i>cefadroxil oral tablet</i> 17	<i>reconstitution</i>	<i>125 mcg (5,000 unit), 2,000</i>
<i>cefazolin in dextrose (iso-os)</i>	18	<i>unit, 25 mcg (1,000</i>
<i>intravenous piggyback 1 gram/</i>	CERDELGA	<i>unit)</i>
<i>50 ml</i>	79	112
17	CEREZYME	<i>cholestyramine (with</i>
<i>cefazolin injection recon soln</i>	INTRAVENOUS RECON	<i>sugar)</i>
<i>1 gram, 500 mg</i>	SOLN 400 UNIT	62
17	79	<i>cholestyramine light</i> 62
<i>cefazolin injection recon soln</i>	<i>cetirizine oral tablet 10</i>	<i>ciclodan topical solution ...</i> 70
<i>10 gram, 100 gram, 20 gram,</i>	<i>mg</i>	70
<i>300 g</i>	105	<i>ciclopirox</i>
17	CETIRIZINE ORAL TABLET	70
<i>cefazolin intravenous</i> 17	5 MG	62
<i>cefdinir</i>	105	<i>cilostazol</i>
17	CHANTIX	62
<i>cefepime injection</i>	75	CIMDUO
17	CHANTIX CONTINUING	18
<i>cefoxitin in dextrose, iso-</i>	MONTH BOX	<i>cinacalcet oral tablet 30 mg,</i>
<i>osm</i>	75	<i>60 mg</i>
17	CHANTIX STARTING	79
<i>cefoxitin intravenous recon</i>	MONTH BOX	<i>mg</i>
<i>soln 1 gram, 2 gram</i> 17	75	79
<i>cefoxitin intravenous recon</i>		CINRYZE
<i>soln 10 gram</i>		105
17		CIPRODEX
		78



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<i>ciprofloxacin hcl ophthalmic (eye)</i>	102	CLINIMIX 5%-D20W(SULFITE-FREE)	113	<i>clonazepam oral tablet, disintegrating 1 mg</i>	43
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> ...	18	CLINIMIX 5%/D15W SULFITE FREE	113	<i>clonazepam oral tablet, disintegrating 2 mg</i>	44
<i>cisplatin intravenous solution</i>	28	CLINIMIX 5%/D25W SULFITE-FREE	113	<i>clonidine hcl oral tablet</i> ...	62
<i>citalopram oral solution</i> ...	43	CLINIMIX E 2.75%/D5W SULF FREE	75	<i>clonidine transdermal patch</i>	62
<i>citalopram oral tablet 10 mg</i>	43	CLINIMIX E 4.25%/D10W SUL FREE	113	<i>clopidogrel oral tablet 300 mg</i>	62
<i>citalopram oral tablet 20 mg</i>	43	CLINIMIX E 4.25%/D5W SULF FREE	113	<i>clopidogrel oral tablet 75 mg</i>	62
<i>citalopram oral tablet 40 mg</i>	43	CLINIMIX E 5%/D15W SULFIT FREE	113	<i>clorazepate dipotassium</i> ...	44
<i>citrate of magnesia</i>	87	CLINIMIX E 5%/D20W SULFIT FREE	113	<i>clotrimazole mucous membrane</i>	18
<i>cladribine</i>	28	CLINIMIX E 5%/D25W SULFIT FREE	113	<i>clotrimazole topical</i>	70
<i>claravis</i>	70	CLINIMIX N14G30E 4.25%-D15W SF	113	<i>clotrimazole topical</i>	70
<i>clarithromycin</i>	18	CLINIMIX N9G20E 2.75%-D10W(SF)	75	<i>clotrimazole vaginal cream</i>	98
<i>classic prenatal</i>	113	<i>clobazam oral suspension</i>	43	<i>clotrimazole-3</i>	98
<i>clearlax oral powder</i>	87	<i>clobazam oral tablet 10 mg</i>	43	<i>clotrimazole-betamethasone topical cream</i>	70
<i>clemastine oral tablet 2.68 mg</i>	106	<i>clobazam oral tablet 20 mg</i>	43	<i>clozapine oral tablet 100 mg</i>	44
<i>clindamycin hcl</i>	18	<i>clobetasol scalp</i>	70	<i>clozapine oral tablet 200 mg</i>	44
<i>clindamycin phosphate injection solution 150 mg/ml</i>	18	<i>clobetasol topical cream</i> ...	70	<i>clozapine oral tablet 25 mg</i>	44
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	18	<i>clobetasol-emollient topical cream</i>	70	<i>clozapine oral tablet 50 mg</i>	44
<i>clindamycin phosphate topical foam</i>	70	<i>clofarabine</i>	28	<i>clozapine oral tablet, disintegrating 100 mg</i>	44
<i>clindamycin phosphate topical gel</i>	70	CLOLAR	29	<i>clozapine oral tablet, disintegrating 12.5 mg</i>	44
<i>clindamycin phosphate topical lotion</i>	70	<i>clomipramine</i>	43	CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG	44
<i>clindamycin phosphate topical solution</i>	70	<i>clonazepam oral tablet 0.5 mg</i>	43	CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG	44
<i>clindamycin phosphate topical swab</i>	70	<i>clonazepam oral tablet 1 mg</i>	43	<i>clozapine oral tablet, disintegrating 25 mg</i>	44
<i>clindamycin phosphate vaginal</i>	98	<i>clonazepam oral tablet 2 mg</i>	43	<i>codeine-guaifenesin</i>	106
CLINIMIX 4.25%-D25W SULF-FREE	113	<i>clonazepam oral tablet, disintegrating 0.125 mg</i> ...	43	COLCRYS	96
CLINIMIX 4.25%/D10W SULF FREE	113	<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	43	<i>cold and allergy</i>	106
CLINIMIX 4.25%/D5W SULFIT FREE	75	<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	43	<i>cold and allergy pe</i>	106



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<i>colocort</i>	87	<i>cyanocobalamin (vitamin b-12)</i>	DAPTACEL (DTAP
COLY-MYCIN S	78	<i>injection</i>	PEDIATRIC) (PF)
COMBIGAN	102	<i>cyanocobalamin (vitamin b-12)</i>	DAPTOMYCIN
COMBIVENT		<i>oral tablet 1,000 mcg, 100</i>	INTRAVENOUS RECON
RESPIMAT	106	<i>mcg, 500 mcg</i>	SOLN 350 MG
COMETRIQ ORAL		<i>cyclafem 1/35 (28)</i>	<i>daptomycin intravenous recon</i>
CAPSULE 100 MG/DAY(80		<i>cyclafem 7/7/7 (28)</i>	<i>soln 500 mg</i>
MG X1-20 MG X1)	29	<i>cyclobenzaprine oral</i>	DARAPRIM
COMETRIQ ORAL		<i>tablet</i>	DARZALEX
CAPSULE 140 MG/DAY(80		CYCLOPHOSPHAMIDE	<i>daunorubicin intravenous</i>
MG X1-20 MG X3)	29	ORAL CAPSULE	<i>solution</i>
COMETRIQ ORAL		CYCLOSET	DAURISMO ORAL TABLET
CAPSULE 60 MG/DAY (20		<i>cyclosporine intravenous ...</i>	100 MG
MG X 3/DAY)	29	<i>cyclosporine modified</i>	DAURISMO ORAL TABLET
COMPLERA	18	<i>cyclosporine oral</i>	25 MG
<i>complete allergy</i>		<i>capsule</i>	<i>dayhist allergy</i>
<i>medicine</i>	106	<i>cyproheptadine oral</i>	<i>decitabine</i>
<i>complete allergy oral</i>		<i>tablet</i>	<i>deferasirox</i>
<i>capsule</i>	106	CYRAMZA	DELSTRIGO
<i>complete allergy oral</i>		CYSTADANE	<i>delta d3</i>
<i>tablet</i>	106	CYSTAGON	<i>demeclocycline</i>
<i>complete lice treatment</i>	70	CYSTARAN	DEMSEER
<i>compro</i>	87	<i>cytarabine (pf) injection</i>	DENAVIR
CONDOMS-PREM		<i>solution 100 mg/5 ml (20 mg/</i>	DEPEN TITRATABS
LUBRICATED	79	<i>ml), 2 gram/20 ml (100 mg/</i>	DEPO-PROVERA
<i>constulose</i>	87	<i>ml)</i>	INTRAMUSCULAR
COPAXONE		<i>cytarabine (pf) injection</i>	SUSPENSION 400 MG/
SUBCUTANEOUS SYRINGE		<i>solution 20 mg/ml</i>	ML
40 MG/ML	44	<i>cytarabine injection solution</i>	DESCOVY
COPIKTRA	29	<i>20mg/ml</i>	<i>desenex topical powder</i>
CORLANOR ORAL		D	<i>desipramine</i>
SOLUTION	62	<i>d-vi-sol</i>	<i>desmopressin injection</i>
CORLANOR ORAL		<i>d10 %-0.45 % sodium</i>	<i>desmopressin nasal spray with</i>
TABLET	62	<i>chloride</i>	<i>pump</i>
<i>cortisone tablet</i>	79	<i>d2.5 %-0.45 % sodium</i>	<i>desmopressin nasal spray,non-</i>
COTELLIC	29	<i>chloride</i>	<i>aerosol</i>
COUMADIN ORAL	62	<i>d5 % and 0.9 % sodium</i>	<i>desmopressin oral</i>
CREON	87	<i>chloride</i>	<i>desoximetasone topical</i>
CRIXIVAN ORAL CAPSULE		<i>d5 %-0.45 % sodium</i>	<i>cream</i>
200 MG	18	<i>chloride</i>	<i>desoximetasone topical</i>
CRIXIVAN ORAL CAPSULE		<i>dacarbazine</i>	<i>gel</i>
400 MG	18	<i>dactinomycin</i>	<i>desoximetasone topical</i>
<i>cromolyn inhalation</i>	106	<i>dalfampridine</i>	<i>ointment</i>
<i>cromolyn nasal</i>	106	DALIRESP	DESVENLAFAXINE ORAL
<i>cromolyn ophthalmic</i>		<i>danazol</i>	TABLET EXTENDED
<i>(eye)</i>	102	<i>dantrolene oral</i>	RELEASE 24 HR 100
<i>cryselle (28)</i>	98	DAPSONE ORAL	MG



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DESVENLAFAXINE ORAL
 TABLET EXTENDED
 RELEASE 24 HR 50
 MG 44
 DESVENLAFAXINE ORAL
 TABLET EXTENDED
 RELEASE 24HR 100
 MG 44
 DESVENLAFAXINE ORAL
 TABLET EXTENDED
 RELEASE 24HR 50 MG ... 44
*desvenlafaxine succinate oral
 tablet extended release 24 hr
 100 mg* 44
*desvenlafaxine succinate oral
 tablet extended release 24 hr
 25 mg* 44
*desvenlafaxine succinate oral
 tablet extended release 24 hr
 50 mg* 45
dex4 glucose oral gel 75
*dex4 glucose oral tablet,
 chewable* 75
dex4 glucose pouch pack ... 75
*dex4 glucose quick
 dissolve* 75
*dexamethasone oral
 elixir* 80
*dexamethasone oral
 solution* 80
*dexamethasone oral
 tablet* 80
*dexamethasone sodium phos
 (pf)* 80
*dexamethasone sodium
 phosphate injection* 80
*dexamethasone sodium
 phosphate ophthalmic
 (eye)* 102
*dextrazoxane hcl intravenous
 recon soln 250 mg* 29
*dextrazoxane hcl intravenous
 recon soln 500 mg* 29
*dextroamphetamine oral
 capsule, extended release 10
 mg, 5 mg* 45

*dextroamphetamine oral
 capsule, extended release 15
 mg* 45
*dextroamphetamine oral tablet
 10 mg* 45
*dextroamphetamine oral tablet
 5 mg* 45
*dextroamphetamine-
 amphetamine oral tablet 10
 mg, 12.5 mg, 15 mg, 20 mg, 5
 mg, 7.5 mg* 45
*dextroamphetamine-
 amphetamine oral tablet 30
 mg* 45
*dextrose 10 % and 0.2 %
 nacl* 75
*dextrose 10 % in water
 (d10w)* 76
*dextrose 20 % in water
 (d20w)* 76
*dextrose 25 % in water
 (d25w)* 76
*dextrose 30 % in water
 (d30w)* 76
*dextrose 40 % in water
 (d40w)* 76
*dextrose 5 % in water
 (d5w)* 76
*dextrose 5 %-lactated
 ringers* 76
*dextrose 5%-0.2 % sod
 chloride* 76
*dextrose 5%-0.3 %
 sod.chloride* 76
*dextrose 50 % in water
 (d50w)* 76
*dextrose 70 % in water
 (d70w)* 76
dextrose oral gel 76
*dextrose with sodium
 chloride* 76
dialyvite vitamin d 113
*diarrhea relief (bismuth
 subs)* 87
 DIASTAT 45
 DIASTAT ACUDIAL
 RECTAL KIT 12.5-15-17.5-
 20 MG 45

DIASTAT ACUDIAL
 RECTAL KIT 5-7.5-10
 MG 45
*diazepam injection
 solution* 45
*diazepam injection
 syringe* 45
diazepam intensol 45
*diazepam oral
 concentrate* 45
*diazepam oral solution 5 mg/5
 ml (1 mg/ml)* 45
*diazepam oral solution 5 mg/5
 ml (1 mg/ml, 5 ml)* 45
*diazepam oral tablet 10
 mg* 45
*diazepam oral tablet 2
 mg* 45
*diazepam oral tablet 5
 mg* 45
diazepam rectal 45
diclofenac potassium 45
*diclofenac sodium ophthalmic
 (eye)* 102
diclofenac sodium oral 45
*diclofenac sodium topical gel
 1 %* 45
dicloxacillin 18
dicyclomine oral capsule ... 87
dicyclomine oral solution ... 87
dicyclomine oral tablet 88
*didanosine oral capsule,
 delayed release(dr/ec) 200
 mg* 19
*didanosine oral capsule,
 delayed release(dr/ec) 250 mg,
 400 mg* 19
diflunisal 45
*digitek oral tablet 125 mcg
 (0.125 mg)* 62
*digitek oral tablet 250 mcg
 (0.25 mg)* 62
*digox oral tablet 125 mcg
 (0.125 mg)* 62
*digox oral tablet 250 mcg
 (0.25 mg)* 62
*digoxin oral solution 50 mcg/
 ml (0.05 mg/ml)* 62



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<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	62	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	30	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	19
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	62	DOCETAXEL		<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	19
<i>dihydroergotamine nasal</i> ...	45	INTRAVENOUS SOLUTION		<i>dronabinol oral capsule 10 mg</i>	88
DILANTIN EXTENDED ORAL CAPSULE 100 MG	46	20 MG/ML	30	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	88
DILANTIN INFATABS ...	46	<i>docu</i>	88	<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	99
DILANTIN ORAL CAPSULE 30 MG	46	<i>docusate sodium oral capsule 100 mg</i>	88	DROXIA	30
<i>dilt-xr</i>	62	<i>docusate sodium oral liquid</i>	88	<i>ducodyl</i>	88
<i>diltiazem hcl intravenous solution</i>	62	<i>docusate sodium oral tablet</i>	88	DULERA	106
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg</i>	62	<i>docusil</i>	88	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	46
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	62	<i>dofetilide</i>	63	<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	46
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 240 mg, 300 mg</i>	62	<i>dok</i>	88	<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	46
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg</i>	63	<i>donepezil oral tablet 10 mg, 5 mg</i>	46	<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	46
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> ...	63	<i>donepezil oral tablet, disintegrating</i>	46	<i>duramorph (pf) injection solution 0.5 mg/ml</i>	46
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	63	<i>dorzolamide</i>	102	<i>duramorph (pf) injection solution 1 mg/ml</i>	46
<i>diltiazem hcl oral tablet</i> ...	63	<i>dorzolamide-timolol</i>	102	<i>dutasteride</i>	109
DIPENTUM	88	<i>double antibiotic</i>	71	<i>dutasteride-tamsulosin</i> ...	109
<i>diphedryl</i>	106	DOVATO	19	E	
<i>diphenhist oral capsule</i>	106	<i>doxazosin</i>	63	<i>e.c. prin</i>	46
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	106	<i>doxepin oral</i>	46	<i>ear drops (carbamide peroxide)</i>	78
<i>diphenhydramine hcl injection syringe</i>	106	<i>doxercalciferol oral capsule 0.5 mcg</i>	80	<i>ec-naproxen</i>	46
<i>diphenhydramine hcl oral capsule</i>	106	<i>doxorubicin intravenous recon soln 50 mg</i>	30	<i>econtra ez</i>	99
<i>diphenoxylate-atropine</i>	88	<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	30	<i>ed a-hist oral tablet</i>	106
<i>disulfiram</i>	76	<i>doxorubicin intravenous solution 2 mg/ml</i>	30	EDURANT	19
<i>divalproex</i>	46	<i>doxorubicin, peg-liposomal</i>	30	<i>efavirenz oral capsule 200 mg</i>	19
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	29	<i>doxy-100</i>	19	<i>efavirenz oral capsule 50 mg</i>	19
		<i>doxycycline hyclate intravenous</i>	19	<i>efavirenz oral tablet</i>	19
		<i>doxycycline hyclate oral capsule</i>	19	ELAPRASE	80
		<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	19	ELIDEL	71
				<i>elinest</i>	99



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ELIQUIS ORAL TABLET 2.5 MG	63	<i>enpresse</i>	99	<i>erythromycin ethylsuccinate oral tablet</i>	20
ELIQUIS ORAL TABLET 5 MG	63	<i>entacapone</i>	46	<i>erythromycin ophthalmic (eye)</i>	102
ELIQUIS ORAL TABLETS, DOSE PACK	63	<i>entecavir</i>	19	<i>erythromycin oral tablet, delayed release (dr/ec)</i>	20
ELITEK	30	ENTRESTO	63	<i>erythromycin with ethanol topical gel</i>	71
ELLA	99	<i>enulose</i>	88	<i>erythromycin with ethanol topical solution</i>	71
EMCYT	30	EPCLUSA	19	<i>erythromycin-benzoyl peroxide</i>	71
EMPLICITI	30	EPIDIOLEX	46	ESBRIET ORAL CAPSULE	106
EMSAM	46	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	106	ESBRIET ORAL TABLET 267 MG	106
EMTRIVA ORAL CAPSULE	19	<i>epirubicin intravenous solution</i>	30	ESBRIET ORAL TABLET 801 MG	106
EMTRIVA ORAL SOLUTION	19	<i>epitol</i>	46	<i>escitalopram oxalate oral solution</i>	46
<i>enalapril maleate</i>	63	EPIVIR HBV ORAL SOLUTION	19	<i>escitalopram oxalate oral tablet 10 mg</i>	46
<i>enalapril-hydrochlorothiazide</i>	63	<i>eplerenone</i>	63	<i>escitalopram oxalate oral tablet 20 mg</i>	46
ENBREL MINI	96	<i>eprosartan</i>	63	<i>escitalopram oxalate oral tablet 5 mg</i>	47
ENBREL SUBCUTANEOUS RECON SOLN	96	ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	19	<i>estradiol oral</i>	99
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	96	ERBITUX	30	<i>estradiol transdermal patch weekly</i>	99
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	96	<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	113	<i>estradiol vaginal cream</i>	99
ENBREL SURECLICK	96	<i>ergoloid</i>	46	ESTRING	99
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	46	ERGOMAR	46	<i>ethambutol</i>	20
ENGERIX-B (PF)	94	ERIVEDGE	30	<i>ethosuximide</i>	47
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	94	ERLEADA	30	<i>etodolac oral capsule</i>	47
<i>enoxaparin subcutaneous solution</i>	63	<i>erlotinib oral tablet 100 mg, 150 mg</i>	30	<i>etodolac oral tablet</i>	47
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	63	<i>erlotinib oral tablet 25 mg</i>	30	ETOPOPHOS	30
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	63	<i>errin</i>	99	<i>etoposide intravenous</i>	30
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	63	<i>ertapenem</i>	19	EVOMELA	30
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	63	ERWINAZE	30	EVOTAZ	20
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	63	<i>ery pads</i>	71	<i>exemestane</i>	30
		<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	19	EXJADE	76
		ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	19	<i>eye itch relief</i>	102
		<i>erythrocin (as stearate) oral tablet 250 mg</i>	19	EYE STREAM	102
		ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	19	<i>eye wash</i>	102
				<i>ezetimibe</i>	63
				<i>ezfe 200</i>	113
				F	
				FABRAZYME	80



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<i>falmina (28)</i>	99	<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 45 mg, 135 mg</i>	64	SUBCUTANEOUS RECON SOLN 80 MG	31
<i>famciclovir oral tablet 125 mg, 250 mg</i>	20	<i>fenopropfen oral tablet</i>	47	<i>flavor chews antacid</i>	114
<i>famciclovir oral tablet 500 mg</i>	20	<i>fentanyl citrate buccal lozenge on a handle</i>	47	<i>flecainide</i>	64
<i>famotidine (pf)</i>	88	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	47	<i>fleet glycerin (adult)</i>	88
<i>famotidine (pf)-nacl (isos)</i>	88	<i>ferate oral tablet 240 mg (27 mg iron)</i>	113	FLONASE ALLERGY RELIEF	106
<i>famotidine intravenous solution</i>	88	<i>ferosul oral tablet</i>	113	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	106
<i>famotidine oral tablet 10 mg, 20 mg</i>	88	<i>ferrets</i>	113	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	107
<i>famotidine oral tablet 20 mg, 40 mg</i>	88	<i>ferrex 150</i>	113	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	107
FANAPT ORAL TABLET 1 MG	47	<i>ferric x-150</i>	113	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	107
FANAPT ORAL TABLET 10 MG, 12 MG	47	<i>ferro-time</i>	113	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	107
FANAPT ORAL TABLET 2 MG	47	<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	113	<i>fluconazole</i>	20
FANAPT ORAL TABLET 4 MG	47	<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	113	<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	20
FANAPT ORAL TABLET 6 MG	47	<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	114	<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	20
FANAPT ORAL TABLET 8 MG	47	<i>ferrousul</i>	114	<i>flucytosine oral capsule 250 mg</i>	20
FANAPT ORAL TABLETS, DOSE PACK	47	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	47	<i>flucytosine oral capsule 500 mg</i>	20
FANTASY CONDOM	80	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	47	<i>fludarabine intravenous recon soln</i>	31
FARESTON	30	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	47	<i>fludarcortisone</i>	80
FARYDAK ORAL CAPSULE 10 MG	30	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	47	<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	107
FARYDAK ORAL CAPSULE 15 MG, 20 MG	30	<i>finasteride oral tablet 5 mg</i>	110		
FASLODEX	30	FIRAZYR	106		
FC2 FEMALE CONDOM	80	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	30		
<i>febuxostat</i>	96	FIRMAGON KIT W DILUENT SYRINGE			
<i>felbamate</i>	47				
<i>felodipine</i>	63				
<i>fenofibrate micronized</i>	63				
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	63				
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	63				



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<i>fluocinolone acetonide oil otic (ear)</i>	78	<i>fluticasone propion-salmeterol inhalation blister with device</i>	107	FYCOMPA ORAL TABLET 2 MG	48
<i>fluocinolone and shower cap</i>	71	<i>fluticasone propionate nasal</i>	107	FYCOMPA ORAL TABLET 4 MG	48
<i>fluocinolone topical cream 0.01 %</i>	71	<i>fluticasone propionate nasal</i>	107	FYCOMPA ORAL TABLET 6 MG	48
<i>fluocinolone topical cream 0.025 %</i>	71	<i>fluticasone propionate topical</i>	71	FYCOMPA ORAL TABLET 8 MG	48
<i>fluocinolone topical oil</i>	71	<i>fluvoxamine oral tablet 100 mg</i>	48	G	
<i>fluocinolone topical ointment</i>	71	<i>fluvoxamine oral tablet 25 mg</i>	48	<i>gabapentin oral capsule 100 mg</i>	48
<i>fluocinolone topical solution</i>	71	<i>fluvoxamine oral tablet 50 mg</i>	48	<i>gabapentin oral capsule 300 mg</i>	48
<i>fluocinonide topical cream 0.05 %</i>	71	<i>foaming antacid</i>	88	<i>gabapentin oral capsule 400 mg</i>	48
<i>fluocinonide topical gel</i>	71	<i>folic acid oral tablet</i>	114	<i>gabapentin oral solution 250 mg/5 ml</i>	48
<i>fluocinonide topical ointment</i>	71	FOLOTYN	31	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	48
<i>fluocinonide topical solution</i>	71	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	64	<i>gabapentin oral tablet 600 mg</i>	48
<i>fluocinonide-e</i>	71	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	64	<i>gabapentin oral tablet 800 mg</i>	48
FLUOCINONIDE-EMOLLIENT	71	<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	64	GAMUNEX-C	94
<i>fluoride (sodium) oral tablet</i>	114	<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	64	<i>ganciclovir sodium intravenous recon soln</i>	20
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	114	FOR STY RELIEF	103	GARDASIL 9 (PF)	94
<i>fluorometholone</i>	102	FORTEO	97	<i>gas relief 80</i>	88
<i>fluorouracil intravenous</i>	31	<i>fosamprenavir</i>	20	<i>gas relief extra strength</i>	88
<i>fluorouracil topical cream 5 %</i>	71	<i>fosinopril</i>	64	<i>gas relief oral capsule</i>	88
<i>fluorouracil topical solution</i>	71	<i>fosinopril-hydrochlorothiazide</i>	64	<i>gas relief oral tablet, chewable</i>	88
<i>fluoxetine oral capsule 10 mg</i>	47	<i>fosphenytoin</i>	48	<i>gas relief ultra strength</i>	88
<i>fluoxetine oral capsule 20 mg</i>	47	<i>freamine iii 10 %</i>	114	GAS-X ULTRA-STRENGTH	88
<i>fluoxetine oral capsule 40 mg</i>	47	FULPHILA	94	GATTEX 30-VIAL	88
<i>fluoxetine oral solution</i>	47	<i>fulvestrant</i>	31	GATTEX ONE-VIAL	88
<i>fluphenazine decanoate</i>	47	<i>fungoid-d</i>	71	GAUZE PADS 2 X 2	80
<i>fluphenazine hcl</i>	47	<i>furosemide injection</i>	64	<i>gavilax oral powder</i>	89
<i>flurbiprofen</i>	47	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	64	<i>gavilyte-c</i>	89
<i>flurbiprofen ophthalmic (eye)</i>	103	<i>furosemide oral tablet</i>	64	<i>gavilyte-g</i>	89
<i>flutamide</i>	31	FUZEON SUBCUTANEOUS RECON SOLN	20	<i>gavilyte-n</i>	89
		FYCOMPA ORAL SUSPENSION	48	GAZYVA	31
		FYCOMPA ORAL TABLET 10 MG, 12 MG	48	<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	31
				<i>gemcitabine intravenous recon soln 2 gram</i>	31



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gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) 31
GEMCITABINE
INTRAVENOUS SOLUTION
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 gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml) 31
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 generlac 89
 gengraf oral capsule 100 mg, 25 mg 31
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 gentamicin ophthalmic (eye) ointment 103
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 glatiramer subcutaneous syringe 40 mg/ml 48
 glatopa subcutaneous syringe 20 mg/ml 48
 glatopa subcutaneous syringe 40 mg/ml 48
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 glimepiride oral tablet 2 mg 80
 glimepiride oral tablet 4 mg 80

glipizide oral tablet 10 mg 80
 glipizide oral tablet 5 mg ... 80
 glipizide oral tablet extended release 24hr 10 mg 80
 glipizide oral tablet extended release 24hr 2.5 mg 80
 glipizide oral tablet extended release 24hr 5 mg 80
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 glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg 80
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HAVRIX (PF)
INTRAMUSCULAR
SYRINGE 1,440 ELISA
UNIT/ML 94
HAVRIX (PF)
INTRAMUSCULAR
SYRINGE 720 ELISA UNIT/
0.5 ML 94
 healthylax 89
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 heartburn relief (famotidine) 89
 heartburn relief (ranitidine) oral tablet 150 mg 89
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 heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml) 64
 heparin (porcine) injection solution 64
HEPARIN(PORCINE) IN
0.45% NAACL
INTRAVENOUS
PARENTERAL SOLUTION
12,500 UNIT/250 ML 64
 heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml 64



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ibuprofen oral capsule 49
ibuprofen oral suspension 49
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ibuprofen oral tablet 400 mg, 600 mg, 800 mg 49
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 IDHIFA ORAL TABLET 100 MG 32
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iferex 150 114
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ifosfamide intravenous solution 1 gram/20 ml 32
ifosfamide intravenous solution 3 gram/60 ml 32
 ILARIS (PF) SUBCUTANEOUS SOLUTION 94
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imatinib oral tablet 400 mg 32
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 INTRALIPID INTRAVENOUS EMULSION 30 % 114
 INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) 94

INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML) 94
 INTRON A INJECTION SOLUTION 94
 INVANZ INJECTION 20
 INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML 49
 INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML ... 49
 INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML 49
 INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML 49
 INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML 49
 INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML 50
 INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML 50
 INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML 50
 INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML 50
 INVIRASE ORAL TABLET 20
inzo antifungal 72
 IPOL 94
ipratropium bromide inhalation 107



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<i>ipratropium bromide nasal</i>	78	JAKAFI ORAL TABLET 5 MG	32	<i>kapectate ex str (bismuth ss)</i>	89
<i>ipratropium-albuterol inhalation</i>	107	<i>jantoven</i>	65	<i>kariva (28)</i>	99
<i>irbesartan</i>	65	JANUMET	81	<i>kelnor 1/35 (28)</i>	99
<i>irbesartan-hydrochlorothiazide</i>	65	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	81	KEPIVANCE	33
IRESSA	32	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	81	<i>ketoconazole oral</i>	21
<i>irinotecan intravenous solution 100 mg/5 ml</i>	32	JANUVIA ORAL TABLET 100 MG	82	<i>ketoconazole topical cream</i>	72
<i>irinotecan intravenous solution 40 mg/2 ml</i>	32	JANUVIA ORAL TABLET 25 MG	82	<i>ketoconazole topical shampoo</i>	72
<i>irinotecan intravenous solution 500 mg/25 ml</i>	32	JANUVIA ORAL TABLET 50 MG	82	<i>ketorolac ophthalmic (eye)</i>	103
<i>iron (dried)</i>	114	JARDIANCE	82	<i>ketotifen fumarate</i>	103
<i>iron (ferrous sulfate)</i>	114	JENTADUETO	82	KEYTRUDA	
<i>iron oral tablet 325 mg (65 mg iron)</i>	114	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	82	INTRAVENOUS SOLUTION	33
ISENTRESS HD	20	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	82	KHAPZORY	33
ISENTRESS ORAL POWDER IN PACKET	21	JEVTANA	33	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	50
ISENTRESS ORAL TABLET	21	<i>jock itch</i>	72	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	50
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	21	JULUCA	21	KIMONO MICROTHIN AQUA LUBE CON	82
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	21	<i>junel 1.5/30 (21)</i>	99	KIMONO MICROTHIN LARGE CONDOMS	82
<i>isoniazid oral</i>	21	<i>junel 1/20 (21)</i>	99	KIMONO TEXTURED CONDOMS	82
<i>isosorbide dinitrate oral tablet</i>	65	<i>junel fe 1.5/30 (28)</i>	99	KINRIX (PF) INTRAMUSCULAR SUSPENSION	94
<i>isosorbide dinitrate oral tablet extended release</i>	65	<i>junel fe 1/20 (28)</i>	99	KINRIX (PF) INTRAMUSCULAR SYRINGE	94
<i>isosorbide mononitrate</i>	65	JUXTAPID	65	<i>kionex (with sorbitol)</i>	76
ISTODAX	32	K		KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	33
<i>itraconazole oral capsule</i> ...	21	<i>k-pec antidiarrheal (bism sub)</i>	89	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	33
<i>ivermectin oral</i>	21	KADCYLA	33	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	33
IXEMPRA	32	KALETRA ORAL TABLET 100-25 MG	21		
IXIARO (PF)	94	KALETRA ORAL TABLET 200-50 MG	21		
J		KALYDECO ORAL TABLET	107		
JAKAFI ORAL TABLET 10 MG	32	<i>kao-tin (docusate calcium)</i>	89		
JAKAFI ORAL TABLET 15 MG	32	<i>kapectate (bismuth subsalicy) oral suspension</i>	89		
JAKAFI ORAL TABLET 20 MG	32				
JAKAFI ORAL TABLET 25 MG	32				



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KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	33	<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	89	LEUKERAN	33
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	33	<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	89	<i>leuprolide subcutaneous kit</i>	33
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	33	LANTUS SOLOSTAR U-100 INSULIN	82	<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	108
<i>klor-con 10</i>	114	LANTUS U-100 INSULIN	82	<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	108
<i>klor-con 8</i>	114	<i>larin 1/20 (21)</i>	99	LEVALBUTEROL HFA	108
<i>klor-con m10</i>	114	<i>larin fe 1.5/30 (28)</i>	99	LEVEMIR FLEXTOUCH U- 100 INSULN	82
<i>klor-con m15</i>	114	<i>larin fe 1/20 (28)</i>	99	LEVEMIR U-100 INSULIN	82
<i>klor-con m20</i>	114	<i>latanoprost</i>	103	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	50
KORLYM	82	LATUDA ORAL TABLET 120 MG, 60 MG	50	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	50
KPN ORAL TABLET 9 MG IRON- 267 MCG	114	LATUDA ORAL TABLET 20 MG	50	<i>levetiracetam intravenous</i>	50
KUVAN ORAL TABLET, SOLUBLE	82	LATUDA ORAL TABLET 40 MG	50	<i>levetiracetam oral solution 100 mg/ml</i>	50
KYPROLIS	33	LATUDA ORAL TABLET 80 MG	50	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	50
L		LATUDA ORAL TABLET 80 MG	50	<i>levetiracetam oral tablet</i>	50
<i>labetalol intravenous solution</i>	65	<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	89	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	50
<i>labetalol oral</i>	65	<i>laxative (bisacodyl) rectal</i>	89	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	50
<i>lactated ringers intravenous</i>	114	<i>leflunomide</i>	97	<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	103
<i>lactated ringers irrigation</i>	76	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	33	<i>levocarnitine (with sugar)</i>	76
<i>lactulose oral solution</i>	89	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	33	<i>levocarnitine oral tablet</i>	76
<i>lamisil af topical aerosol powder</i>	72	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	33	<i>levocetirizine oral tablet</i>	108
<i>lamisil at topical cream</i>	72	<i>lessina</i>	99		
<i>lamivudine oral solution</i>	21	LETAIRIS	107		
<i>lamivudine oral tablet 100 mg</i>	21	<i>letrozole</i>	33		
<i>lamivudine oral tablet 150 mg</i>	21	<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	33		
<i>lamivudine oral tablet 300 mg</i>	21	<i>leucovorin calcium injection recon soln 500 mg</i>	33		
<i>lamivudine-zidovudine</i>	21	<i>leucovorin calcium oral</i>	33		
<i>lamotrigine oral tablet</i>	50				
<i>lamotrigine oral tablet, chewable dispersible</i>	50				
LANCETS 26 GAUGE	82				
LANCETS,ULTRA THIN 26 GAUGE	82				
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	65				



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<i>levofloxacin in d5w</i>	<i>lidocaine (pf) injection</i>	<i>loperamide oral capsule</i> 90
<i>intravenous piggyback 250 mg/</i>	<i>solution 20 mg/ml (2 %), 40</i>	<i>lopinavir-ritonavir</i> 22
<i>50 ml</i> 21	<i>mg/ml (4 %), 5 mg/ml (0.5</i>	<i>loratadine oral tablet</i> 108
<i>levofloxacin in d5w</i>	<i>%)</i> 72	<i>lorazepam intensol</i> 51
<i>intravenous piggyback 500 mg/</i>	<i>lidocaine (pf) intravenous</i>	<i>lorazepam oral</i> 51
<i>100 ml, 750 mg/150 ml</i> 21	<i>solution</i> 65	LORBRENA ORAL TABLET
<i>levofloxacin intravenous</i> 21	<i>lidocaine (pf) intravenous</i>	100 MG 34
<i>levofloxacin oral tablet</i> 21	<i>syringe 100 mg/5 ml (2</i>	LORBRENA ORAL TABLET
<i>levoleucovorin calcium</i>	<i>%)</i> 65	25 MG 34
<i>intravenous recon soln 50</i>	<i>lidocaine hcl injection solution</i>	<i>losartan</i> 65
<i>mg</i> 34	<i>10 mg/ml (1 %), 20 mg/ml (2</i>	<i>losartan-</i>
<i>levonest (28)</i> 99	<i>%)</i> 72	<i>hydrochlorothiazide</i> 65
<i>levonorg-eth estrad</i>	<i>lidocaine hcl</i>	LOTRIMIN AF
<i>triphasic</i> 99	<i>laryngotracheal</i> 73	(CLOTRIMAZOLE)
<i>levonorgestrel-ethinyl estrad</i>	<i>lidocaine hcl mucous</i>	TOPICAL CREAM 73
<i>oral tablet 0.15-0.03 mg</i> 99	<i>membrane jelly</i> 73	<i>lovastatin</i> 65
<i>levonorgestrel-ethinyl estrad</i>	<i>lidocaine hcl mucous</i>	<i>low-ogestrel (28)</i> 99
<i>oral tablets,dose pack,3</i>	<i>membrane jelly in</i>	<i>loxapine succinate</i> 51
<i>month</i> 99	<i>applicator</i> 73	LUBRICANT EYE (PG-PEG
<i>levorphanol tartrate oral tablet</i>	<i>lidocaine hcl mucous</i>	400) 103
<i>2 mg</i> 50	<i>membrane solution 4 % (40</i>	<i>lubricant eye drops ophthalmic</i>
<i>levothyroxine oral</i> 82	<i>mg/ml)</i> 73	<i>(eye) dropperette</i> 103
<i>levoxyl oral tablet 100 mcg,</i>	<i>lidocaine topical adhesive</i>	<i>lubricant eye drops ophthalmic</i>
<i>112 mcg, 125 mcg, 137 mcg,</i>	<i>patch,medicated</i> 73	<i>(eye) drops 0.5 %</i> 103
<i>150 mcg, 175 mcg, 200 mcg,</i>	<i>lidocaine topical</i>	<i>lubricating plus</i> 103
<i>25 mcg, 50 mcg, 75 mcg, 88</i>	<i>ointment</i> 73	LUMIGAN OPHTHALMIC
<i>mcg</i> 82	<i>lidocaine viscous</i> 73	(EYE) DROPS 0.01 % 103
LEXIVA ORAL	<i>lidocaine-prilocaine topical</i>	LUMOXITI 34
SUSPENSION 21	<i>cream</i> 73	LUPRON DEPOT 34
LEXIVA ORAL	<i>lindane topical shampoo</i> 73	LUPRON DEPOT-PED
TABLET 21	<i>linezolid in dextrose 5%</i> 21	INTRAMUSCULAR KIT 7.5
LIBTAYO 34	<i>linezolid oral suspension for</i>	MG (PED) 34
<i>lice bedding spray</i> 72	<i>reconstitution</i> 21	<i>lutura (28)</i> 100
<i>lice complete kit 1-2-3</i> 72	<i>linezolid oral tablet</i> 21	LYNPARZA ORAL
<i>lice killing</i> 72	<i>linezolid-0.9% sodium</i>	TABLET 34
<i>lice killing (permethrin)</i> 72	<i>chloride</i> 21	LYRICA ORAL CAPSULE
<i>lice pyrinyl shampoo</i> 72	LINZESS 89	100 MG 51
<i>lice solution</i> 72	<i>liothyronine oral</i> 82	LYRICA ORAL CAPSULE
<i>lice treatment</i>	<i>liquid antacid oral suspension</i>	150 MG 51
<i>(permethrin)</i> 72	<i>200-200-20 mg/5 ml</i> 90	LYRICA ORAL CAPSULE
<i>lice treatment topical liquid 1</i>	<i>liquitears</i> 103	200 MG 51
<i>%</i> 72	<i>lisinopril</i> 65	LYRICA ORAL CAPSULE
<i>lice treatment topical</i>	<i>lisinopril-</i>	225 MG, 300 MG 51
<i>shampoo</i> 72	<i>hydrochlorothiazide</i> 65	LYRICA ORAL CAPSULE
<i>lidocaine (pf) injection</i>	<i>lithium carbonate</i> 50	25 MG 51
<i>solution 15 mg/ml (1.5</i>	<i>lithium citrate oral solution 8</i>	LYRICA ORAL CAPSULE
<i>%)</i> 72	<i>meq/5 ml</i> 51	50 MG 51
	LONSURF 34	



LYRICA ORAL CAPSULE		
75 MG	51	
LYRICA ORAL SOLUTION	51	
LYSODREN	34	
lyza	100	
M		
<i>m-clear wc</i>	108	
M-M-R II (PF)	94	
<i>mafenide acetate</i>	73	
<i>mag-al plus</i>	90	
<i>mag-al plus extra strength</i>	90	
<i>magnesium citrate oral solution</i>	90	
<i>magnesium oxide oral capsule 500 mg</i>	114	
<i>magnesium sulfate in water intravenous parenteral solution</i>	114	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	114	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	115	
<i>magnesium sulfate injection solution</i>	115	
<i>magnesium sulfate injection syringe</i>	115	
<i>maprotiline oral tablet 25 mg</i>	51	
<i>maprotiline oral tablet 50 mg</i>	51	
<i>maprotiline oral tablet 75 mg</i>	51	
<i>marlissa (28)</i>	100	
MARPLAN	51	
MARQIBO	34	
<i>masanti double strength</i>	90	
MATULANE	34	
<i>meclizine oral tablet 12.5 mg</i>	90	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	90	
<i>meclizine oral tablet, chewable</i>	90	
<i>meclofenamate</i>	51	
<i>medroxyprogesterone</i>	100	
<i>mefloquine</i>	22	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	34	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	34	
<i>megestrol oral tablet</i>	34	
MEKINIST ORAL TABLET 0.5 MG	34	
MEKINIST ORAL TABLET 2 MG	34	
MEKTOVI	34	
<i>meloxicam oral tablet</i>	51	
<i>melfhalan hcl</i>	34	
<i>memantine oral capsule, sprinkle,er 24hr</i>	51	
<i>memantine oral solution</i>	51	
<i>memantine oral tablet 10 mg</i>	51	
<i>memantine oral tablet 5 mg</i>	51	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	94	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	100	
MENVEO A-C-Y-W-135-DIP (PF)	94	
MEPHYTON	65	
<i>mercaptopurine</i>	34	
<i>meropenem</i>	22	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	90	
<i>mesalamine rectal enema</i>	90	
<i>mesalamine rectal suppository</i>	90	
<i>mesalamine with cleansing wipe</i>	90	
<i>mesna</i>	34	
MESNEX ORAL	34	
MESTINON ORAL SYRUP	51	
<i>metaproterenol oral syrup</i>	108	
<i>metformin oral tablet 1,000 mg</i>	82	
<i>metformin oral tablet 500 mg</i>	82	
<i>metformin oral tablet 850 mg</i>	82	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	82	
<i>metformin oral tablet extended release 24 hr 750 mg</i>	83	
<i>methadone injection solution</i>	51	
<i>methadone intensol</i>	51	
<i>methadone oral concentrate</i>	51	
<i>methadone oral solution</i>	51	
<i>methadone oral tablet</i>	51	
<i>methazolamide</i>	103	
<i>methenamine hippurate</i>	22	
<i>methimazole oral tablet 10 mg, 5 mg</i>	83	
<i>methocarbamol oral</i>	51	
<i>methotrexate sodium</i>	34	
<i>methotrexate sodium (pf) injection recon soln</i>	34	
<i>methotrexate sodium (pf) injection solution</i>	34	
<i>methoxsalen</i>	73	
<i>methylclothiazide</i>	65	
<i>methylphenidate hcl oral tablet</i>	52	
<i>methylpred dp</i>	83	
<i>methylprednisolone</i>	83	
<i>methylprednisolone acetate</i>	83	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	83	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	83	
<i>metoclopramide hcl injection solution</i>	90	
<i>metoclopramide hcl injection syringe</i>	90	
<i>metoclopramide hcl oral solution</i>	90	



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<i>metoclopramide hcl oral tablet</i>	90	<i>milk of magnesia concentrated</i>	90	<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	52
<i>metolazone</i>	65	<i>mineral oil extra heavy</i>	90	<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	52
<i>metoprolol succinate</i>	65	<i>mineral oil heavy oral</i>	90	<i>morphine concentrate oral solution</i>	52
<i>metoprolol tartrate intravenous solution</i>	65	<i>mineral oil oral</i>	90	MORPHINE INJECTION SOLUTION 4 MG/ML	52
<i>metoprolol tartrate intravenous syringe</i>	65	<i>mineral oil rectal</i>	90	<i>morphine injection solution 8 mg/ml</i>	52
<i>metoprolol tartrate oral</i>	65	<i>minocycline oral capsule</i> ...	22	<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i> ...	52
<i>metoprolol tartrate-hydrochlorothiazide</i>	65	<i>minocycline oral tablet</i>	22	<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	52
<i>metro i.v.</i>	22	<i>minocycline oral tablet</i>	22	<i>morphine intravenous solution 10 mg/ml</i>	52
<i>metronidazole in nacl (isos)</i>	22	<i>minoxidil oral</i>	66	MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	52
<i>metronidazole oral</i>	22	<i>mintox</i>	90	<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	52
<i>metronidazole topical cream</i>	73	<i>mintox maximum strength</i>	90	<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	52
<i>metronidazole topical gel 0.75 %</i>	73	<i>mirtazapine oral tablet 15 mg</i>	52	<i>morphine oral tablet</i>	52
<i>metronidazole topical lotion</i>	73	<i>mirtazapine oral tablet 30 mg</i>	52	<i>morphine oral tablet extended release 100 mg, 200 mg</i>	53
<i>metronidazole vaginal</i>	100	<i>mirtazapine oral tablet 45 mg</i>	52	<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	53
<i>mexiletine</i>	66	<i>mirtazapine oral tablet 7.5 mg</i>	52	<i>motion relief (meclizine)</i>	91
<i>mi-acid</i>	90	<i>mirtazapine oral tablet, disintegrating 15 mg</i>	52	<i>motion sickness (meclizine)</i>	91
<i>mi-acid gas relief</i>	90	<i>mirtazapine oral tablet, disintegrating 30 mg</i>	52	<i>motion-time</i>	91
MIACALCIN INJECTION	83	<i>mirtazapine oral tablet, disintegrating 45 mg</i>	52	MOVANTIK	91
<i>miconazole 7</i>	100	<i>misoprostol</i>	90	MOVIPREP	91
<i>miconazole nitrate topical cream</i>	73	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	34	MOXIFLOXACIN OPHTHALMIC (EYE) ...	103
<i>miconazole nitrate vaginal cream</i>	100	<i>mitomycin intravenous recon soln 40 mg</i>	35	<i>moxifloxacin oral</i>	22
<i>miconazole-3 vaginal kit</i>	100	<i>mitoxantrone</i>	35	MOZOBIL	94
<i>miconazole-3 vaginal suppository</i>	100	<i>modafinil oral tablet 100 mg</i>	52	MULTAQ	66
<i>miconazorb af</i>	73	<i>modafinil oral tablet 200 mg</i>	52	<i>mupirocin topical cream</i>	73
MICRO THIN LANCETS	83	<i>molindone</i>	52	<i>mupirocin topical ointment</i>	73
<i>micro-guard</i>	73	<i>mometasone topical</i>	73	<i>mycophenolate mofetil hcl</i>	35
<i>microgestin 1.5/30 (21)</i> ...	100	<i>mono-lynyah</i>	100		
<i>microgestin 1/20 (21)</i>	100	<i>montelukast</i>	108		
<i>microgestin fe 1.5/30 (28)</i>	100	MONUROL	22		
<i>microgestin fe 1/20 (28)</i> ...	100	<i>morgidox oral capsule 50 mg</i>	22		
<i>midodrine</i>	76	<i>morphine (pf) injection solution 0.5 mg/ml</i>	52		
<i>miglustat</i>	83	<i>morphine (pf) injection solution 1 mg/ml</i>	52		
<i>milk of magnesia</i>	90				



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<i>mycophenolate mofetil oral capsule</i>	35	<i>nasal mist</i>	78	<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	22
<i>mycophenolate mofetil oral suspension for reconstitution</i>	35	NATACYN	103	NEXAVAR	35
<i>mycophenolate mofetil oral tablet</i>	35	<i>nateglinide oral tablet 120 mg</i>	83	<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	66
<i>mycophenolate sodium</i>	35	<i>nateglinide oral tablet 60 mg</i>	83	<i>niacin oral tablet</i>	66
<i>myferon 150</i>	115	NATPARA	83	<i>niacin oral tablet 500 mg</i> ...	66
MYLOTARG	35	NAYZILAM	53	<i>niacin oral tablet extended release 24 hr</i>	66
<i>myorisan</i>	73	NEBUPENT	22	<i>niacin oral tablet extended release 250 mg, 750 mg</i>	66
MYRBETRIQ	110	<i>necon 0.5/35 (28)</i>	100	NIACOR	66
N		NEEDLES, INSULIN DISP., SAFETY	83	<i>nicardipine oral</i>	66
<i>nabumetone</i>	53	<i>nefazodone oral tablet 100 mg</i>	53	<i>nicorelief</i>	76
<i>nadolol</i>	66	<i>nefazodone oral tablet 150 mg</i>	53	NICORETTE BUCCAL LOZENGE	76
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	66	<i>nefazodone oral tablet 200 mg</i>	53	NICORETTE BUCCAL MINI LOZENGE	76
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	66	<i>nefazodone oral tablet 250 mg</i>	53	<i>nicotine (polacrilex) buccal gum</i>	76
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	22	<i>nefazodone oral tablet 50 mg</i>	53	<i>nicotine (polacrilex) buccal lozenge</i>	77
<i>nafcillin injection recon soln 10 gram</i>	22	<i>neo-polycin</i>	103	<i>nicotine (polacrilex) buccal mini lozenge</i>	77
<i>nafcillin intravenous recon soln 2 gram</i>	22	<i>neo-polycin hc</i>	103	<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	77
NAGLAZYME	83	<i>neomycin</i>	22	<i>nicotine transdermal patch, td daily, sequential</i>	77
<i>nalbuphine injection solution 10 mg/ml</i>	53	<i>neomycin-bacitracin-poly-hc</i>	103	NICOTROL NS	77
<i>nalbuphine injection solution 20 mg/ml</i>	53	<i>neomycin-bacitracin-polymyxin</i>	103	<i>nifedipine oral tablet extended release</i>	66
<i>naloxone</i>	53	<i>neomycin-polymyxin b gu irrigation solution</i>	76	<i>nifedipine oral tablet extended release 24hr</i>	66
<i>naltrexone</i>	53	<i>neomycin-polymyxin b-dexameth</i>	103	<i>nilutamide</i>	35
NAMZARIC	53	<i>neomycin-polymyxin-gramicidin</i>	103	<i>nimodipine</i>	66
<i>naproxen oral tablet</i>	53	<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	103	NINLARO	35
<i>naproxen oral tablet, delayed release (dr/ec)</i>	53	<i>neomycin-polymyxin-hc otic (ear)</i>	78	NIPENT	35
<i>naproxen sodium oral capsule</i>	53	NERLYNX	35	<i>nitisinone</i>	77
<i>naproxen sodium oral tablet 220 mg</i>	53	NEULASTA	94	<i>nitro-bid</i>	66
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	53	NEUPOGEN	95	<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	22
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	53	NEUPRO	53	<i>nitrofurantoin monohyd/m-cryst</i>	22
NASACORT	108	<i>nevirapine oral suspension</i>	22	<i>nitroglycerin intravenous</i> ...	66
<i>nasal decongestant (pseudoeph)</i> oral tablet	108	<i>nevirapine oral tablet</i>	22	<i>nitroglycerin sublingual</i>	66



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<i>nitroglycerin transdermal patch 24 hour</i>	66	<i>nystatin oral tablet</i>	23	<i>olanzapine oral tablet, disintegrating 20 mg</i>	54
<i>nora-be</i>	100	<i>nystatin topical</i>	73	<i>olanzapine oral tablet, disintegrating 5 mg</i>	54
NORDITROPIN		<i>nystatin-triamcinolone topical cream</i>	73	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	66
FLEXPRO	95	<i>nystop</i>	73	<i>olopatadine ophthalmic (eye)</i>	103
<i>norethindrone (contraceptive)</i>	100	O		<i>omega-3 acid ethyl esters</i> ...	66
<i>norethindrone acetate</i>	100	<i>ocella</i>	100	<i>omega-3 fatty acids oral capsule</i>	66
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	100	OCTAGAM	95	<i>omeprazole oral capsule, delayed release(dr/ec)</i>	91
NORMOSOL-M IN 5 %		<i>octreotide acetate injection solution</i>	35	<i>omeprazole oral tablet, delayed release (dr/ec)</i>	91
DEXTROSE	115	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	35	OMNITROPE	95
NORMOSOL-R	115	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	35	<i>ondansetron disintegrating tablet</i>	91
NORMOSOL-R PH 7.4 ...	115	ODEFSEY	23	<i>ondansetron hcl (pf)</i>	91
NORTHERA ORAL CAPSULE 100 MG	77	ODOMZO	35	<i>ondansetron hcl intravenous</i>	91
NORTHERA ORAL CAPSULE 200 MG	77	OFEV	108	<i>ondansetron hcl oral tablet 24 mg</i>	91
NORTHERA ORAL CAPSULE 300 MG	77	<i>ofloxacin ophthalmic (eye)</i>	103	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	91
<i>nortrel 0.5/35 (28)</i>	100	<i>ofloxacin oral tablet 300 mg</i>	23	ONETOUCH DELICA LANCETS	83
<i>nortrel 1/35 (21)</i>	100	<i>ofloxacin oral tablet 400 mg</i>	23	ONETOUCH ULTRA BLUE TEST STRIP	83
<i>nortrel 1/35 (28)</i>	100	<i>ofloxacin otic (ear)</i>	78	ONETOUCH VERIO	83
<i>nortrel 7/7/7 (28)</i>	100	<i>ogestrel (28)</i>	100	ONFI ORAL SUSPENSION	54
<i>nortriptyline oral capsule</i>	53	<i>okebo oral capsule 75 mg</i>	23	ONFI ORAL TABLET 10 MG	54
NORTRIPTYLINE ORAL SOLUTION	53	<i>olanzapine intramuscular</i>	53	ONFI ORAL TABLET 20 MG	54
NORVIR ORAL POWDER IN PACKET	22	<i>olanzapine oral tablet 10 mg</i>	54	<i>opcicon one-step</i>	100
NORVIR ORAL SOLUTION	22	<i>olanzapine oral tablet 15 mg</i>	54	OPDIVO	35
NORVIR ORAL TABLET	22	<i>olanzapine oral tablet 2.5 mg</i>	54	ORFADIN	77
NOXAFIL ORAL SUSPENSION	22	<i>olanzapine oral tablet 20 mg</i>	54	ORKAMBI ORAL TABLET	108
NUBEQA	35	<i>olanzapine oral tablet 2.5 mg</i>	54	<i>oseltamivir</i>	23
NUEDEXTA	53	<i>olanzapine oral tablet 5 mg</i>	54	<i>oxacillin injection recon soln 1 gram, 10 gram</i>	23
NULOJIX	35	<i>olanzapine oral tablet 7.5 mg</i>	54	<i>oxacillin injection recon soln 2 gram</i>	23
NUPLAZID ORAL CAPSULE	53	<i>olanzapine oral tablet, disintegrating 10 mg</i>	54	<i>oxaliplatin intravenous recon soln 100 mg</i>	35
NUPLAZID ORAL TABLET 10 MG	53	<i>olanzapine oral tablet, disintegrating 15 mg</i>	54		
NUVARING	100				
<i>nyamyc</i>	73				
<i>nystatin oral suspension</i>	23				



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<i>oxaliplatin intravenous recon soln 50 mg</i>	35	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	54	PEGASYS	95
<i>oxaliplatin intravenous solution</i>	35	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	54	PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	95
<i>oxandrolone oral tablet 10 mg</i>	83	<i>pamidronate intravenous recon soln</i>	83	PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	95
<i>oxandrolone oral tablet 2.5 mg</i>	83	<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	83	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	23
<i>oxaprozin</i>	54	<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	83	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	23
<i>oxcarbazepine</i>	54	PANRETIN	73	<i>penicillin g potassium</i>	23
<i>oxybutynin chloride oral syrup</i>	110	<i>pantoprazole intravenous</i> ...	91	<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	23
<i>oxybutynin chloride oral tablet</i>	110	<i>pantoprazole oral</i>	91	<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	23
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	110	<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	83	<i>penicillin g sodium</i>	23
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	110	<i>paricalcitol oral capsule 4 mcg</i>	83	<i>penicillin v potassium</i>	23
<i>oxycodone oral capsule</i>	54	<i>paroex oral rinse</i>	78	PENTACEL (PF)	95
<i>oxycodone oral concentrate</i>	54	<i>paromomycin</i>	23	PENTAM	23
<i>oxycodone oral tablet</i>	54	<i>paroxetine hcl oral tablet 10 mg</i>	54	<i>pentamidine injection</i>	23
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	54	<i>paroxetine hcl oral tablet 20 mg</i>	54	PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	91
<i>oxycodone-aspirin</i>	54	<i>paroxetine hcl oral tablet 30 mg</i>	55	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	91
<i>oysco 500/d oral tablet</i>	115	<i>paroxetine hcl oral tablet 40 mg</i>	55	<i>pentoxifylline</i>	66
<i>oysco-500</i>	115	PASER	23	<i>peptic relief oral tablet, chewable</i>	91
<i>oyster shell + d3</i>	115	PAXIL ORAL SUSPENSION	55	<i>pepto-bismol oral tablet, chewable</i>	91
<i>oyster shell calcium</i>	115	PAZEO	104	<i>pepto-bismol to-go</i>	91
<i>oyster shell calcium 500</i> ...	115	PEAK AIR PEAK FLOW METER	84	<i>perigard</i>	78
<i>oyster shell calcium-vit d3 oral tablet</i>	115	PEDIARIX (PF)	95	PERJETA	36
<i>oystercal-d</i>	115	PEDVAX HIB (PF)	95	<i>permethrin topical cream</i> ...	73
OZEMPIC	83	<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	91	<i>perphenazine</i>	55
P		<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i>	91	PERSERIS	55
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	66	<i>peg-electrolyte soln</i>	91	<i>pharbedryl</i>	108
<i>paclitaxel</i>	35	PEGANONE	55		
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	54				
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	54				



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PHAZYME ORAL CAPSULE		
180 MG	91	
phenelzine	55	
phenobarbital oral elixir ...	55	
phenobarbital oral tablet 100		
mg	55	
phenobarbital oral tablet 15		
mg	55	
phenobarbital oral tablet 16.2		
mg	55	
phenobarbital oral tablet 30		
mg	55	
phenobarbital oral tablet 32.4		
mg	55	
phenobarbital oral tablet 60		
mg	55	
phenobarbital oral tablet 64.8		
mg	55	
phenobarbital oral tablet 97.2		
mg	55	
phentermine	77	
PHENYTEK	55	
phenytoin oral suspension 100		
mg/4 ml	55	
phenytoin oral suspension 125		
mg/5 ml	55	
phenytoin oral tablet,		
chewable	55	
phenytoin sodium		
extended	55	
phenytoin sodium intravenous		
solution	55	
PHOSLYRA	115	
PHOSPHOLINE		
IODIDE	104	
PICATO	74	
PIFELTRO	23	
pilocarpine hcl ophthalmic		
(eye) drops 1 %, 2 %, 4		
%	104	
pilocarpine hcl oral	77	
pimecrolimus	74	
pimozide	55	
pindolol	66	
pink bismuth	91	
pink bismuth maximum		
strength	91	
pioglitazone oral tablet 15		
mg	84	
pioglitazone oral tablet 30		
mg	84	
pioglitazone oral tablet 45		
mg	84	
piperacillin-tazobactam		
intravenous recon soln 2.25		
gram, 3.375 gram, 4.5 gram,		
40.5 gram	23	
PIQRAY ORAL TABLET 200		
MG/DAY (200 MG X 1) ...	36	
PIQRAY ORAL TABLET 250		
MG/DAY (200 MG X1-50		
MG X 1), 300 MG/DAY (150		
MG X 2)	36	
piroxicam	55	
PLAN B ONE-STEP	101	
PLASMA-LYTE 148	115	
podofilox	74	
POLIVY	36	
poly-iron	115	
polycin	104	
polyethylene glycol 3350 ...	91	
polyethylene glycol 3350 ...	92	
polymyxin b sulf-		
trimethoprim	104	
POMALYST ORAL		
CAPSULE 1 MG	36	
POMALYST ORAL		
CAPSULE 2 MG	36	
POMALYST ORAL		
CAPSULE 3 MG, 4 MG ...	36	
portia 28	101	
PORTRAZZA	36	
potassium chlorid-d5-		
0.45%nacl intravenous		
parenteral solution 10 meq/l,		
30 meq/l, 40 meq/l	115	
potassium chlorid-d5-		
0.45%nacl intravenous		
parenteral solution 20 meq/		
l	115	
potassium chloride in		
0.9%nacl intravenous		
parenteral solution 20 meq/		
l	115	
potassium chloride in 5 % dex		
intravenous parenteral		
solution 20 meq/l, 30 meq/l, 40		
meq/l	115	
potassium chloride in lr-d5		
intravenous parenteral		
solution 20 meq/l	115	
potassium chloride in lr-d5		
intravenous parenteral		
solution 40 meq/l	115	
potassium chloride in water		
intravenous piggyback 10 meq/		
100 ml, 10 meq/50 ml	115	
potassium chloride in water		
intravenous piggyback 20 meq/		
100 ml, 20 meq/50 ml, 30 meq/		
100 ml, 40 meq/100 ml	116	
potassium chloride intravenous		
solution 2 meq/ml	116	
potassium chloride oral		
capsule, extended		
release	116	
potassium chloride oral		
liquid	116	
potassium chloride oral tablet		
extended release	116	
potassium chloride oral tablet,		
er particles/crystals	116	
potassium chloride-0.45 %		
nacl	116	
potassium chloride-d5-		
0.2%nacl intravenous		
parenteral solution 20 meq/		
l	116	
potassium chloride-d5-		
0.2%nacl intravenous		
parenteral solution 30 meq/l,		
40 meq/l	116	
potassium chloride-d5-		
0.3%nacl intravenous		
parenteral solution 20 meq/		
l	116	
potassium chloride-d5-		
0.9%nacl intravenous		
parenteral solution 20 meq/		
l	116	
potassium chloride-d5-		
0.9%nacl intravenous		



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<i>parenteral solution 40 meq/l</i>	116	<i>prenatal vitamin plus low iron</i>	116	PROGRAF ORAL GRANULES IN PACKET	36
<i>potassium citrate</i>	110	<i>prevalite</i>	67	PROLASTIN-C INTRAVENOUS SOLUTION	77
POTELIGEO	36	<i>previfem</i>	101	PROLEUKIN	95
PRADAXA	66	PREZCOBIX	23	PROLIA	97
PRALUENT PEN	66	PREZISTA ORAL SUSPENSION	24	PROMACTA ORAL POWDER IN PACKET ...	67
<i>pramipexole oral tablet</i> ...	55	PREZISTA ORAL TABLET 150 MG	24	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	67
<i>prasugrel</i>	67	PREZISTA ORAL TABLET 600 MG, 800 MG	24	PROMACTA ORAL TABLET 50 MG	67
<i>pravastatin</i>	67	PREZISTA ORAL TABLET 75 MG	24	<i>promethazine oral tablet</i>	108
<i>praziquantel</i>	23	PRIFTIN	24	<i>promethazine-codeine</i>	108
<i>prazosin</i>	67	PRIMAQUINE	24	<i>promethazine-dm</i>	108
<i>prednisolone acetate</i>	104	<i>primidone</i>	56	<i>promethazine-phenyleph-codeine</i>	108
<i>prednisolone oral solution 15 mg/5 ml</i>	84	PROAIR HFA	108	<i>promethegan rectal suppository 12.5 mg</i>	108
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	104	PROAIR RESPICLICK ...	108	<i>propafenone oral tablet</i> ...	67
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	84	<i>probenecid</i>	97	<i>propranolol intravenous</i> ...	67
<i>prednisone</i>	84	<i>probenecid-colchicine</i>	97	<i>propranolol oral</i>	67
<i>prednisone intensol</i>	84	<i>procainamide injection solution 100 mg/ml</i>	67	<i>propylthiouracil</i>	84
<i>pregabalin oral capsule 100 mg</i>	55	<i>procainamide injection solution 500 mg/ml</i>	67	PROQUAD (PF)	95
<i>pregabalin oral capsule 150 mg</i>	55	<i>prochlorperazine</i>	92	<i>protriptyline</i>	56
<i>pregabalin oral capsule 200 mg</i>	55	<i>prochlorperazine edisylate</i>	92	<i>provil</i>	56
<i>pregabalin oral capsule 225 mg, 300 mg</i>	55	<i>prochlorperazine maleate</i>	92	<i>pseudoephedrine hcl oral tablet 30 mg</i>	108
<i>pregabalin oral capsule 25 mg</i>	56	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	95	PULMOZYME	108
<i>pregabalin oral capsule 50 mg</i>	56	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	95	PURIXAN	36
<i>pregabalin oral capsule 75 mg</i>	56	<i>procto-med hc</i>	92	<i>pyrazinamide</i>	24
<i>pregabalin oral solution</i> ...	56	<i>procto-pak</i>	92	<i>pyridostigmine bromide oral syrup</i>	56
PREMARIN ORAL	101	<i>proctosol hc topical</i>	92	PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	56
PREMARIN VAGINAL	101	<i>proctozone-hc</i>	92	<i>pyridostigmine bromide oral tablet 60 mg</i>	56
PREMPRO	101	PRODIGY TWIST TOP LANCET	84	<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	116
<i>prenatal one daily</i>	116	<i>progesterone micronized</i>	101	Q	
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	116	PROGLYCEM	84	QUADRACEL (PF)	95
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	116	PROGRAF INTRAVENOUS	36	<i>quetiapine oral tablet 100 mg</i>	56



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<i>quetiapine oral tablet 200 mg</i>	56	RAPAMUNE ORAL SOLUTION	36	RETROVIR INTRAVENOUS	24
<i>quetiapine oral tablet 25 mg</i>	56	<i>rasagiline</i>	56	REVLIMID ORAL CAPSULE 10 MG	36
<i>quetiapine oral tablet 300 mg</i>	56	RAVICTI	77	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	36
<i>quetiapine oral tablet 400 mg</i>	56	<i>ready-to-use enema (min oil)</i>	92	REVLIMID ORAL CAPSULE 5 MG	36
<i>quetiapine oral tablet 50 mg</i>	56	<i>reclipsen (28)</i>	101	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	56
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	56	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	95	REXULTI ORAL TABLET 3 MG, 4 MG	56
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	56	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML ...	95	REYATAZ ORAL POWDER IN PACKET	24
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	56	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	95	<i>ribasphere oral capsule</i> ...	24
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	56	REESE'S PINWORM MEDICINE	24	<i>ribavirin oral capsule</i>	24
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	56	RELENZA DISKHALER	24	<i>ribavirin oral tablet 200 mg</i>	24
<i>quinapril</i>	67	RELISTOR SUBCUTANEOUS SOLUTION	92	<i>rid complete lice elim kit topical</i>	74
<i>quinapril-hydrochlorothiazide</i>	67	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	92	RIDAURA	97
<i>quinidine sulfate oral tablet</i>	67	RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	92	<i>rifabutin</i>	24
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	108	<i>remedy phytoplex antifungal topical powder</i>	74	<i>rifampin</i>	24
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	108	REMICADE	92	<i>rifater</i>	24
R		<i>repaglinide oral tablet 0.5 mg</i>	84	<i>riluzole</i>	77
RABAVERT (PF)	95	<i>repaglinide oral tablet 1 mg</i>	84	<i>rimantadine</i>	24
<i>raloxifene</i>	97	<i>repaglinide oral tablet 2 mg</i>	84	<i>ringer's intravenous</i>	116
<i>ramipril</i>	67	REPATHA PUSHTRONEX	67	<i>ringer's irrigation</i>	77
RANEXA	67	REPATHA SURECLICK	67	<i>risacal-d</i>	116
<i>ranitidine hcl injection</i>	92	REPATHA SYRINGE	67	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	57
<i>ranitidine hcl oral syrup</i>	92	RESCRIPTOR ORAL TABLET	24	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	57
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	92	RETAIN PM	104	<i>risperidone oral solution</i> ...	57
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	92			<i>risperidone oral tablet 0.25 mg</i>	57
<i>ranolazine</i>	67			<i>risperidone oral tablet 0.5 mg</i>	57
				<i>risperidone oral tablet 1 mg</i>	57
				<i>risperidone oral tablet 2 mg</i>	57



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<i>risperidone oral tablet 3 mg</i>	57	SAPHRIS SUBLINGUAL TABLET 2.5 MG	57	<i>sevelamer carbonate oral tablet</i>	77
<i>risperidone oral tablet 4 mg</i>	57	SAPHRIS SUBLINGUAL TABLET 5 MG	57	SHINGRIX (PF)	95
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	57	SAVELLA ORAL TABLET 100 MG	98	SIGNIFOR	37
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	57	SAVELLA ORAL TABLET 12.5 MG	98	<i>silace</i>	92
<i>risperidone oral tablet, disintegrating 1 mg</i>	57	SAVELLA ORAL TABLET 25 MG	98	<i>siladryl sa</i>	109
<i>risperidone oral tablet, disintegrating 2 mg</i>	57	SAVELLA ORAL TABLET 50 MG	98	<i>sildenafil (pulm.hypertension) oral tablet</i>	109
<i>risperidone oral tablet, disintegrating 3 mg</i>	57	SAVELLA ORAL TABLETS, DOSE PACK	98	<i>silver sulfadiazine</i>	74
<i>risperidone oral tablet, disintegrating 4 mg</i>	57	<i>scalpicin anti-itch</i>	74	SIMBRINZA	104
<i>ritonavir</i>	24	<i>scopolamine transdermal</i> ...	92	<i>simethicone oral capsule</i> ...	92
RITUXAN	36	<i>selegiline hcl</i>	57	<i>simethicone oral tablet, chewable</i>	92
RITUXAN HYCELA	36	<i>selenium sulfide topical lotion</i>	74	SIMULECT INTRAVENOUS RECON SOLN 10 MG	37
<i>rivastigmine tartrate</i>	57	SELZENTRY ORAL SOLUTION	24	SIMULECT INTRAVENOUS RECON SOLN 20 MG	37
<i>rivastigmine transdermal</i> ...	57	SELZENTRY ORAL TABLET 150 MG, 300 MG	24	<i>simvastatin</i>	67
<i>rizatriptan</i>	57	SELZENTRY ORAL TABLET 25 MG	24	<i>sirolimus oral solution</i>	37
ROMIDEPSIN	36	SELZENTRY ORAL TABLET 75 MG	24	<i>sirolimus oral tablet</i>	37
<i>ropinirole oral tablet</i>	57	SENSIPAR ORAL TABLET 30 MG, 60 MG	84	SIRTURO	24
<i>rosadan topical cream</i>	74	SENSIPAR ORAL TABLET 90 MG	84	<i>slow release iron oral tablet extended release 160 mg (50 mg iron)</i>	116
<i>rosuvastatin</i>	67	SEREVENT DISKUS	108	SMART SENSE LANCETS 26 GAUGE, 33 GAUGE ...	84
ROTARIX	95	<i>sertraline oral concentrate</i>	57	<i>sodium chloride 0.45 % intravenous parenteral solution</i>	116
ROTATEQ VACCINE	95	<i>sertraline oral tablet 100 mg</i>	58	<i>sodium chloride 0.45 % intravenous piggyback</i>	116
<i>roweepira oral tablet 500 mg</i>	57	<i>sertraline oral tablet 25 mg</i>	58	<i>sodium chloride 0.9 % intravenous</i>	77
ROZLYTREK ORAL CAPSULE 100 MG	36	<i>sertraline oral tablet 50 mg</i>	58	<i>sodium chloride 3% intravenous injection solution</i>	116
ROZLYTREK ORAL CAPSULE 200 MG	36	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	77	<i>sodium chloride 5% intravenous injection solution</i>	117
RUBRACA ORAL TABLET 200 MG	36	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	77	<i>sodium chloride intravenous</i>	117
RUBRACA ORAL TABLET 250 MG, 300 MG	37			<i>sodium chloride irrigation</i>	77
RYDAPT	37			<i>sodium chloride ophthalmic (eye)</i>	104
S				<i>sodium phenylbutyrate oral tablet</i>	77
SABRIL ORAL POWDER IN PACKET	57				
SABRIL ORAL TABLET	57				
SANTYL	74				
SAPHRIS SUBLINGUAL TABLET 10 MG	57				



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<i>sodium polystyrene sulfonate oral</i>	77	<i>stavudine oral capsule 15 mg, 20 mg</i>	24	<i>sumatriptan succinate subcutaneous pen injector</i>	58
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	77	<i>stavudine oral capsule 30 mg, 40 mg</i>	24	SUPER THIN LANCETS 30 GAUGE	84
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	77	<i>sterile saline nasal</i>	78	<i>suphedrin</i>	109
SOFT TOUCH LANCETS	84	STIMATE	84	SUTENT ORAL CAPSULE 12.5 MG	37
<i>solifenacin</i>	110	STIOLTO RESPIMAT ...	109	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	37
SOLTAMOX	37	STIVARGA	37	<i>syeda</i>	101
SOMATULINE DEPOT ...	37	<i>stomach relief max strength</i>	92	SYLATRON	95
SOMAVERT	84	<i>stomach relief oral suspension 262 mg/15 ml</i>	92	SYMFI	25
<i>soothe (bismuth subsalicylate)</i>	92	<i>stomach relief oral tablet ...</i>	92	SYMFI LO	25
<i>soothe regular strength</i>	92	<i>stomach relief oral tablet, chewable</i>	92	SYMJEPI	109
<i>soothing pureway-c</i>	117	<i>stomach relief original</i>	92	SYMLINPEN 120	84
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	67	<i>stool softener (docusate cal)</i>	93	SYMLINPEN 60	84
<i>sorine oral tablet 240 mg ...</i>	67	<i>stool softener oral capsule 100 mg, 250 mg</i>	93	SYMPAZAN ORAL FILM 10 MG, 20 MG	58
<i>sotalol af oral tablet 120 mg</i>	67	<i>stool softener oral liquid ...</i>	93	SYMPAZAN ORAL FILM 5 MG	58
<i>sotalol af oral tablet 160 mg, 80 mg</i>	67	STREPTOMYCIN	24	SYMTUZA	25
<i>sotalol oral tablet 120 mg</i>	68	STRIBILD	24	SYNAGIS	25
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	68	<i>sucralfate oral tablet</i>	93	SYNAREL	84
SPIRIVA RESPIMAT ...	109	<i>sudogest</i>	109	SYNERCID	25
SPIRIVA WITH HANDIHALER	109	<i>sudogest cold and allergy</i>	109	SYNJARDY	84
<i>spironolactone</i>	68	<i>sudogest sinus and allergy</i>	109	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	85
<i>spironolactone-hydrochlorothiazide</i>	68	<i>sulfacetamide sodium (acne)</i>	74	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	85
<i>sprintec (28)</i>	101	<i>sulfacetamide ophthalmic (eye) drops</i>	104	SYNRIBO	37
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	58	<i>sulfacetamide-prednisolone</i>	104	SYNTHROID	85
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	58	<i>sulfadiazine</i>	25	SYSTANE NIGHTTIME	104
SPRYCEL	37	<i>sulfamethoxazole-trimethoprim</i>	25	T	
<i>sps (with sorbitol) oral</i>	77	SULFAMYLON TOPICAL CREAM	74	TABLOID	37
<i>sps (with sorbitol) rectal</i>	78	<i>sulfasalazine</i>	93	<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	37
<i>ssd</i>	74	<i>sulindac</i>	58	<i>tacrolimus oral capsule 5 mg</i>	37
STAMARIL (PF)	95	<i>sumatriptan nasal spray</i>	58	<i>tacrolimus topical</i>	74
		<i>sumatriptan succinate oral</i>	58	TAFINLAR	37
				TAGRISSO ORAL TABLET 40 MG	37



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TAGRISSE ORAL TABLET 80 MG	37	<i>tenofovir disoproxil fumarate</i>	25	<i>thioridazine</i>	58
TAKE ACTION	101	<i>terazosin capsule</i>	68	<i>thiotepa</i>	38
TALZENNA ORAL CAPSULE 0.25 MG	37	<i>terbinafine hcl oral</i>	25	<i>thiothixene</i>	58
TALZENNA ORAL CAPSULE 1 MG	37	<i>terbinafine hcl topical</i>	74	THYMOGLOBULIN	96
<i>tamoxifen</i>	37	<i>terbutaline</i>	109	<i>tiagabine</i>	58
<i>tamsulosin</i>	110	<i>terconazole</i>	101	TIBSOVO	38
TARCEVA ORAL TABLET 100 MG, 150 MG	37	<i>testosterone cypionate</i>	85	TICE BCG	96
TARCEVA ORAL TABLET 25 MG	37	<i>testosterone enanthate</i>	85	TIGECYCLINE	25
TARGRETIN TOPICAL ...	38	<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	85	<i>timolol maleate ophthalmic (eye)</i>	104
TASIGNA ORAL CAPSULE 150 MG, 200 MG	38	<i>testosterone transdermal gel in packet 1 % (25 mg/ 2.5gram)</i>	85	<i>timolol maleate oral</i>	68
TASIGNA ORAL CAPSULE 50 MG	38	TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	85	TIVICAY ORAL TABLET 10 MG	25
<i>tazarotene</i>	74	<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/ 1.25 gram)</i>	85	TIVICAY ORAL TABLET 25 MG, 50 MG	25
TAZORAC TOPICAL CREAM 0.05 %	74	<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	85	<i>tizanidine oral tablet</i>	58
TAZORAC TOPICAL GEL	74	TETANUS, DIPHtheria TOX PED(PF)	96	<i>tobramycin</i>	104
<i>taztia xt</i>	68	<i>tetrabenazine oral tablet 12.5 mg</i>	58	<i>tobramycin in 0.225% nacl for nebulization</i>	25
TDVAX	96	<i>tetrabenazine oral tablet 25 mg</i>	58	<i>tobramycin sulfate injection recon soln</i>	25
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ ML)	38	<i>tetracycline</i>	25	<i>tobramycin sulfate injection solution</i>	25
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ ML)	38	THALOMID ORAL CAPSULE 100 MG, 50 MG	38	<i>tobramycin-dexamethasone ophthalmic (eye)</i>	104
TECFIDERA	58	THALOMID ORAL CAPSULE 150 MG, 200 MG	38	<i>tolcapone</i>	58
TEFLARO	25	<i>theophylline oral tablet extended release 12 hr</i>	109	<i>tolnaftate topical cream</i>	74
TEKTRUNA	68	<i>theophylline oral tablet extended release 24 hr</i>	109	<i>tolterodine oral capsule, extended release 24hr</i>	110
<i>telmisartan</i>	68	<i>thera-d</i>	117	<i>tolterodine oral tablet</i>	110
<i>telmisartan-amlopidine oral tablet 80-5 mg</i>	68	<i>thiamine hcl (vitamin b1) oral tablet 100 mg</i>	117	TOPCARE UNIVERSAL1 LANCET	85
<i>telmisartan- hydrochlorothiazide</i>	68	<i>thiamine mononitrate (vit b1)</i>	117	<i>topiramate oral capsule, sprinkle</i>	58
<i>temazepam oral capsule 15 mg, 30 mg</i>	58	THIN LANCETS	85	<i>topiramate oral tablet 100 mg</i>	58
TEMIXYS	25			<i>topiramate oral tablet 200 mg</i>	58
<i>temsirolimus</i>	38			<i>topiramate oral tablet 25 mg</i>	58
TENIVAC (PF) INTRAMUSCULAR SYRINGE	96			<i>topiramate oral tablet 50 mg</i>	58
				<i>toposar</i>	38
				<i>topotecan intravenous recon soln</i>	38
				<i>topotecan intravenous solution</i>	38
				<i>toremifene</i>	38



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TORISEL	38	<i>triamcinolone acetonide</i>	TRUSTEX-RIA LUB/	
<i>torsemide oral</i>	68	<i>dental</i>	SPERMICIDE	85
TOUJEO MAX U-300		<i>triamcinolone acetonide</i>	TRUSTEX-RIA	
SOLOSTAR	85	<i>injection</i>	LUBRICATED	
TOUJEO SOLOSTAR U-300		<i>triamcinolone acetonide</i>	CONDOMS	85
INSULIN	85	<i>topical cream</i>	TRUVADA	25
TOVIAZ	110	<i>triamcinolone acetonide</i>	<i>tums ultra oral tablet, chewable</i>	
TRACLEER ORAL		<i>topical lotion</i>	<i>400 mg calcium (1,000</i>	
TABLET	109	<i>triamcinolone acetonide</i>	<i>mg)</i>	117
TRACLEER ORAL TABLET		<i>topical ointment 0.025 %, 0.1</i>	TURALIO	38
FOR SUSPENSION	109	<i>%, 0.5 %</i>	TWINRIX (PF)	
TRADJENTA	85	<i>triamterene-</i>	INTRAMUSCULAR	
<i>tramadol oral tablet</i>	58	<i>hydrochlorothiazide oral</i>	SYRINGE	96
<i>tramadol-acetaminophen</i> ..	58	<i>capsule 37.5-25 mg</i>	TYBOST	25
<i>trandolapril</i>	68	<i>triamterene-</i>	TYKERB	38
<i>tranexamic acid oral</i>	101	<i>hydrochlorothiazide oral</i>	TYPHIM VI	
TRANSDERM-SCOP	93	<i>tablet</i>	INTRAMUSCULAR	
<i>tranylcypramine</i>	58	<i>triderm topical cream</i>	SOLUTION	96
<i>travasol 10 %</i>	117	<i>trientine</i>	TYPHIM VI	
TRAVATAN Z	104	<i>trifluoperazine</i>	INTRAMUSCULAR	
<i>travel sickness</i>		<i>trifluridine</i>	SYRINGE	96
<i>(meclizine)</i>	93	<i>trihexyphenidyl</i>	TYSABRI	59
<i>trazodone</i>	59	<i>trimethoprim</i>	U	
TREANDA INTRAVENOUS		<i>trimipramine</i>	ULORIC	98
RECON SOLN	38	TRINTELLIX ORAL	<i>ultra strength antacid</i>	117
TRECTOR	25	TABLET 10 MG	ULTRA THIN LANCETS 30	
TRELSTAR		TRINTELLIX ORAL	GAUGE, 33 GAUGE	85
INTRAMUSCULAR		TABLET 20 MG	UNILET COMFORTOUCH	
SUSPENSION FOR		TRINTELLIX ORAL	LANCET	85
RECONSTITUTION 11.25		TABLET 5 MG	UNILET GP LANCET	85
MG	38	<i>triple antibiotic topical</i>	UNILET LANCET 28	
TRELSTAR		<i>ointment</i>	GAUGE, 33 GAUGE	86
INTRAMUSCULAR		<i>triple antibiotic topical</i>	UNILET SUPER THIN	
SUSPENSION FOR		<i>ointment in packet</i>	LANCETS	86
RECONSTITUTION 22.5		TRISENOX INTRAVENOUS	<i>unithroid</i>	86
MG	38	SOLUTION 2 MG/ML	UNITUXIN	39
TRELSTAR		TRIUMEQ	UPTRAVI ORAL	
INTRAMUSCULAR		<i>trivora (28)</i>	TABLET	68
SUSPENSION FOR		TROGARZO	UPTRAVIORAL TABLETS,	
RECONSTITUTION 3.75		TROPHAMINE 10 %	DOSE PACK	68
MG	38	TROPHAMINE 6%	<i>urinary pain relief oral tablet</i>	
<i>tretinoin (chemotherapy)</i> ..	38	TRULICITY	<i>95 mg</i>	110
<i>tretinoin topical cream</i>	74	TRUMENBA	<i>ursodiol</i>	93
<i>tretinoin topical gel 0.01 %,</i>		TRUSTEX LATEX	UVADEX	74
<i>0.025 %</i>	74	CONDOM	V	
TREXALL	38	TRUSTEX LUBRICATED	<i>vaginal contraceptive</i>	
<i>tri-previfem (28)</i>	101	CONDOMS	<i>foam</i>	101
<i>tri-sprintec (28)</i>	101			



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valacyclovir oral tablet 1 gram 25
valacyclovir oral tablet 500 mg 25
 VALCHLOR 75
valganciclovir oral tablet ... 25
valproate sodium 59
valproic acid 59
valproic acid (as sodium salt) oral solution 250 mg/5 ml 59
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) 59
valsartan 68
valsartan-hydrochlorothiazide 68
valu-dryl allergy oral capsule 109
 VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 25
 VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML 26
 VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML 26
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg 26
 VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG 26
 VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG 26
vancomycin oral capsule 125 mg 26
vancomycin oral capsule 250 mg 26

VAQTA (PF) 96
 VARIVAX (PF) 96
 VARIZIG INTRAMUSCULAR SOLUTION 96
 VASCEPA 68
 VECAMYL 68
 VECTIBIX 39
 VELCADE 39
velivet triphasic regimen (28) 101
 VELPHORO 78
 VEMLIDY 26
 VENCLEXTA ORAL TABLET 10 MG 39
 VENCLEXTA ORAL TABLET 100 MG 39
 VENCLEXTA ORAL TABLET 50 MG 39
 VENCLEXTA STARTING PACK 39
venlafaxine oral capsule, extended release 24hr 150 mg 59
venlafaxine oral capsule, extended release 24hr 37.5 mg 59
venlafaxine oral capsule, extended release 24hr 75 mg 59
venlafaxine oral tablet 100 mg 59
venlafaxine oral tablet 25 mg 59
venlafaxine oral tablet 37.5 mg 59
venlafaxine oral tablet 50 mg 59
venlafaxine oral tablet 75 mg 59
venlafaxine oral tablet extended release 24hr 150 mg 59
venlafaxine oral tablet extended release 24hr 37.5 mg 59

venlafaxine oral tablet extended release 24hr 75 mg 59
 VENTAVIS 109
 VENTOLIN HFA 109
verapamil intravenous solution 68
verapamil oral capsule, 24 hr er pellet ct 68
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg 68
verapamil oral capsule, ext rel. pellets 24 hr 360 mg 68
verapamil oral tablet 68
verapamil oral tablet extended release 69
 VERSACLOZ 59
 VERZENIO 39
 VESICARE 110
 VICTOZA 2-PAK 86
 VICTOZA 3-PAK 86
 VIDEX 2 GRAM PEDIATRIC 26
 VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG 26
vigabatrin oral powder in packet 60
vigabatrin oral tablet 60
 VIIBRYD ORAL TABLET 10 MG 60
 VIIBRYD ORAL TABLET 20 MG 60
 VIIBRYD ORAL TABLET 40 MG 60
 VIMPAT INTRAVENOUS 60
 VIMPAT ORAL SOLUTION 60
 VIMPAT ORAL TABLET 100 MG 60
 VIMPAT ORAL TABLET 150 MG 60
 VIMPAT ORAL TABLET 200 MG 60
 VIMPAT ORAL TABLET 50 MG 60



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<i>vinblastine intravenous solution</i>	39	VITRAKVI ORAL SOLUTION	39	XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	40
<i>vincristine</i>	39	VIZIMPRO ORAL TABLET 15 MG	39	XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	40
<i>vinorelbine</i>	39	VIZIMPRO ORAL TABLET 30 MG, 45 MG	39	XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	60
<i>viorele (28)</i>	101	<i>voriconazole intravenous ...</i>	26	XTANDI	40
VIRACEPT ORAL TABLET 250 MG	26	<i>voriconazole oral suspension for reconstitution</i>	26	XYREM	60
VIRACEPT ORAL TABLET 625 MG	26	<i>voriconazole oral tablet 200 mg</i>	26	Y	
VIRAMUNE ORAL SUSPENSION	26	<i>voriconazole oral tablet 50 mg</i>	26	YERVOY	40
VIREAD ORAL POWDER	26	VOSEVI	26	YF-VAX (PF)	96
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	26	VOTRIENT	39	YONDELIS	40
<i>virtussin ac</i>	109	VPRIV	86	YONSA	40
VITAMIN A PALMITATE ORAL TABLET	117	VRAYLAR ORAL CAPSULE	60	Z	
<i>vitamin b-1</i>	117	VRAYLAR ORAL CAPSULE,DOSE PACK ...	60	<i>zafirlukast</i>	109
<i>vitamin b-1 (mononitrate)</i>	117	VYXEOS	39	<i>zaleplon oral capsule 10 mg</i>	60
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	117	W		<i>zaleplon oral capsule 5 mg</i>	60
<i>vitamin b-2</i>	117	<i>warfarin</i>	69	ZALTRAP	40
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	117	<i>water for irrigation, sterile</i>	78	ZANOSAR	40
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i>	117	<i>wixela inhub</i>	109	<i>zantac maximum strength</i>	93
<i>vitamin c with rose hips oral tablet</i>	117	X		<i>zarah</i>	101
<i>vitamin d2</i>	117	XALKORI	39	ZEJULA	40
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit, 50 mcg (2,000 unit)</i>	117	XARELTO ORAL TABLET 10 MG, 20 MG	69	ZELBORAF	40
<i>vitamin d3 oral tablet 10 mcg (400 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	117	XARELTO ORAL TABLET 15 MG	69	<i>zenatane</i>	75
<i>vitamin e (dl, acetate) oral capsule 100 unit, 200 unit</i>	117	XARELTO ORAL TABLET 2.5 MG	69	ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000- UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	93
<i>vitamin e oral capsule 1,000 unit, 200 unit, 400 unit</i>	117	XARELTO ORAL TABLETS, DOSE PACK	69	<i>zenzedi oral tablet 10 mg</i> ...	60
VITRAKVI ORAL CAPSULE 100 MG	39	XATMEP	39	<i>zenzedi oral tablet 5 mg</i>	60
VITRAKVI ORAL CAPSULE 25 MG	39	XELJANZ	98	ZIAGEN ORAL SOLUTION	26
		XGEVA	39	<i>zidovudine oral capsule</i>	26
		XIIDRA	104	<i>zidovudine oral syrup</i>	26
		XOFLUZA	26	<i>zidovudine oral tablet</i>	27
		XOLAIR SUBCUTANEOUS RECON SOLN	109		
		XOSPATA	39		
		XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	39		



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<i>ziprasidone hcl oral capsule</i> 20 mg	60	ZOLINZA	40	SUSPENSION FOR RECONSTITUTION 210 MG	60
<i>ziprasidone hcl oral capsule</i> 40 mg	60	<i>zolmitriptan</i>	60	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	61
<i>ziprasidone hcl oral capsule</i> 60 mg, 80 mg	60	<i>zolpidem oral tablet</i>	60	ZYTIGA ORAL TABLET 250 MG	40
ZIRGAN	104	<i>zonisamide</i>	60	ZYTIGA ORAL TABLET 500 MG	40
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	86	ZORTRESS	40		
<i>zoledronic acid-mannitol- water intravenous piggyback 4 mg/100 ml</i>	86	ZOSTAVAX (PF)	96		
		<i>zovia 1/35e (28)</i>	101		
		<i>zumandimine (28)</i>	101		
		ZYDELIG	40		
		ZYKADIA	40		
		ZYPREXA RELPREVV INTRAMUSCULAR			



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¿Tiene alguna pregunta?

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Este formulario se actualizó el 11/19/2019.

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H6229_19_36718_T_018_SP CMS Approved 09/07/2018
Ident. del formulario: CA_MMP_19257_v17_1912_1 Versión: v17
Emitido el 12/1/2019