2027



Formulario de Medicamentos Select

Select Drug Formulary

TRIPLE-S SALUD

ESTAMOS CONTIGO

Lista de Medicamentos o Formulario
Plan Select 2027 (EHB)

Drug List or Formulary
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INTRODUCCIÓN / INTRODUCTION

Tu cubierta de farmacia usa una lista de medicinas con varias opciones de tratamiento.

Your pharmacy coverage uses a Drug List that offers you various treatment options.

Las medicinas en esta lista se escogieron por ser seguras y efectivas para tratar enfermedades, y por su costo. La lista tiene medicinas con leyenda aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) que están disponibles en el mercado y algunas medicinas sin leyenda federal (OTC, por sus siglas en inglés).

The drugs in this List were chosen based on their safety, cost, and effectiveness to treat health problems. This list features prescription drugs that have been approved by the Food and Drug Administration (FDA) and are available in the market, as well as certain over-the-counter drugs (OTC) under the included categories.

La Lista clasifica las medicinas por uso terapéutico. También, puedes ver una lista en orden alfabético de las medicinas disponibles. Aquí te brindamos información para facilitar tu lectura e interpretación.

The List labels the drugs by therapy use. It also has a list of available drugs in alphabetical order. We have also included information to help you read and understand the List.

Habla con tu doctor sobre las medicinas aquí listadas para tratar tu condición. Usar estas medicinas ayuda a reducir tus copagos y los costos del Beneficio de Farmacia.

Talk with your doctor about the drugs listed here for your condition. Using these drugs help keep Pharmacy Benefit costs down, as well as your copayments.

El hecho de que un medicamento recetado se incluya en este Formulario no garantiza que esté cubierto bajo su plan. Es importante que consulte el Beneficio de Farmacia de su plan para determinar si un medicamento que forma parte de este Formulario está cubierto bajo su plan. Por favor, revise su Beneficio de Farmacia para confirmar que su medicamento está cubierto.

The fact that a prescription medication is included in this Formulary does not guarantee that it is covered under your plan. *It is essential that you review the Pharmacy Benefit of your plan to determine if a medication listed in this Formulary is covered under your plan. Please review your Pharmacy Benefit to confirm that your medication is covered.*

Si tienes preguntas o necesitas ayuda, llamar a nuestros Representantes de Servicio al Cliente al 787-774-6060, sin cargos al 1-800-981-3241. Para servicios telefónicos para audio impedidos (TTY/TDD), llama al 787-792-1370 o 1-866-215-1999. Nuestro Centro de Llamadas opera de lunes a viernes, de 7:30 AM a 8:00 PM, sábados de 9:00 AM a 6:00 PM y domingos de 11:00 AM a 5:00 PM - AST (tiempo estándar del Atlántico).

To learn more, please call Customer Service at 787-774-6060 (TTY: 787-792-1370 or 1-866-215-1999) or free of charge 1-800-981-3241. Our Call Center is available Monday through Friday, 7:30 am to 8:00 pm, Saturdays, 9:00 am to 6:00 pm, and Sundays, 11:00 am to 5:00 pm - AST (Atlantic Standard Time).

PARTE I - DISEÑO DE LA LISTA DE MEDICAMENTOS / *PART I- DRUG LIST DESIGN*

¿Cómo usar esta lista de medicamentos? / *How do I use the drug list?*

La forma más fácil para conseguir los medicamentos es buscando en el índice. El índice provee una lista por orden alfabético de todos los medicamentos que se presentan en este documento, tanto los de marca como los genéricos. Al lado del medicamento está el número de la página donde encontrarás cómo está cubierto. Busca la página indicada en el índice y encuentra el nombre del medicamento en las columnas.

The easiest way to find the drugs is through the Index. The Index gives you an alphabetical list of all the drugs in this document, both brand name and generic drugs. Next to the drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index to find the name of the drug listed in the columns.

¿Cuánto pagas por los medicamentos cubiertos? / *How much will you pay for covered drugs?*

Los medicamentos se clasifican por niveles. Los niveles a continuación identifican los distintos niveles de costo compartido, o sea, lo que pagas por cada medicamento en la receta.

- Nivel 1 –medicamentos genéricos
- Nivel 2 – medicamentos de marca preferidos
- Nivel 3 – medicamentos de marca no preferidos
- Nivel 4 – productos especializados preferidos
- Nivel 5 – productos especializados no preferidos

The Drug List is arranged by levels. These levels, listed below, point out the cost-sharing levels, which is what you pay for each prescribed drug.

- *Level 1 – generic drugs*
- *Level 2 –preferred brand drugs*
- *Level 3 – non-preferred brand drugs*
- *Level 4 –preferred specialty products*
- *Level 5 – non-preferred specialty products*

¿Qué son medicamentos genéricos (Nivel 1)? / *What are generic drugs (Level 1)?*

Un medicamento genérico tiene el mismo ingrediente activo en la fórmula que el de marca. Usualmente cuestan menos que los de marca y están aprobados por la Administración Federal de Drogas y Alimentos (FDA, por sus siglas en inglés).

A generic drug has the same ingredient in identical amount as the brand name drug. They cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Este nivel incluye genéricos que han sido seleccionados por el Comité de Farmacia y Terapéutica luego de su evaluación de seguridad, eficacia y costo.

This level includes generic drugs selected by the Pharmacy and Therapeutics Committee after evaluating their safety, efficiency, and cost.

Éstos están escritos en letras minúsculas (ejemplo, nabumetone).

Generic drugs are listed in lowercase (e.g., nabumetone) in the Drug List.

¿Qué son medicamentos de marca preferidos (Nivel 2)? / *What are preferred brand drugs (Level 2)?*

Este nivel incluye medicamentos de marca que han sido seleccionados por el Comité de Farmacia y Terapéutica como agentes preferidos luego de su evaluación de seguridad, eficacia y costo. Los mismos están identificados a la derecha como nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te exhortamos a que uses como primera alternativa aquellos identificados como preferidos.

This tier has brand name drugs that have been classified by the Pharmacy and Therapeutics Committee as preferred agents, after an in-depth review in terms of safety, efficiency, and cost. These are identified as level 2 next to the name of the drug. For therapeutic classes where there are no generic drugs, we suggest you use the preferred drugs as your first choice.

¿Qué son medicamentos de marca no preferidos (Nivel 3)? / *What are non-preferred brand drugs (Level 3)?*

Un medicamento es clasificado como marca no preferida porque existen alternativas en los niveles anteriores con menos efectos secundarios o son más costo-efectivos. Si el asegurado obtiene un medicamento de marca del nivel 3, tiene que pagar un costo mayor.

A brand name drug is classified as non-preferred when there are other choices in other drug levels that have fewer side effects and/or are more cost effective. If you obtain a level 3 drug, you will have to pay more for that drug.

¿Qué son productos especializados preferidos (Nivel 4)? / *What are preferred specialty products (Level 4)?*

Los medicamentos especializados requieren una administración o manejo especial, por su composición compleja. Estos se usan para tratar condiciones crónicas y de alto riesgo que requieren un manejo especial de la condición.

Specialty Drugs need special administration and/or management due to their complex composition. These are used to treat high-risk and chronic health conditions that need special management.

El nivel 4 presenta los medicamentos o productos en la lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Dichos medicamentos o productos incluyen genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor que el nivel 5 y un arreglo especial para su despacho.

Level 4 features the drugs or products in the Drug List that are offered under the Special Conditions Drugs Program. This tier has generic, biosimilar (generic biologics), and brand name drugs at a lower cost than those in level 5, and it grants special provisions for its supply.

¿Qué son productos especializados no preferidos (Nivel 5)? / *What are non-preferred specialty products (Level 5)?*

Los medicamentos en este nivel 5 también tienen un arreglo especial para su despacho, pero tienen un costo mayor que los del nivel 4. Éstos se usan para el tratamiento de condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

The drugs in level 5 also require special handling for supply but have higher copay when compared to level 4 drugs. These are used to treat chronic and high-risk health conditions that need special handling and administration.

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

Guías de Referencia ***/ Reference Guidelines***

Medicamentos que requieren preautorización (PA) / ***Medications requiring prior authorization (PA)***

En un esfuerzo por garantizar la seguridad y el uso apropiado de los medicamentos, algunos necesitan una preautorización para ser adquiridos. Los mismos se han identificado a la derecha con **PA** (**requiere preautorización**), en cuyo caso, la farmacia gestiona la preautorización previo al despacho del medicamento.

*To guarantee the safe and effective use of drugs, there are certain drugs that need a prior authorization (**PA**) before dispensing it. A **PA** is placed next to the name of the drug to identify them, and the pharmacy will process the prior authorization before dispensing it.*

Los medicamentos que requieren preautorización usualmente son candidatos al uso inapropiado o están relacionados con un costo elevado por lo que requieren que el asegurado cumpla con unos criterios antes de ser despachados. Aquellos medicamentos que han sido identificados que requieren preautorización deben satisfacer los criterios clínicos establecidos según lo haya determinado el Comité de Farmacia y Terapéutica. Estos criterios clínicos se han desarrollado de acuerdo con la literatura médica actual.

The drugs that need prior authorization are those for which you need to meet certain criteria before using them, are likely to be used inadequately, or have a higher cost. Drugs identified as needing prior authorization should fulfill the clinical criteria, as determined by the Pharmacy and Therapeutics Committee. The criteria have been developed as stated by current medical literature.

También, tienen requisito de PA aquellos medicamentos de alto costo (verifica tu certificado de beneficio). La farmacia enviará copia de la receta y se encargarán del proceso.

High-Cost Drugs will require a prior authorization (check your health plan benefits). The pharmacy will send a copy of the prescription to the health plan and will take care of the process.

Programa de Terapia Escalonada (ST) / ***Step Therapy Program (ST)***

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, *ST* por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el

Medicamento A no te funciona, entonces cubrimos el Medicamento B.

In some cases, you need to try one drug first to treat your health condition before we cover other drugs for the same condition (Step Therapy). For example, if Drug A and Drug B both treat your health condition, you may need to use Drug A first. If Drug A does not work for you, then we will cover Drug B.

Límites de cantidad (QL) / *Limits on the amount to be dispensed (QL)*

Ciertos medicamentos tienen un límite en la cantidad a despacharse. Estas cantidades se establecen de acuerdo con lo sugerido por el manufacturero como la cantidad máxima adecuada que no está asociada a efectos adversos y la cual es efectiva para el tratamiento de una condición. En el área de Requisitos de la lista de medicamentos se identificaron los límites en la cantidad a despacharse, en aquellos que aplique.

Certain drugs have a limit on the amount to be dispensed. These amounts are established according to the manufacturer's recommendation for adequate amounts to avoid adverse effects and effectively treat a health condition. The Requirements column in the Drug List points out the quantity limits for applicable drugs.

Límites de especialidad médica (SL) / *Medical specialty limits (SL)*

Algunos medicamentos tienen un límite en la especialidad médica. Estos límites de especialidad se establecen de acuerdo con la literatura médica actual.

Some drugs have medical specialty limits. These limits are established in line with current medical literature.

Límites de edad (AL) / *Age limits (AL)*

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

Éditos de análisis de utilización (DUR) / *Edits for Drug Utilization Review (DUR)*

A través del Programa de Beneficio de Farmacia de Triple-S Salud, Inc. se han implantado los siguientes éditos de análisis de utilización (*DUR*, por sus siglas en inglés) con el propósito de evitar complicaciones a los asegurados, ofreciendo un mejor cuidado.

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

Through the Pharmacy Benefit Management Program, Triple-S Salud has implemented the following drug utilization review (DUR) edits to avoid other health problems while offering you a better care.

- Édito de Validación de Dosis - coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica. */ Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population.*

- Édito de Terapia Duplicada -verifica tu historial de medicamentos para recetas duplicadas, de dos formas:/ *Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:*

    1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes). / *If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).*

    2. Si recibes dos medicamentos de la misma clase terapéutica, por ejemplo, dos antidepresivos o dos analgésicos, entre otros. / *If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.*

Hay ciertas excepciones a estos éditos. Se solicita a los médicos que incluyan la siguiente información en la receta: / There are exceptions to these edits. We suggest that your doctor includes in the prescription:

- Cambio en dosis / Change in dose

    Si aumentó la dosis y necesitas más medicamentos antes de tiempo, en este caso se necesita una carta de justificación de parte del médico indicando el cambio en dosis. La farmacia requerirá una preautorización a *Triple-S Salud,* luego de que se reciba la información necesaria en la receta. / *If the dose is increased and you need your drug right away, a letter from your doctor justifying the dose change will be needed. The pharmacy will need a prior authorization after the necessary information is received.*

    1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta. / *If the dose is determined by weight, the doctor must write your weight and height in the prescription.*

    2. Cuando la dosis se ajuste de acuerdo a los niveles en tu sangre, el médico debe

indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos, warfarina). / *When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).*

3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia requerirá una preautorización a *Triple-S Salud, Inc.* / *When the dose written in the prescription does not exist in the pharmaceutical dosage form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted)*

Leyenda para Símbolos y Abreviaturas de Requisitos/Límites / *Legend for Symbols and Abbreviations for Requirements/Limits*

Símbolo / Abreviatura (Symbol / Abbreviation)	Descripción	Description
AL	Límite de Edad	*Age Limit*
PA	Preautorización La farmacia es responsable de solicitar y obtener una preautorización con Triple-S Salud, Inc., antes de despachar el medicamento	*Prior authorization* *The pharmacy is responsible of requesting and obtaining a prior authorization from Triple-S Salud, Inc., before dispensing the prescription drug.*
QL	Medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar	*Medications associated to a quantity limit*
SL	Medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos	*Medications associated to a limit in the medical specialty that must manage the therapy with these products.*
ST	Terapia Escalonada	*Step Therapy*

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

Listado de Abreviaturas para Formas de Dosificación y Rutas de Administración / *Dosage Form and Route of Administration Abbreviations*

Description [Descripción]	Abbreviation [Abreviatura]
aerosol [aerosol]	aer
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
hydrochlorothiazide	hctz
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inhalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intrauterine device [dispositivo intrauterino]	iud
intravenous [intravenoso]	iv

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

Description [Descripción]	Abbreviation [Abreviatura]
intravenous injectable [inyectable intravenoso]	iv inj
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat lozenge [pastilla para boca/garganta]	m/t lozg
mouth/throat paste [pasta para boca/garganta]	m/t paste
mouth/throat solution [solución para boca/garganta]	m/t soln
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln

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Description [Descripción]	Abbreviation [Abreviatura]
subcutaneous [subcutáneo]	sc
sublingual film [cinta sublingual]	subl film
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag
vaginal diaphragm [diafragma vaginal]	vag diaph

Beneficio Médico / *Medical Benefit*

Medicamentos que generalmente requieren ser administrados por un profesional de la salud y se ofrecen como parte de un beneficio o servicio médico para ciertas condiciones de salud. Algunos ejemplos son: quimioterapias intravenosas y premedicación.

Algunos de estos medicamentos pueden requerir preautorización o terapia escalonada. La terapia escalonada es un proceso de autorización previa que promueve el uso inicial de los tratamientos preferidos para una condición medica antes de considerar otras alternativas, con el fin de apoyar decisiones clínicas más efectivas.

Medications that generally require administration by a healthcare professional and are provided as part of a medical benefit or service for certain health conditions. Examples include intravenous chemotherapy treatments and premedication therapies.

Some of these medications may require prior authorization and/or step therapy. Step therapy is a prior authorization process that promotes the initial use of preferred treatments for a medical condition before considering other alternatives, with the goal of supporting more effective clinical decision-making.

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Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 3 % gel	1	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	1	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	1	NALFON	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ketorolac tromethamine 60 mg/2ml im soln	1		
ketorolac tromethamine 10 mg tab	1	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	
ketorolac tromethamine +rfid 30 mg/ml inj soln	1	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	1	NAPRELAN	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	1	BUTRANS	PA, QL(4 / 28)
fentanyl citrate (pf) 250 mcg/5ml inj soln	1		QL(12 / 30)
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr	1	DURAGESIC	PA, QL(10 / 30)
hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg	1	HYSINGLA ER	PA, QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr			
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	1	MS CONTIN	PA, QL(90 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	1	OXYCONTIN	QL(60 / 30)
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	QL(30 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-60 mg tab	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30), AL
butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	QL(18 / 30), AL
fentanyl citrate (pf) 250 mcg/5ml inj soln	1		QL(12 / 30)
fentanyl citrate (pf) 100 mcg/2ml inj soln	1		QL(60 / 30)
meperidine hcl 50 mg/ml inj soln	1	DEMEROL	QL(4 / 30)
oxycodone hcl 15 mg tab abuse-deterr	1	OXYCONTIN	QL(160 / 30)
oxycodone hcl 5 mg cap	1	OXYIR	QL(360 / 30)
oxycodone hcl 30 mg tab	1	ROXICODONE	QL(80 / 30)
oxycodone hcl 20 mg tab	1	ROXICODONE	QL(120 / 30)
oxycodone hcl 15 mg tab	1	ROXICODONE	QL(160 / 30)
oxycodone hcl 10 mg tab	1	ROXICODONE	QL(240 / 30)
oxycodone hcl 5 mg tab	1	ROXICODONE	QL(360 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oxycodone hcl 5 mg/5ml soln	1	ROXICODONE	QL(2000 / 30)
oxycodone-acetaminophen 10-325 mg tab	1	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	QL(360 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
Bac (butalnital-acetamin-caff) 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-acetaminophen 50-325 mg tab	1	PHRENILIN	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	1	FIORICET	QL(18 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
lidocaine hcl 3 % crm	1	LIDAMANTLE	
lidocaine hcl 4 % ext soln	1	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % crm	1	EMLA	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
acamprosate calcium 333 mg tab dr	1	CAMPRAL	
Opioid Antagonist- Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	1	SUBUTEX	PA
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl	1	SUBOXONE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl	2		PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	1	SUBOXONE	PA
naltrexone hcl 50 mg tab	1	REVIA	
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
naloxone hcl 4 mg/0.1ml nasal liq	1	NARCAN	
naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln	1	NARCAN	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
anucort-hc 25 mg rect supp	1		
hydrocortisone (perianal) 2.5 % crm	1	ANUSOL HC	
hydrocortisone (perianal) 1 % crm	1	PROCTOCORT	
hydrocortisone ace-pramoxine 2.5-1 % crm	1	PRAMOSONE	
hydrocortisone acetate 25 mg rect supp	1		
hydrocortisone acetate 30 mg rect supp	1	PROCTOCORT	
procto-med hc 2.5 % crm	1	ANUSOL HC	
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 3 % gel	1	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	1	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	1	NALFON	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		
ketorolac tromethamine 10 mg tab	1	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	1	NAPRELAN	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
amikacin sulfate 1 gm/4ml inj soln, 500 mg/2ml inj soln	1		
gentamicin sulfate 0.1 % crm, 0.1 % oint	1	GARAMYCIN	
neomycin sulfate 500 mg tab	1		
streptomycin sulfate 1 gm im soln	1		
tobramycin sulfate 1.2 gm inj soln	1		
tobramycin sulfate 1.2 gm/30ml inj soln, 10 mg/ml inj soln, 80 mg/2ml inj soln	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	2		
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	1	CLEOCIN	
clindamycin phos (once-daily) 1 % gel	1	CLEOCIN-T	
clindamycin phos (twice-daily) 1 % gel	1	CLEOCIN-T	
clindamycin phosphate 2 % vag crm	1	CLEOCIN	
clindamycin phosphate 1 % swab	1	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % lot	1	CLEOCIN-T	
FEM PH 0.9-0.025 % vag gel	3		
fosfomycin tromethamine 3 gm pckt	1	MONUROL	
linezolid 600 mg tab	1	ZYVOX	PA
linezolid 100 mg/5ml susp	1	ZYVOX	PA
methenamine hippurate 1 gm tab	1	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	1		
metronidazole 250 mg tab, 375 mg cap, 500 mg tab	1	FLAGYL	
metronidazole 0.75 % vag gel	1	METROGEL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mupirocin 2 % oint	1	BACTROBAN	
mupirocin calcium 2 % crm	1	BACTROBAN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	1	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	1	MACROBID	
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
silver sulfadiazine 1 % crm	1	SILVADENE	
ssd 1 % crm	1	SILVADENE	
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 250 mg/5ml soln	1	FIRVANQ	PA
vancomycin hcl 125 mg cap, 250 mg cap	1	VANCOCIN	
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefazolin sodium 2 gm inj soln, 3 gm inj soln	1	ANCEF	
cefazolin sodium 1 gm inj soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln	1	ANCEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefepime hcl 1 gm inj soln	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	1		
cephalexin 250 mg cap, 500 mg cap, 750 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 500 mg cap	1		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	3		
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
nafcillin sodium 2 gm inj soln	1	NALLPEN	
nafcillin sodium 1 gm inj soln	1	NALLPEN	
penicillin v potassium 500 mg tab	1	PEN-VEE K	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	1	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	1	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	ERY-TAB	
erythromycin 2 % ext soln	1	ERYDERM	
erythromycin 2 % gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	1	ERY-TAB	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
ciprofloxacin 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	1	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	1	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	1	KLARON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sulfadiazine 500 mg tab	1		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	1	SEPTRA	
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
sulfatrim pediatric 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
doxycycline hyclate 50 mg tab	1		
doxycycline hyclate 150 mg tab, 75 mg tab	1	ACTICLATE	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	DORYX	
doxycycline hyclate 20 mg tab	1	PERIOSTAT	
doxycycline hyclate 100 mg tab	1	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	1	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	1	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	1	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	1	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	1	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	1	MINOCIN	
tetracycline hcl 250 mg cap	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam 100 mg/ml soln, 500 mg/5ml soln	1	KEPPRA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA XR	
phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix	1		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
ethosuximide 250 mg cap	1	ZARONTIN	
ethosuximide 250 mg/5ml soln	1	ZARONTIN	
methsuximide 300 mg cap	1	CELONTIN	
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	1	ZONEGRAN	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	1	DIASTAT	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	
gabapentin 250 mg/5ml soln	1	NEURONTIN	
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	1		
primidone 250 mg tab, 50 mg tab	1	MYSOLINE	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
EPIDIOLEX 100 mg/ml soln	5		PA
felbamate 400 mg tab, 600 mg tab	1	FELBATOL	
felbamate 600 mg/5ml susp	1	FELBATOL	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle, 50 mg cap sprinkle	1	TOPAMAX SPRINKLE	
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
carbamazepine 200 mg tab chew	1		
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln	1	CEREBYX	
lacosamide 100 mg tab, 150 mg tab, 200 mg tab	1	VIMPAT	SL
lacosamide 10 mg/ml soln	1	VIMPAT	SL
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	1	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	1	TRILEPTAL	
phenytoin 50 mg tab chew	1	DILANTIN	
phenytoin 100 mg/4ml susp, 125 mg/5ml susp	1	DILANTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
phenytoin infatabs 50 mg tab chew	1	DILANTIN	
phenytoin sodium extended 100 mg cap	1	DILANTIN	
rufinamide 200 mg tab, 400 mg tab	1	BANZEL	PA
rufinamide 40 mg/ml susp	1	BANZEL	PA
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl-donepezil hcl er 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr	1	NAMZARIC	
NAMZARIC 7 & 14 & 21 &28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	1	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	1	ARICEPT ODT	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 2 mg/ml soln	1	NAMENDA	
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	1	WELLBUTRIN XL	
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	1	REMERON	
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr	1	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
MARPLAN 10 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
phenelzine sulfate 15 mg tab	1	NARDIL	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	
citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln	1	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
paroxetine mesylate 7.5 mg cap	1	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	1		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
nortriptyline hcl 10 mg/5ml soln	1	PAMELOR	
protriptyline hcl 10 mg tab, 5 mg tab	1	VIVACTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 200 mg tab	1	THORAZINE	QL(60 / 30)
chlorpromazine hcl 100 mg tab, 50 mg tab	1	THORAZINE	QL(120 / 30)
chlorpromazine hcl 10 mg tab, 25 mg tab	1	THORAZINE	QL(180 / 30)
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
doxylamine-pyridoxine 10-10 mg tab dr	1	DICLEGIS	
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
metoclopramide hcl 10 mg tab disint, 5 mg tab disint	1	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
perphenazine 16 mg tab	1	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	QL(120 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	QL(90 / 30)
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
promethegan 12.5 mg rect supp, 25 mg rect supp	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap	1	EMEND	PA
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	
ondansetron hcl 4 mg/2ml inj soln pfs	4		
ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	
ondansetron hcl +rfid 4 mg/2ml inj soln pfs	4	ZOFRAN	
palonosetron hcl 0.25 mg/2ml iv soln	5		
palonosetron hcl 0.25 mg/5ml iv soln	5	ALOXI	
palonosetron hcl 0.25 mg/5ml iv soln pfs	5		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % ext soln	1	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	1	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % lot	1	LOTRISONE	
CRESEMBA 186 mg cap, 74.5 mg cap	3		PA
econazole nitrate 1 % crm	1	SPECTAZOLE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	
hydrocortisone-iodoquinol 1-1 % crm	1		
iodoquinol-hc-aloe polysacch 1-2-1 % gel	1	ALCORTIN A	
itraconazole 100 mg cap	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
luliconazole 1 % crm	1	LUZU	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	1	VUSION	
naftifine hcl 1 % crm	1	NAFTIN	
nyamyc 100000 unit/gm ext pwdr	1	MYCOSTATIN	
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	1	MYCOLOG	
nystop 100000 unit/gm ext pwdr	1	MYCOSTATIN	
oxiconazole nitrate 1 % crm	1	OXISTAT	
posaconazole 40 mg/ml susp	1		
posaconazole 100 mg tab dr	1	NOXAFIL	
sulconazole nitrate 1 % crm	1	EXELDERM	
sulconazole nitrate 1 % ext soln	1	EXELDERM	
tavaborole 5 % ext soln	1	KERYDIN	
terbinafine hcl 250 mg tab	1	LAMISIL	QL(90 / 180)
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab	1	VFEND	SL
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
febuxostat 40 mg tab, 80 mg tab	1	ULORIC	
probenecid 500 mg tab	1	BENEMID	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
dihydroergotamine mesylate 1 mg/ml inj soln	1	D.H.E. 45	QL(24 / 30)
ergotamine-caffeine 1-100 mg tab	1	CAFERGOT	QL(30 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA, QL(1 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA, QL(3 / 30)
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	INDERAL LA	
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	1	TOPAMAX	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
eletriptan hydrobromide 20 mg tab, 40 mg tab	1	RELPAX	QL(6 / 30)
frovatriptan succinate 2.5 mg tab	1	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	QL(9 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
rizatriptan benzoate 10 mg tab, 5 mg tab	1	MAXALT	QL(9 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	1	MAXALT MLT	QL(9 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(9 / 30)
zolmitriptan 5 mg tab, 5 mg tab disint	1	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint	1	ZOMIG	QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide er 180 mg tab er	1	MESTINON	
VYVGART HYTRULO 180-2000 mg-unit/ml sc soln, 1000-10000 mg-unit/5ml sc soln pfs	5		PA
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	1		
ethambutol hcl 100 mg tab, 400 mg tab	1	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	1		
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
pretomanid 200 mg tab	1		PA
PRIFTIN 150 mg tab	3		
pyrazinamide 500 mg tab	1		
rifampin 150 mg cap, 300 mg cap	1	RIFADIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SIRTURO 100 mg tab, 20 mg tab	5		PA
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
cyclophosphamide 25 mg cap, 50 mg cap	1		
LEUKERAN 2 mg tab	4		
lomustine 10 mg cap, 100 mg cap, 40 mg cap	4	GLEOSTINE	PA
MATULANE 50 mg cap	5		
melphalan 2 mg tab	4	ALKERAN	
MYLERAN 2 mg tab	2		
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	4	TEMODAR	PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	4	REVLIMID	PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		
tamoxifen citrate 10 mg tab, 20 mg tab	1	NOLVADEX	PA
toremifene citrate 60 mg tab	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
fluorouracil 0.5 % crm	1	CARAC	
fluorouracil 5 % crm	1	EFUDEX	
fluorouracil 2 % ext soln, 5 % ext soln	1	EFUDEX	
hydroxyurea 500 mg cap	1	HYDREA	
mercaptopurine 50 mg tab	1	PURINETHOL	
TABLOID 40 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KOSELUGO 10 mg cap, 25 mg cap, 5 mg cap sprinkle, 7.5 mg cap sprinkle	4		PA
lederle leucovorin 5 mg tab	1		
leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab	1		
TABRECTA 150 mg tab, 200 mg tab	4		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
ZOLINZA 100 mg cap	5		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
anastrozole 1 mg tab	1	ARIMIDEX	
exemestane 25 mg tab	1	AROMASIN	
letrozole 2.5 mg tab	1	FEMARA	
toremifene citrate 60 mg tab	1	FARESTON	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
etoposide 50 mg cap	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	5		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
BOSULIF 100 mg cap, 100 mg tab, 400 mg tab, 50 mg cap, 500 mg tab	5		PA
CALQUENCE 100 mg cap	5		PA
dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4	SPRYCEL	PA
ERIVEDGE 150 mg cap	5		PA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	4	TARCEVA	PA
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA
gefitinib 250 mg tab	5	IRESSA	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
IDHIFA 100 mg tab, 50 mg tab	4		PA
imatinib mesylate 100 mg tab, 400 mg tab	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	5		PA
INQOVI 35-100 mg tab	4		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
lapatinib ditosylate 250 mg tab	4	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
NERLYNX 40 mg tab	5		PA
nilotinib hcl 150 mg cap, 200 mg cap, 50 mg cap	5	TASIGNA	PA
pazopanib hcl 200 mg tab	5	VOTRIENT	PA
RYDAPT 25 mg cap	4		PA
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA
STIVARGA 40 mg tab	5		PA
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4	SUTENT	PA
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 200 mg cap, 250 mg cap, 50 mg cap sprinkle	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg tab	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	4	TARGRETIN	
bexarotene 1 % gel	5	TARGRETIN	
PANRETIN 0.1 % gel	5		
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
mesna 400 mg tab	4	MESNEX	
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
albendazole 200 mg tab	1	ALBENZA	
ivermectin 3 mg tab	1	STROMECTOL	
praziquantel 600 mg tab	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
atovaquone 750 mg/5ml susp	1	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	1	MALARONE	
chloroquine phosphate 250 mg tab	1		PA
chloroquine phosphate 500 mg tab	1	ARALEN	PA
hydroxychloroquine sulfate 200 mg tab	1	PLAQUENIL	PA
mefloquine hcl 250 mg tab	1	LARIAM	
nitazoxanide 500 mg tab	1	ALINIA	
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
primaquine phosphate 26.3 (15 Base) mg tab	1		
pyrimethamine 25 mg tab	4	DARAPRIM	PA
quinine sulfate 324 mg cap	1	QUALAQUIN	
tinidazole 250 mg tab, 500 mg tab	1	TINDAMAX	
Pediculicides/scabicides-scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
ivermectin 1 % crm	1	SOOLANTRA	
permethrin 5 % crm	1	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
entacapone 200 mg tab	1	COMTAN	
tolcapone 100 mg tab	1	TASMAR	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	PARLODEL	
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	1	REQUIP	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	1	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab	1	STALEVO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	3		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
selegiline hcl 5 mg cap	1	ELDEPRYL	
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 200 mg tab	1	THORAZINE	QL(60 / 30)
chlorpromazine hcl 100 mg tab, 50 mg tab	1	THORAZINE	QL(120 / 30)
chlorpromazine hcl 10 mg tab, 25 mg tab	1	THORAZINE	QL(180 / 30)
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	QL(120 / 30)
fluphenazine hcl 5 mg/ml oral conc	1	PROLIXIN	QL(120 / 30)
fluphenazine hcl 2.5 mg/5ml oral elix	1	PROLIXIN	QL(600 / 30)
haloperidol 20 mg tab	1	HALDOL	QL(30 / 30)
haloperidol 10 mg tab, 5 mg tab	1	HALDOL	QL(60 / 30)
haloperidol 1 mg tab, 2 mg tab	1	HALDOL	QL(120 / 30)
haloperidol 0.5 mg tab	1	HALDOL	QL(240 / 30)
haloperidol lactate 2 mg/ml oral conc	1	HALDOL	QL(240 / 30)
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	1	LOXITANE	QL(120 / 30)
molindone hcl 25 mg tab	1	MOBAN	QL(120 / 30)
molindone hcl 10 mg tab, 5 mg tab	1	MOBAN	QL(240 / 30)
perphenazine 16 mg tab	1	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	QL(120 / 30)
pimozide 1 mg tab, 2 mg tab	1	ORAP	QL(60 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	QL(90 / 30)
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	MELLARIL	QL(240 / 30)
thiothixene 10 mg cap, 5 mg cap	1	NAVANE	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
thiothixene 2 mg cap	1	NAVANE	QL(90 / 30)
thiothixene 1 mg cap	1	NAVANE	QL(180 / 30)
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	STELAZINE	QL(60 / 30)
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	1	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	1	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr	1	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(120 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
risperidone 3 mg tab, 3 mg tab disint	1	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	1	RISPERDAL	QL(240 / 30)
VRAYLAR 1.5 & 3 mg cap pack	3		QL(7 / 365), ST
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		QL(30 / 30), ST
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 200 mg tab	1	CLOZARIL	QL(120 / 30)
clozapine 50 mg tab	1	CLOZARIL	QL(180 / 30)
clozapine 100 mg tab, 25 mg tab	1	CLOZARIL	QL(270 / 30)
clozapine 150 mg tab disint, 200 mg tab disint	1	FAZACLO	QL(120 / 30)
clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint	1	FAZACLO	QL(270 / 30)
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	4	VALCYTE	
valganciclovir hcl 50 mg/ml soln	4	VALCYTE	
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
EDURANT PED 2.5 mg tab sol	4		PA
efavirenz 600 mg tab	4	SUSTIVA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	4	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	4	SYMFI LO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	4	COMPLERA	
ODEFSEY 200-25-25 mg tab	5		
rilpivirine hcl 25 mg tab	4	EDURANT	
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	4	ZIAGEN	
abacavir sulfate 20 mg/ml soln	4	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	4	EPZICOM	
DESCOVY 120-15 mg tab, 200-25 mg tab	5		PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	5	ATRIPLA	
emtricitabine 200 mg cap	4	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	4	TRUVADA	
emtricitabine-tenofovir df 200-300 mg tab	4	TRUVADA	PA
EMTRIVA 10 mg/ml soln	4		
lamivudine 150 mg tab, 300 mg tab	4	EPIVIR	
lamivudine 10 mg/ml soln	4	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	4	COMBIVIR	
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4	ZERIT	
tenofovir disoproxil fumarate 300 mg tab	4	VIREAD	PA
TRUVADA 200-300 mg tab	4		PA
zidovudine 100 mg cap, 300 mg tab	4	RETROVIR	
zidovudine 50 mg/5ml syr	4	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	5		PA
FUZEON 90 mg sc soln	4		PA
maraviroc 150 mg tab, 300 mg tab	4	SELZENTRY	PA
SELZENTRY 25 mg tab, 75 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SELZENTRY 20 mg/ml soln	4		PA
TYBOST 150 mg tab	4		
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	5		QL(120 / 30)
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	4	REYATAZ	
darunavir 600 mg tab, 800 mg tab	4	PREZISTA	
fosamprenavir calcium 700 mg tab	4	LEXIVA	
LEXIVA 50 mg/ml susp	4		
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	4	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	4	KALETRA	
NORVIR 100 mg pckt	4		
NORVIR 80 mg/ml soln	4		
PREZCOBIX 675-150 mg tab, 800-150 mg tab	4		
PREZISTA 150 mg tab, 75 mg tab	4		
PREZISTA 100 mg/ml susp	4		
REYATAZ 50 mg pckt	4		
ritonavir 100 mg tab	4	NORVIR	
SYMTUZA 800-150-200-10 mg tab	5		
VIRACEPT 250 mg tab, 625 mg tab	4		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
rimantadine hcl 100 mg tab	1	FLUMADINE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
adefovir dipivoxil 10 mg tab	4	HEPSERA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BARACLUDE 0.05 mg/ml soln	5		PA
entecavir 0.5 mg tab, 1 mg tab	4	BARACLUDE	PA
EPIVIR HBV 5 mg/ml soln	4		PA
lamivudine 100 mg tab	4	EPIVIR HBV	PA
VEMLIDY 25 mg tab	4		PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
ZEPATIER 50-100 mg tab	5		PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	1	FAMVIR	
penciclovir 1 % crm	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		
GENVOYA 150-150-200-10 mg tab	5		
ISENTRESS 400 mg tab	4		
ISENTRESS HD 600 mg tab	4		
STRIBILD 150-150-200-300 mg tab	5		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		
TIVICAY PD 5 mg tab sol	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]			
LAGEVRIO 200 mg cap	2		QL(40 / 5), AL
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	2		QL(11 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	1		
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	
citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln	1	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
paroxetine mesylate 7.5 mg cap	1	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	1		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	1	VIIBRYD	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
midazolam hcl 10 mg/2ml inj soln, 5 mg/ml inj soln	1		
midazolam hcl (pf) 10 mg/2ml inj soln, 5 mg/ml inj soln	1		
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Bipolar Agents, Other [Agentes para la Bipolaridad, Otros]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	1	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	1	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr	1	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(120 / 30)
risperidone 3 mg tab, 3 mg tab disint	1	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	1	RISPERDAL	QL(240 / 30)
VRAYLAR 1.5 & 3 mg cap pack	3		QL(7 / 365)
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		QL(30 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
lithium 8 meq/5ml soln	1		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	1	LITHOBID	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	1	PRECOSE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dapagliflozin base-metformin 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	1	XIGDUO XR	QL(30 / 30), ST
dapagliflozin base-metformin 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1	XIGDUO XR	QL(60 / 30), ST
dapagliflozin 10 mg tab, 5 mg tab	1	FARXIGA	QL(30 / 30)
FARXIGA 10 mg tab, 5 mg tab	2		QL(30 / 30), ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		QL(30 / 30), ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		QL(60 / 30), ST
JANUMET XR 100-1000 mg tab er 24 hr	2		QL(30 / 30), ST
JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		QL(60 / 30), ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		QL(30 / 30), ST
JARDIANCE 10 mg tab, 25 mg tab	2		QL(30 / 30), ST
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl 500 mg/5ml soln	1	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
nateglinide 120 mg tab, 60 mg tab	1	STARLIX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	1	DUETACT	
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	
saxagliptin hcl 2.5 mg tab, 5 mg tab	1	ONGLYZA	QL(30 / 30)
saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1	KOMBIGLYZE XR	QL(30 / 30)
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr	1	KOMBIGLYZE XR	QL(60 / 30)
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	3		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	3		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		QL(60 / 30), ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	2		QL(30 / 30), ST
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		PA, QL(2 / 30)
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	2		QL(30 / 30), ST
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		QL(60 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
diazoxide 50 mg/ml susp	1	PROGLYCEM	
glucagon emergency 1 mg inj soln	1	GLUCAGON EMERGENCY	
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN N 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN R 100 unit/ml inj soln	2		QL(120 / 90)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(120 / 90)
insulin lispro 100 unit/ml inj soln	2	HUMALOG	QL(120 / 90)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	2	HUMALOG KWIKPEN	QL(120 / 90)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	2	HUMALOG JUNIOR KWIKPEN	QL(120 / 90)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	2	HUMALOG MIX 75/25 KWIKPEN	QL(120 / 90)
LANTUS 100 unit/ml sc soln	2		QL(120 / 90)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(120 / 90)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NOVOLIN N 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN N RELION 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN R 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	3		QL(120 / 90), ST
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	3		QL(120 / 90), ST
NOVOLIN R RELION 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLOG 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(120 / 90), ST
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLOG PENFILL 100 unit/ml sc soln cart	3		QL(120 / 90), ST
NOVOLOG RELION 100 unit/ml inj soln	3		QL(120 / 90), ST
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(120 / 90)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(120 / 90)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(120 / 90)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 110 mg cap	1	PRADAXA	
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 0.15 mg cap sprinkle, 0.5 mg tab sol, 2.5 mg tab, 5 mg tab	2		
ELIQUIS (1.5 MG PACK) 3 x 0.5 mg tab sol	2		
ELIQUIS (2 MG PACK) 4 x 0.5 mg tab sol	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs	1	LOVENOX	
fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln	1	ARIXTRA	
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln	1		
jantoven 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
rivaroxaban 2.5 mg tab	1	XARELTO	
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg	1	COUMADIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab			
XARELTO 10 mg tab, 15 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
Coagulants - Blood Clotting Agents [Coagulantes – Agentes Para La Coagulación De La Sangre]			
DDAVP RHINAL TUBE 0.01 % nasal soln	2		
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
STIMATE 1.5 mg/ml nasal soln	5		
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	1	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	1	TENEX	
methyldopa 250 mg tab, 500 mg tab	1	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	1		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	1	ATACAND	
EDARBI 40 mg tab, 80 mg tab	3		
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	1	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	1	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	1	BENICAR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	1	MICARDIS	
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	1	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
moexipril hcl 15 mg tab, 7.5 mg tab	1	UNIVASC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	1	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	1	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	1	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	1	TAMBOCOR	
pacerone 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	1	RYTHMOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	1	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	1	KERLONE	
bisoprolol fumarate 2.5 mg tab	1		QL(30 / 30)
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	1	COREG CR	
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL XL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	1	CORGARD	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	BYSTOLIC	
pindolol 10 mg tab, 5 mg tab	1	VISKEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	INDERAL LA	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
cartia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	1	CARDIZEM CD	
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1	CARDIZEM	
diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	1		
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	1	TIAZAC	
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	CARDIZEM CD	
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
isradipine 2.5 mg cap, 5 mg cap	1	DYNACIRC	
matzim la 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	1		
nicardipine hcl 20 mg cap, 30 mg cap	1	CARDENE	
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
nimodipine 30 mg cap	1	NIMOTOP	
nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr	1	SULAR	
taztia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	TIAZAC	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	
digitek 125 mcg tab, 250 mcg tab	1	LANOXIN	
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	1	LANOXIN	
digoxin 0.05 mg/ml soln	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	1	TRIBENZOR	
pentoxifylline er 400 mg tab er	1	TRENTAL	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	1	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	1	TARKA	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	1	DIOVAN HCT	
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	BUMEX	
ethacrynic acid 25 mg tab	1	EDECRIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	1	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
amiloride hcl 5 mg tab	1	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	1	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	1	TRIBENZOR	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	1	DIOVAN HCT	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
fenofibrate 120 mg tab, 40 mg tab	1	FENOGLIDE	
fenofibrate 150 mg cap, 50 mg cap	1	LIPOFEN	
fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab	1	TRICOR	
fenofibrate micronized 130 mg cap	1	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap	1	TRICOR	
fenofibric acid 135 mg cap dr, 45 mg cap dr	1	TRILIPIX	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	1	LESCOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluvastatin sodium er 80 mg tab er 24 hr	1	LESCOL XL	
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	1	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	1	QUESTRAN	
cholestyramine light 4 gm pckt	1	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	1	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	1	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	1	COLESTID	
colestipol hcl 5 gm oral gr	1	COLESTID	
ezetimibe 10 mg tab	1	ZETIA	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	1	VYTORIN	
omega-3-acid ethyl esters 1 gm cap	1	LOVAZA	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
nitro-bid 2 % td oint	1		
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	1	NITRO-DUR	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	SL
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	ADDERALL	SL
dextroamphetamine sulfate 10 mg tab, 5 mg tab	1	DEXTROSTAT	SL
dextroamphetamine sulfate 15 mg tab, 20 mg tab	1	ZENZEDI	SL
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	1	DEXEDRINE	SL
methamphetamine hcl 5 mg tab	1	DESOXYN	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	STRATTERA	SL
clonidine hcl er 0.1 mg tab er 12 hr	1	KAPVAY	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	FOCALIN	SL
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	1	FOCALIN XR	SL
guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	1	INTUNIV	SL
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	1	RITALIN	SL
methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr	1		SL
methylphenidate hcl er 10 mg tab er, 20 mg tab er	1	RITALIN SR	SL
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	1	METADATE CD	SL
methylphenidate hcl er (osm) 72 mg tab er	1		SL
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	1	CONCERTA	SL
methylphenidate hcl er(diffus) 27 mg tab er, 36 mg tab er, 54 mg tab er	1	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		SL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		SL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
riluzole 50 mg tab	4	RILUTEK	PA
tetrabenazine 12.5 mg tab, 25 mg tab	4	XENAZINE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
duloxetine hcl 40 mg cap dr prt	1	IRENKA	
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	1	LYRICA	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
dalfampridine er 10 mg tab er 12 hr	4	AMPYRA	
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	
fingolimod hcl 0.5 mg cap	4	GILENYA	
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
teriflunomide 14 mg tab, 7 mg tab	4	AUBAGIO	
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG &0.46MG 0.92mg(21) cap pack	4		PA
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	1	XANAX XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	1	TRANXENE	
diazepam 5 mg/ml oral conc	1		
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	
diazepam 5 mg/5ml soln	1	VALIUM	
diazepam intensol 5 mg/ml oral conc	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
lorazepam intensol 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
midazolam hcl 2 mg/ml syr	1		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	1	SERAX	
quazepam 15 mg tab	1	DORAL	
temazepam 22.5 mg cap	1	RESTORIL	
triazolam 0.125 mg tab, 0.25 mg tab	1	HALCION	
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
cevimeline hcl 30 mg cap	1	EVOXAC	
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
oralone 0.1 % m/t paste	1	KENALOG IN ORABASE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	1	DIFFERIN	SL
adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel	1	EPIDUO	SL
ammonium lactate 12 % crm, 12 % lot	1	LAC-HYDRIN	
amnesteem 10 mg cap, 20 mg cap, 40 mg cap	1	ABSORICA	
avar cleanser 10-5 % ext liq	1		
avita 0.025 % crm, 0.025 % gel	1	RETIN-A	AL, SL
azelaic acid 15 % gel	1	FINACEA	
AZELEX 20 % crm	3		
benzoyl peroxide-erythromycin 5-3 % gel	1	BENZAMYCIN	
bp 10-1 10-1 % ext emul	1		
brimonidine tartrate 0.33 % gel	1	MIRVASO	
calcipotriene 0.005 % crm	1	DOVONEX	
calcipotriene 0.005 % ext soln	1	DOVONEX	
calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint	1	TACLONEX	
calcitriol 3 mcg/gm oint	1	VECTICAL	
claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
clindamycin phos-benzoyl perox 1.2-3.75 % gel	1	ONEXTON	
clindamycin phos-benzoyl perox 1-5 % gel	1	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % gel	1	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	1	ZIANA	
dapsone 5 % gel, 7.5 % gel	1	ACZONE	
doxycycline 40 mg cap dr	1	ORACEA	
DRYSOL 20 % ext soln	2		
ENSTILAR 0.005-0.064 % foam	3		
EUCRISA 2 % oint	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
FINACEA 15 % foam	3		
imiquimod 5 % crm	1	ALDARA	
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
ivermectin 1 % crm	1	SOOLANTRA	
lidocaine-hydrocort (perianal) 3-0.5 % crm	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	1	PERANEX HC	
metronidazole 0.75 % crm	1	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	1	METROGEL	
metronidazole 0.75 % lot	1	METROLOTION	
myorisan 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
pimecrolimus 1 % crm	1	ELIDEL	
podofilox 0.5 % gel	1	CONDYLOX	
podofilox 0.5 % ext soln	1	CONDYLOX	
PROCTOFOAM HC 1-1 % foam	2		
rosadan 0.75 % crm	1	METROCREAM	
rosadan 0.75 % gel	1	METROGEL	
SANTYL 250 unit/gm oint	3		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	1		
sulfacetamide sodium-sulfur 10-2 % ext liq	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 9.8-4.8 % lot	1	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % ext liq	1	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % ext liq	1	SUMADAN WASH	
sulfacetamide sodium-sulfur 8-4 % ext susp	1	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % ext liq	1	SUMAXIN WASH	
sulfacleanse 8/4 8-4 % ext susp	1	SUMAXIN TS	
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
tazarotene 0.05 % crm, 0.1 % crm	1	TAZORAC	
tazarotene 0.05 % gel, 0.1 % gel	1	TAZORAC	
tretinoin 0.05 % gel	1	ATRALIN	AL, SL
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	1	RETIN-A	AL, SL
tretinoin microsphere 0.04 % gel, 0.1 % gel	1	RETIN-A	AL, SL
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	1	RETIN-A	AL, SL
urea 40 % crm, 45 % crm	1		
urea nail 45 % gel	1		
XERAC AC 6.25 % ext soln	3		
YESINTEK 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
betaine oral pwdr	4	CYSTADANE	
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	5		PA
miglustat 100 mg cap	4	ZAVESCA	PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
sodium phenylbutyrate 500 mg tab	4	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt,	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt, 60000-189600 unit cap dr prt			
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
chlordiazepoxide-clidinium 5-2.5 mg cap	1	LIBRAX	
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln	1	BENTYL	
glycopyrrolate 1.5 mg tab	1	GLYCATE	
glycopyrrolate 1 mg tab, 2 mg tab	1	ROBINUL	
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	1		
hyoscyamine sulfate 0.125 mg tab disint	1	ANASPAZ	
hyoscyamine sulfate 0.125 mg tab	1	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	1	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	1	LEVBID	
hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln	1		
methscopolamine bromide 2.5 mg tab, 5 mg tab	1	PAMINE	
nulev 0.125 mg tab disint	1	ANASPAZ	
oscimin 0.125 mg tab	1	LEVSIN	
oscimin 0.125 mg tab subl	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
bis subcit-metronid-tetracyc 140-125-125 mg cap	1	PYLERA	
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	1	PYLERA	
cromolyn sodium 100 mg/5ml oral conc	1	GASTROCROM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	1	LOMOTIL	
loperamide hcl 2 mg cap	1	IMODIUM	
metoclopramide hcl 5 mg tab disint	1	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
RESTORA RX 60-1.25 mg cap	3		
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab	1	TAGAMET	
cimetidine hcl 300 mg/5ml soln	1	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		PA, QL(30 / 30)
VIBERZI 100 mg tab, 75 mg tab	3		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	1	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	3		
gavilyte-g 236 gm soln	1	GOLYTELY	
gavilyte-n with flavor pack 420 gm soln	1	NULYTELY	
generlac 10 gm/15ml soln	1	CONSTULOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
lubiprostone 24 mcg cap, 8 mcg cap	1	AMITIZA	QL(60 / 30)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
sucralfate 1 gm tab	1	CARAFATE	
sucralfate 1 gm/10ml susp	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
dexlansoprazole 30 mg cap dr	1		ST
dexlansoprazole 60 mg cap dr	1	DEXILANT	ST
esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	1	NEXIUM	
lansoprazole 30 mg cap dr	1	PREVACID	
lansoprazole 30 mg Oral Tablet Delayed Release Disintegrating	1	PREVACID SOLUTAB	
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
pantoprazole sodium 20 mg tab dr, 40 mg pckt, 40 mg tab dr	1	PROTONIX	
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
phosphasal 81.6 mg tab	1		
solifenacin succinate 10 mg tab, 5 mg tab	1	VESICARE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL LA	
uretron d/s 81.6 mg tab	1		
uribel 118 mg cap	1		
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	1	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	1	JALYN	
finasteride 5 mg tab	1	PROSCAR	
silodosin 4 mg cap, 8 mg cap	1	RAPAFLO	
tadalafil 2.5 mg tab, 5 mg tab	1	CIALIS	PA, SL
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	1	URECHOLINE	
phenazo 200 mg tab	1	PYRIDIUM	
phenazopyridine hcl 100 mg tab, 200 mg tab	1	PYRIDIUM	
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
calcium acetate (phos binder) 667 mg tab	1	ELIPHOS	
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	RENVELA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids/mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ala-cort 1 % crm	1	ALA-CORT	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	1	ACLOVATE	
betamethasone dipropionate 0.05 % crm, 0.05 % oint	1	DIPROSONE	
betamethasone dipropionate 0.05 % lot	1	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	1	DIPROLENE	
betamethasone sod phos & acet 7 (4-3) mg/ml inj susp	1		
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	1	CELESTONE SOLUSPAN	
betamethasone valerate 0.1 % crm, 0.1 % oint	1	BETA-VAL	
betamethasone valerate 0.1 % lot	1	BETA-VAL	
betamethasone valerate 0.12 % foam	1	LUXIQ	
clobetasol prop emollient base 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	1	CLOBEX	
clobetasol propionate 0.05 % foam	1	OLUX	
clobetasol propionate 0.05 % gel, 0.05 % oint	1	TEMOVATE	
clobetasol propionate 0.05 % ext soln	1	TEMOVATE	
clobetasol propionate 0.05 % crm	1	TEMOVATE-E	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clobetasol propionate e 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % foam	1	OLUX-E	
cortisone acetate 25 mg tab	1	CORTONE	
desonide 0.05 % crm, 0.05 % oint	1	DESOWEN	
desonide 0.05 % lot	1	DESOWEN	
desoximetasone 0.05 % crm, 0.05 % oint, 0.25 % crm, 0.25 % oint	1	TOPICORT	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 4 mg/ml inj soln pfs	1		
diflorasone diacetate 0.05 % crm, 0.05 % oint	1	PSORCON	
fludrocortisone acetate 0.1 mg tab	1	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	1	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	1	SYNALAR	
fluocinolone acetonide body 0.01 % ext oil	1	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % ext oil	1	DERMA-SMOOTHE/FS	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	1	LIDEX	
fluocinonide 0.05 % ext soln	1	LIDEX	
fluocinonide 0.1 % crm	1	VANOS	
fluocinonide emulsified base 0.05 % crm	1	LIDEX-E	
fluticasone propionate 0.005 % oint, 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.05 % lot	1	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	1	ULTRAVATE	
hydrocortisone 1 % crm	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	1	CORTEF	
hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	1	HYTONE	
hydrocortisone butyr lipo base 0.1 % crm	1	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	1	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	1	LOCOID	
hydrocortisone sod suc (pf) 100 mg inj soln	1	SOLU-CORTEF	
hydrocortisone valerate 0.2 % crm	1	WESTCORT	
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
mometasone furoate 0.1 % crm, 0.1 % oint	1	ELOCON	
mometasone furoate 0.1 % ext soln	1	ELOCON	
prednicarbate 0.1 % oint	1	DERMATOP	
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		
prednisolone sodium phosphate 10 mg/5ml soln	1	MILLIPRED	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	1	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	
prednisolone sodium phosphate 5 mg/5ml soln	1	PEDIAPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
prednisone 5 mg/5ml soln	1		
triamcinolone acetonide 10 mg/ml inj susp, 50 mg/ml inj susp	1		
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint	1	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	1	KENALOG	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
INCRELEX 40 mg/4ml sc soln	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
oxandrolone 10 mg tab, 2.5 mg tab	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	1	ANDROGEL	
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
dotti 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1	VIVELLE-DOT	
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1	ESTROGEL	
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	1	CLIMARA	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	
estradiol 0.01 % vag crm	1	ESTRACE	
estradiol 10 mcg vag tab	1	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1	VIVELLE-DOT	
ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring	3		
estrogens conjugated 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	1	PREMARIN	
MENOSTAR 14 mcg/24hr tdwk patch	3		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
yuvafem 10 mcg vag tab	1	VAGIFEM	
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	1	MEGACE	
megestrol acetate 40 mg/ml susp, 625 mg/5ml susp	1	MEGACE	
norethindrone acetate 5 mg tab	1	AYGESTIN	
progesterone 50 mg/ml im oil	1		
progesterone 100 mg cap, 200 mg cap	1	PROMETRIUM	
progesterone micronized 10 % td crm	1		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
OSPHENA 60 mg tab	3		
raloxifene hcl 60 mg tab	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
euthyrox 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
levo-t 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg	1	SYNTHROID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	1	TIROSINT	
levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	1	CYTOMEL	
NP THYROID 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	3		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1		
unithroid 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidea) - Supresor Hormonal]			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	1	SENSIPAR	PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	PARLODEL	
cabergoline 0.5 mg tab	1	DOSTINEX	
LYSODREN 500 mg tab	4		
octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs	4		PA
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	4	SANDOSTATIN	PA
ORILISSA 150 mg tab, 200 mg tab	2		PA
SYNAREL 2 mg/ml nasal soln	4		PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)- DRUGS TO SUPPRESS SEX HORMONES/MODIFIERS [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab, 500 mg tab	4	ZYTIGA	PA
bicalutamide 50 mg tab	1	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	4		PA
flutamide 125 mg cap	1	EULEXIN	
nilutamide 150 mg tab	4	NILANDRON	PA
XTANDI 40 mg cap	4		PA
XTANDI 40 mg tab, 80 mg tab	4		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
icatibant acetate 30 mg/3ml sc soln pfs	5		PA
ORLADEYO 110 mg cap, 150 mg cap	5		PA
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
adalimumab-adbm (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
adalimumab-adbm (2 syringe) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
azathioprine 50 mg tab	1	IMURAN	SL
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
mercaptopurine 50 mg tab	1	PURINETHOL	
methotrexate sodium 2.5 mg tab	1		SL
methotrexate sodium 1 gm inj soln	4		SL
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		SL
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		SL
mycophenolate mofetil 250 mg cap, 500 mg tab	1	CELLCEPT	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mycophenolate mofetil 200 mg/ml susp	1	CELLCEPT	SL
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
XATMEP 2.5 mg/ml soln	5		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
Immunizing Agents, Passive [Agentes Inmunizadores Pasivos]			
ACTEMRA 162 mg/0.9ml sc soln pfs	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	
ENTYVIO PEN 108 mg/0.68ml sc soln pen-inj	5		PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	
leflunomide 10 mg tab, 20 mg tab	1	ARAVA	
lenalidomide 25 mg cap	4	REVLIMID	PA
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap	4	REVLIMID	PA
RIDAURA 3 mg cap	3		PA
teriflunomide 14 mg tab, 7 mg tab	4	AUBAGIO	
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
balsalazide disodium 750 mg cap	1	COLAZAL	
mesalamine 800 mg tab dr	1	ASACOL HD	
mesalamine 1000 mg rect supp	1	CANASA	
mesalamine 400 mg cap dr	1	DELZICOL	
mesalamine 1.2 gm tab dr	1	LIALDA	
mesalamine 4 gm rect enema	1	ROWASA	
mesalamine er 0.375 gm cap er 24 hr	1	APRISO	
mesalamine er 500 mg cap er	1	PENTASA	
mesalamine-cleanser 4 gm rect kit	1	ROWASA	
PENTASA 250 mg cap er	3		
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 2 mg rect foam	1	UCERIS	
budesonide 3 mg cap dr prt	1	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	1	UCERIS	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
hydrocortisone 100 mg/60ml rect enema	1	CORTENEMA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		
prednisolone sodium phosphate 10 mg/5ml soln	1	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	1	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	1	PEDIAPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	
BILDYOS 60 mg/ml sc soln pfs	4		PA
calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln	1	MIACALCIN	
calcitriol 0.25 mcg cap, 0.5 mcg cap	1	ROCALTROL	
calcitriol 1 mcg/ml soln	1	ROCALTROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	1	HECTOROL	PA
ibandronate sodium 150 mg tab	1	BONIVA	
OSPHENA 60 mg tab	3		
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA
raloxifene hcl 60 mg tab	1	EVISTA	PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	1	ACTONEL	
risedronate sodium 35 mg tab dr	1	ATELVIA	
teriparatide 560 mcg/2.24ml sc soln pen-inj	4	FORTEO	PA
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	1	ANDROGEL	
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	1	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
travoprost (bak free) 0.004 % ophth soln	1	TRAVATAN	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
ak-poly-bac 500-10000 unit/gm ophth oint	1	POLYSPORIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclosporine 0.05 % ophth emul	1	RESTASIS	PA
neo-polycin 3.5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	1	NEOSPORIN	
polycin 500-10000 unit/gm ophth oint	1	POLYSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
RHOPRESSA 0.02 % ophth soln	3		
ROCKLATAN 0.02-0.005 % ophth soln	3		
XIIDRA 5 % ophth soln	2		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	3		
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
cromolyn sodium 4 % ophth soln	1	OPTICROM	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln	1	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
bacitra-neomycin-polymyxin-hc 1 % ophth oint	1	CORTISPORIN	
bromfenac sodium 0.07 % ophth soln	1	PROLENSA	
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	
fluorometholone 0.1 % ophth susp	1	FML	
ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln	1	ACULAR	
LOTEMAX 0.5 % ophth oint	3		
loteprednol etabonate 0.2 % ophth susp	1	ALREX	
loteprednol etabonate 0.5 % ophth gel	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
neo-polycin hc 1 % ophth oint	1	CORTISPORIN	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	1	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	1	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	1	CORTISPORIN	
prednisolone acetate 1 % ophth susp	1	PRED FORTE	
prednisolone acetate p-f 1 % ophth susp	3	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	1		
sulfacetamide-prednisolone 10-0.23 % ophth soln	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
tobramycin-dexamethasone 0.3-0.1 % ophth susp	1	TOBRADEX	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
apraclonidine hcl 0.5 % ophth soln	1	IOPIDINE	
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
brimonidine tartrate 0.1 % ophth soln	1	ALPHAGAN P	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brinzolamide 1 % ophth susp	1	AZOPT	
carteolol hcl 1 % ophth soln	1	OCUPRESS	
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	1	COSOPT	
latanoprost-timolol maleate 0.005-0.5 % ophth soln	1		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln	1	ISOPTO CARPINE	
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	1	TIMOPTIC XE	
timolol maleate (once-daily) 0.5 % ophth soln	1	ISTALOL	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
CILOXAN 0.3 % ophth oint	3		
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	1	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	1	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	
ofloxacin 0.3 % ophth soln	1	OCUFLOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
acetic acid 2 % otic soln	1	VOSOL	
ciprofloxacin hcl 0.2 % otic soln	1	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	1	CIPRODEX	
ciprofloxacin-hydrocortisone 0.2-1 % otic susp	1	CIPRO HC	
flac 0.01 % otic oil	1	DERMOTIC	
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	1	CORTISPORIN	
ofloxacin 0.3 % otic soln	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	1	PULMICORT	QL(120 / 30)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	
fluticasone propionate hfa 44 mcg/act inh aer	1	FLOVENT HFA	QL(21.2 / 30), AL
fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer	1	FLOVENT HFA	QL(24 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
mometasone furoate 50 mcg/act nasal susp	1	NASONEX	
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 6 mg tab	1	RYVENT	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	1	ZYRTEC	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 5 mg tab	1	CLARINEX	
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	1	ACCOLATE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	1	ATROVENT	
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(360 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	QL(360 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
elixophyllin 80 mg/15ml oral elix	1		
roflumilast 250 mcg tab, 500 mcg tab	1	DALIRESP	PA
theophylline 80 mg/15ml oral elix, 80 mg/15ml soln	1		
theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr	1	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	1	UNIPHYL	
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	ACCUNEB	QL(540 / 30)
albuterol sulfate 2 mg tab, 4 mg tab	1	PROVENTIL	
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	1	PROVENTIL	QL(60 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	PROVENTIL	QL(540 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	1	PROAIR HFA	QL(18 / 30)
arformoterol tartrate 15 mcg/2ml inh neb soln	1	BROVANA	QL(60 / 30)
epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	1	ADRENACLICK	QL(2 / 365)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	1	EPIPEN JR	QL(2 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
formoterol fumarate 20 mcg/2ml inh neb soln	1	PERFOROMIST	QL(60 / 30)
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	1	XOPENEX	QL(60 / 30)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	XOPENEX	QL(252 / 28)
terbutaline sulfate 2.5 mg tab, 5 mg tab	1	BRETHINE	
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	1	INTAL	QL(240 / 30)
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ambrisentan 10 mg tab, 5 mg tab	4	LETAIRIS	PA
bosentan 125 mg tab, 62.5 mg tab	4	TRACLEER	PA
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
sildenafil citrate 20 mg tab	4	REVATIO	PA
tadalafil (pah) 20 mg tab	4	ADCIRCA	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	1	MUCOMYST	
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
benzonatate 150 mg cap	1	ZONATUSS	
breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	
budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC ER	
hydromet 5-1.5 mg/5ml soln	1	HYCODAN	
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		AL
promethazine-dm 6.25-15 mg/5ml syr	1		
pseudoeph-bromphen-dm 30-2-10 mg/5ml syr	1		
sodium chloride 0.9 % inh neb soln, 3 % inh neb soln	1		
sodium chloride 7 % inh neb soln	1	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
wixela inhub 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	
cyclobenzaprine hcl 7.5 mg tab	1	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
metaxalone 400 mg tab, 800 mg tab	1	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	
temazepam 15 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		ST
doxepin hcl 3 mg tab, 6 mg tab	1	SILENOR	
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	PA, SL
ramelteon 8 mg tab	1	ROZEREM	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]			
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	3		
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	4	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferiprone 500 mg tab	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
kionex 15 gm/60ml cmb susp	1		
sodium polystyrene sulfonate oral pwdr	1	KAYEXALATE	
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	3		
VELTASSA 1 gm pckt, 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
cyanocobalamin 1000 mcg/ml inj soln	1		
folic acid 5 mg/ml inj soln	1		
folic acid 1 mg tab	1		
INFED 50 mg/ml inj soln	3		PA
klor-con 20 meq pckt, 8 meq tab er	1	KLOR-CON	
klor-con 10 10 meq tab er	1	KLOR-CON	
klor-con m10 10 meq tab er	1	KLOR-CON	
klor-con m15 15 meq tab er	1	KLOR-CON	
klor-con m20 20 meq tab er	1	KLOR-CON	
phospha 250 neutral 155-852-130 mg tab	1		
phospho-trin 250 neutral 155-852-130 mg tab	1		
phosphorous 155-852-130 mg tab	1		
potassium chloride 20 meq pckt	1		
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	1	K-SOL	
potassium chloride crys er 10 meq tab er	1		
potassium chloride crys er 15 meq tab er, 20 meq tab er	1	KLOR-CON	
potassium chloride er 20 meq tab er	1	K-TAB	
potassium chloride er 10 meq tab er, 8 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	1	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	1	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	1		
sod citrate-citric acid 500-334 mg/5ml soln	1	SHOHLS MODIFIED	
vitamin deficiency system-b12 1000 mcg/ml inj kit	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
deferoxamine mesylate 2 gm inj soln, 500 mg inj soln	4	DESFERAL	PA
levocarnitine 330 mg tab	1	CARNITOR	
levocarnitine 1 gm/10ml soln	1	CARNITOR	
methergine 0.2 mg tab	1	METHERGINE	
methylergonovine maleate 0.2 mg tab	1	METHERGINE	
potassium iodide (expectorant) 1 gm/ml soln	1		

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APÉNDICE I – LISTA DE PREVENTIVOS / *APPENDIX I – PREVENTIVE LIST*

Los siguientes medicamentos están cubiertos a través del beneficio de la Ley de Protección al Paciente y Cuidado de Salud Asequible (PPACA por sus siglas en inglés), *Health Care and Education Reconciliation Act (HCERA),* y están sujeto a cambios basados en las recomendaciones del *United States Preventive Services Task Force (USPSTF)*).

[The following medications are covered through the *Patient Protection and Affordable Care Act (PPACA)* and *Health Care and Education Reconciliation Act (HCERA)* benefit; and are subject to change based on *United States Preventive Services Task Force (USPSTF)* recommendations].

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: Pregnant Persons at High Risk for Preeclampsia (Uso de Aspirina para Prevenir la Preeclampsia y la Morbilidad y Mortalidad Relacionadas: Medicamento Preventivo: Personas Embarazadas con Alto Riesgo de Preeclampsia)	
Low-Dose Aspirin (Aspirina en Dosis Baja)	
aspirin chewable tablet 81 mg	GL (Female only), AL (For patients greater than or equal to 15 years up to less than or equal to 45 years)
aspirin delayed release oral tablet 81 mg	GL (Female only), AL (For patients greater than or equal to 15 years up to less than or equal to 45 years)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)	
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)	
tamoxifen citrate oral tablet 10 mg, 20 mg	PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)	
raloxifene hcl oral tablet 60 mg	PA
Contraceptive Methods (Métodos Anticonceptivos)	
Cervical Cap (Cápsula Cervical)	
FEMCAP CERVICAL CAP 22MM, 26MM, 30MM	QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)	

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PARAGARD INTRAUTERINE COPPER	QL (1EA per 3650 days)
Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
CURAE 1.5 MG ORAL TABLET	
ECONTRA 1.5 MG ORAL TABLET	
HER STYLE 1.5 MG ORAL TABLET	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE 1.5 MG ORAL TABLET	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY 1.5 MG ORAL TABLET	
OPCICON ONE-STEP 1.5 MG ORAL TABLET	
OPTION 2 ORAL TABLET 1.5 MG	
REACT 1.5 MG ORAL TABLET	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	

FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2920 days)
Oral Contraceptive (Combined Pill) [Anticonceptivos Orales (Píldora Combinada)]	
AFIRMELLE ORAL TABLET 0.10-20 MG-MCG	QL (28 tablets per 28 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)

NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)

TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)

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levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) [Anticonceptivos Orales (Minipildora Sólo Progestina)]	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
EMZAHH ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
MELEYA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
ZAFEMY TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)

Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	
Vaginal Ring (Anillo Vaginal)	
etonogestrel-ethinyl estradiol vaginal ring	QL (1EA per 28 days)
ELURYNG Vaginal Ring	QL (1EA per 28 days)
HALOETTE Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
sodium fluoride oral solution 0.275 (0.125 f) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	PA
DESCOVY 120-15 mg tab, 200-25 mg tab	PA
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
TRUVADA 200-300 mg tab	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)

ferrous sulfate oral solution 75 (15 fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
iron oral tablet 325 (65 fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	
Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 mg (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	
gavilyte-c oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-g oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL

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	(gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-n oral solution reconstituted 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)

APÉNDICE II – LISTA DE MEDICAMENTOS OTC CUBIERTOS / *APPENDIX II – OVER THE COUNTER (OTC) COVERED DRUGS LIST*

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
omeprazole-sodium bicarbonate 20-1100 mg cap	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
esomeprazole magnesium 20 mg cap dr	NEXIUM
lansoprazole 15 mg cap dr	PREVACID
omeprazole 20 mg tab dr	PRILOSEC
omeprazole magnesium 20.6 (20 base) mg cap dr	PRILOSEC
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
ketotifen fumarate 0.025 % ophth soln	ZADITOR
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew	ZYRTEC
cetirizine hcl allergy child 5 mg/5ml soln	ZYRTEC
cetirizine hcl childrens 1 mg/ml soln	ZYRTEC
fexofenadine hcl 180 mg tab, 60 mg tab	ALLEGRA
fexofenadine hcl childrens 30 mg/5ml susp	ALLEGRA CHILDREN
levocetirizine dihydrochloride 5 mg tab	XYZAL
loratadine 10 mg cap, 10 mg tab	CLARITIN
loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr	CLARITIN CHILDREN
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
budesonide 32 mcg/act nasal susp	RHINOCORT
fluticasone propionate 50 mcg/act nasal susp	FLONASE
triamcinolone acetonide 55 mcg/act nasal aer	NASACORT
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr	

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Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr	ALLEGRA-D
loratadine-d 12hr 5-120 mg tab er 12 hr	CLARITIN D-12
loratadine-d 24hr 10-240 mg tab er 24 hr	CLARITIN D-24

APÉNDICE III – LÍMITES DE ESPECIALIDAD / *APPENDIX III – SPECIALTY LIMITS*

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist to evaluate the patient and prescribe them. **(Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)**	
ADAPALENE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE-DEXTROAMPHETAMINE /AMPHETAMINE-DEXTROAMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AVITA	Dermatólogo, Pediatra / Dermatologist, Pediatrician
AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist
CLONIDINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXMETHYLPHENIDATE HCL /DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXTROAMPHETAMINE SULFATE /DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
GUANFACINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
LACOSAMIDE	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist

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Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
METHOTREXATE SODIUM	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo, / Rheumatologist, Pediatric Neurologist, Gastroenterologist
METHYLPHENIDATE HCL ER (CD)/ METHYLPHENIDATE HCL ER / METHYLPHENIDATE HCL	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
MYCOPHENOLATE MOFETIL	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo Pediátrico / Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist
QUILLICHEW ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLIVANT XR	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
TADALAFIL	Urólogo / Urologist
TRETINOIN	Dermatólogo y Pediatra / Dermatologist, Pediatrician
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista, Pediatra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician

APÉNDICE IV – LISTA DE MEDICAMENTOS ALBINISMO Y SÍNDROME DE HERMANSKY-PUDLAK / *APPENDIX IV – MEDICATION LIST ALBINISM AND HERMANSKY-PUDLAK SYNDROME*

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Medication List Required By Act No. 109 Of The Year 2022 For The Population With Albinism And Hermansky-Pudlak Syndrome **(Lista De Medicamentos Requeridos Por Ley Núm. 109 Del Año 2022 Para La Población Con Albinismo Y El Síndrome De Hermansky-Pudlak)**	
Sunscreens (Filtros Solares)	
AVEENO BABY SUNSCREEN, KIDS CONTINUOUS PROTECT, PROTECT+HYDRATE SPF60	PA
BABY SUNSCREEN SPF50	PA
BULL FROG QUICK, QUICK SPF50, QUICK SPORT SPF 50, SHEER PROTECTION, SUPERBLOCK SPF50, WATER ARMOR SPORT	PA
CERAVE SUNSCREEN SPF50	PA
CLEAR ZINC SPF 50	PA
COPPERTONE LIMITED EDITION, BABY PURE & SIMPLE, COMPLETE SPF50, DEFEND & CARE, DEFEND & CARE FACE, GLOW HYDRAGEL SPF50, KIDS CLEAR SPF50, KIDS PURE & SIMPLE, KIDS SPF50, KIDS SPF70, KIDS SPORT SPF 100, KIDS SPORT SPF 50, KIDS TEAR FREE, PURE & SIMPLE FACE, PURE & SIMPLE SPF50, SPORT 4-IN-1 SPF100, SPORT 4-IN-1 SPF50, SPORT 4-IN-1 SPF70, SPORT CLEAR, SPORT FACE SPF50, SPORT FACE+BODY, SPORT MINERAL FACE, MINERAL SPF50, SPORT SPF 100, SPORT SPF 70, SPORT SPF50, ULTRAGUARD SPF50, ULTRAGUARD SPF70+, ULTRAGUARD SPF50, WATERBABIES SPF50	PA
CVS SENSITIVE SKIN SUN	PA
EQ SUNSCREEN SPORT	PA
EQL SPORT CONTINUOUS SPR SPF50, ULTRA PROTECTION SPF50	PA

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GENERAL PROTECTION SUNSCREEN	PA
GNP SPORT SUNSCREEN SPF50, SUNSCREEN KIDS SPF50	PA
HUGGIES LITTLE SWIMMERS SPF50	PA
KIDS CONTINUOUS SPRAY SPF50	PA
NEUTROGENA AGE SHIELD SPF70, BEACH DEFENSE SPF70, HEALTHY DEFENSE, PURE & FREE BABY, SPORT FACE SPF70, ULTRA SHEER BODY, ULTRA SHEER SPF 55, ULTRA SHEER SPF 70	PA
NIVEA VISAGE UV CARE	PA
QC ULTIMATE SUNSCREEN	PA
SHADE OIL FREE CLEAR	PA
SHEER SUNSCREEN SPF 70	PA
SOLBAR FIFTY, SPF50	PA
SPORT SUNSCREEN SPF50	PA
SUNSCREEN KIDS SPF 50, KIDS SPF50+, SPF50, SPORT SPF 70, ULTRA SHEER	PA
WATER BABIES SPF50	PA

APÉNDICE V – LISTA DE MEDICAMENTOS CUBIERTOS POR EL BENEFICIO MÉDICO /
APPENDIX V –LIST OF MEDICATIONS COVERED BY THE MEDICAL BENEFIT

Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
The following medications are covered through Medical Benefit. **(Los siguientes medicamentos están cubiertos por el Beneficio Médico.)**	
Injectable Chemotherapies (Quimioterapias Inyectables)	
Adcetris Intravenous Solution Reconstituted 50 MG	PA
Adriamycin Intravenous Solution Reconstituted 50 MG	PA
Arsenic Trioxide Intravenous Solution 10 MG/10ML, 12 MG/6ML	PA
Asparlas Intravenous Solution 3750 UNIT/5ML	PA
azaCITIDine Injection Suspension Reconstituted 100 MG	PA
Bavencio Intravenous Solution 200 MG/10ML	PA
Beleodaq Intravenous Solution Reconstituted 500 MG	PA
Bendamustine HCl Intravenous Solution 100 MG/4ML	PA
Bendamustine HCl Intravenous Solution Reconstituted 100 MG, 25 MG	PA
Besponsa Intravenous Solution Reconstituted 0.9 MG	PA
Bizengri (750 MG Dose) Intravenous Solution Therapy Pack 375 MG/18.75ML	PA
Bilprevda Subcutaneous Solution 120 mg/1.7ml	
Blenrep Intravenous Solution Reconstituted 70 MG	PA
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT, 30 UNIT	PA
Bortezomib Injection Solution Reconstituted 1 MG, 2.5 MG, 3.5 MG	PA
Busulfan Intravenous Solution 6 MG/ML	PA
CARBOplatin Intravenous Solution 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	PA
Carmustine Intravenous Solution Reconstituted 100 MG	PA
CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML	PA
CISplatin Intravenous Solution Reconstituted 50 MG	PA
Cladribine Intravenous Solution 10 MG/10ML	PA
Clofarabine Intravenous Solution 1 MG/ML	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
cycloPHOSphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG	PA
cycloPHOSphamide Intravenous Solution 1 GM/2ML, 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	PA
Cyramza Intravenous Solution 100 MG/10ML, 500 MG/50ML	PA
Cytarabine (PF) Injection Solution 100 MG/ML, 20 MG/ML	PA
Cytarabine Injection Solution 20 MG/ML	PA
Dacarbazine Intravenous Solution Reconstituted 100 MG, 200 MG	PA
DACTINomycin Intravenous Solution Reconstituted 0.5 MG	PA
DAUNOrubicin HCl Intravenous Solution 20 MG/4ML, 50 MG/10ML	PA
Decitabine Intravenous Solution Reconstituted 50 MG	PA
Dexrazoxane HCl Intravenous Solution Reconstituted 250 MG, 500 MG	PA
DOCEtaxel Intravenous Concentrate 160 MG/8ML, 20 MG/ML, 80 MG/4ML	PA
DOCEtaxel Intravenous Solution 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	PA
DOXOrubicin HCl Intravenous Solution 2 MG/ML	PA
DOXOrubicin HCl Intravenous Solution Reconstituted 10 MG, 50 MG	PA
DOXOrubicin HCl Liposomal Intravenous Suspension 2 MG/ML	PA
Elahere Intravenous Solution 100 MG/20ML	PA
Eligard Subcutaneous Kit 30 mg, 45 mg, 7.5 mg, 22.5mg	PA
Elitek Intravenous Solution Reconstituted 1.5 MG, 7.5 MG	PA
Ellence Intravenous Solution 200 MG/100ML, 50 MG/25ML	PA
Elzonris Intravenous Solution 1000 MCG/ML	PA
Empliciti Intravenous Solution Reconstituted 300 MG, 400 MG	PA
Enhertu Intravenous Solution Reconstituted 100 MG	PA
Erbitux Intravenous Solution 100 MG/50ML, 200 MG/100ML	PA
eriBULin Mesylate Intravenous Solution 1 MG/2ML	PA
Ethyol Intravenous Solution Reconstituted 500 MG	PA
Etopophos Intravenous Solution Reconstituted 100 MG	PA
Etoposide Intravenous Solution 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Floxuridine Injection Solution Reconstituted 0.5 GM	PA
Fludarabine Phosphate Intravenous Solution 50 MG/2ML	PA
Fludarabine Phosphate Intravenous Solution Reconstituted 50 MG	PA
Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	PA
Folotyn Intravenous Solution 20 MG/ML, 40 MG/2ML	PA
Fulphila (pegfilgrastim-jmdb) biosimilar, 0.5 mg	
Gazyva Intravenous Solution 1000 MG/40ML	PA
Gemcitabine HCl Intravenous Solution 1 GM/10ML, 1 GM/26.3ML, 1.5 GM/15ML, 2 GM/20ML, 2 GM/52.6ML, 200 MG/2ML, 200 MG/5.26ML	PA
Gemcitabine HCl Intravenous Solution Reconstituted 1 GM, 2 GM, 200 MG	PA
IDArubicin HCl Intravenous Solution 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	PA
Ifex Intravenous Solution Reconstituted 1 GM, 3 GM	PA
Ifosfamide Intravenous Solution 1 GM/20ML, 3 GM/60ML	PA
Ifosfamide Intravenous Solution Reconstituted 1 GM, 3 GM	PA
Imfinzi Intravenous Solution 120 MG/2.4ML, 500 MG/10ML	PA
Irinotecan HCl Intravenous Solution 100 MG/5ML, 300 MG/15ML, 40 MG/2ML, 500 MG/25ML	PA
Ixempra Kit Intravenous Solution Reconstituted 15 MG, 45 MG	PA
Jemperli Intravenous Solution 500 MG/10ML	PA
Jevtana Intravenous Solution 60 MG/1.5ML	PA
Kadcyla Intravenous Solution Reconstituted 100 MG, 160 MG	PA
Kepivance Intravenous Solution Reconstituted 5.16 MG	PA
Keytruda Intravenous Solution 100 MG/4ML	PA
Kimmtrak Intravenous Solution 100 MCG/0.5ML	PA
Kyprolis Intravenous Solution Reconstituted 10 MG, 30 MG, 60 MG	PA
Leucovorin Calcium Injection Solution 100 MG/10ML, 500 MG/50ML	PA
Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
LEVOleucovorin Calcium Intravenous Solution Reconstituted 50 MG	PA
LEVOleucovorin Calcium PF Intravenous Solution 175 MG/17.5ML, 250 MG/25ML	PA
Libtayo Intravenous Solution 350 MG/7ML	PA
Melphalan HCl Intravenous Solution Reconstituted 50 MG	PA
Mesna Intravenous Solution 100 MG/ML	PA
Methotrexate Intravenous Solution 1000 MG/40ML	PA
Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML	PA
Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML	PA
Methotrexate Sodium Injection Solution Reconstituted 1 GM	PA
mitoMYcin Intravenous Solution Reconstituted 20 MG, 40 MG, 5 MG	PA
mitoMYcin Intravesical Solution Prefilled Syringe 20 MG/40ML	PA
mitoXANTRONE HCl Intravenous Concentrate 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	PA
Monjuvi Intravenous Solution Reconstituted 200 MG	PA
Mutamycin Intravenous Solution Reconstituted 40 MG, 5 MG	PA
Mylotarg Intravenous Solution Reconstituted 4.5 MG	PA
Nelarabine Intravenous Solution 5 MG/ML	PA
Nipent Intravenous Solution Reconstituted 10 MG	PA
Oncaspar Injection Solution 750 UNIT/ML	PA
Onivyde Intravenous Suspension 43 MG/10ML	PA
Opdivo Intravenous Solution 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	PA
Oxaliplatin Intravenous Solution 100 MG/20ML, 200 MG/40ML, 50 MG/10ML	PA
Oxaliplatin Intravenous Solution Reconstituted 100 MG, 50 MG	PA
PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	PA
PACLitaxel Protein-Bound Part Intravenous Suspension Reconstituted 100 MG	PA
Padcev Intravenous Solution Reconstituted 20 MG, 30 MG	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
PEMEtrexed Disodium Intravenous Solution 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	PA
PEMEtrexed Disodium Intravenous Solution Reconstituted 100 MG, 1000 MG, 500 MG, 750 MG	PA
PEMEtrexed Intravenous Solution 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	PA
Pemfexy Intravenous Solution 500 MG/20ML	PA
Photofrin Intravenous Solution Reconstituted 75 MG	PA
Polivy Intravenous Solution Reconstituted 140 MG, 30 MG	PA
Poteligeo Intravenous Solution 20 MG/5ML	PA
Proleukin Intravenous Solution Reconstituted 22000000 UNIT	PA
Retacrit Injection 1000 units	
romiDEPsin Intravenous Solution Reconstituted 10 MG	PA
Ruxience Intravenous Solution 100 MG/10ML, 500 MG/50ML, 350 MG/7ML	
Sarclisa Intravenous Solution 100 MG/5ML, 500 MG/25ML	PA
Tecentriq Intravenous Solution 1200 MG/20ML, 840 MG/14ML	PA
Temodar Intravenous Solution Reconstituted 100 MG	PA
Temsirolimus Intravenous Solution 25 MG/ML	PA
Thiotepa Injection Solution Reconstituted 100 MG, 15 MG	PA
Tice BCG Intravesical Suspension Reconstituted 50 MG	PA
Topotecan HCl Intravenous Solution 4 MG/4ML	PA
Topotecan HCl Intravenous Solution Reconstituted 4 MG	PA
Trazimera Intravenous Solution Reconstituted 150 MG, 420 MG	
Trodelvy Intravenous Solution Reconstituted 180 MG	PA
Truxima Intravenous Solution 100 MG/10ML, 500 MG/50ML	
Valrubicin Intravesical Solution 40 MG/ML	PA
Vectibix Intravenous Solution 100 MG/5ML, 400 MG/20ML	PA
vinBLAStine Sulfate Intravenous Solution 1 MG/ML	PA
vinCRIStine Sulfate Intravenous Solution 1 MG/ML, 2 MG/2ML	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Vinorelbine Tartrate Intravenous Solution 10 MG/ML, 50 MG/5ML	PA
Voraxaze Intravenous Solution Reconstituted 1000 UNIT	PA
Yervoy Intravenous Solution 200 MG/40ML, 50 MG/10ML	PA
Yondelis Intravenous Solution Reconstituted 1 MG	PA
Zaltrap Intravenous Solution 100 MG/4ML, 200 MG/8ML	PA
Zarxio Injection 1 mcg	
Zepzelca Intravenous Solution Reconstituted 4 MG	PA
Zevalin Y-90 Intravenous Kit 3.2 MG/2ML	PA
Zirabev Intravenous Solution 100 MG/4ML, 400 MG/16ML	
Zynlonta Intravenous Solution Reconstituted 10 MG	PA
Injectable Hereditary Angioedema Agents (Medicamentos Inyectables Para el Manejo de Angioedema Hereditario)	
Berinert Intravenous Kit 500 UNIT	PA
Cinryze Intravenous Solution Reconstituted 500 UNIT	PA
Kalbitor Subcutaneous Solution 10 MG/ML	PA
Ruconest Intravenous Solution Reconstituted 2100 UNIT	PA
Injectable Premedications (Premedicaciones Inyectables)	
Dexameth Sod Phos (PF) +RFID Injection Solution Prefilled Syringe 10 MG/ML	
dexAMETHasone Sod Phos (PF) Injection Solution Prefilled Syringe 10 MG/ML	
dexAMETHasone Sod Phos +RFID Injection Solution Prefilled Syringe 4 MG/ML	
dexAMETHasone Sod Phosphate PF Injection Solution 10 MG/ML	
dexAMETHasone Sodium Phosphate Injection Solution 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML	
diphenhydrAMINE HCl Injection Solution 50 MG/ML	
Famotidine (PF) Intravenous Solution 20 MG/2ML	
Famotidine Intravenous Solution 20 MG/5ML, 200 MG/20ML, 200 MG/50ML, 40 MG/10ML, 40 MG/4ML	
Fosaprepitant Dimeglumine Intravenous Solution Reconstituted 150 MG	

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Hydrocortisone Sod Suc (PF) Injection Solution Reconstituted 100 MG	
Infed Injection Solution 50 MG/ML	PA
Magnesium Sulfate Injection Solution 50 %	
methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG, 500 MG	
Metoclopramide HCl +RFID Injection Solution 5 MG/ML	
Metoclopramide HCl Injection Solution 5 MG/ML	
Na Ferric Gluc Cplx in Sucrose Intravenous Solution 12.5 MG/ML	
Ondansetron HCl +RFID Injection Solution 4 MG/2ML	
Ondansetron HCl +RFID Injection Solution Prefilled Syringe 4 MG/2ML	
Ondansetron HCl Injection Solution 4 MG/2ML, 40 MG/20ML	
Ondansetron HCl Injection Solution Prefilled Syringe 4 MG/2ML	
Potassium Chloride Intravenous Solution, 2 MEQ/ML,	
Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML	
Sodium Chloride Intravenous Solution 0.9 %	
Solu-CORTEF Injection Solution Reconstituted 100 MG, 1000 MG, 250 MG, 500 MG	
SOLU-Medrol (PF) Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG, 500 MG	
SOLU-Medrol Injection Solution Reconstituted 1000 MG, 2 GM, 500 MG	
Medical Benefit - Miscellaneous Therapeutic Agents (Otros Medicamentos – Beneficio Médico)	
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, (5 MG/ML) 0.5%, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	PA
Ampicillin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM, 2 GM	PA
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	PA
Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 15 (10-5) GM, 3 (2-1) GM	PA
Azithromycin Intravenous Solution Reconstituted 500 MG	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Aztreonam Injection Solution Reconstituted 1 GM, 2 GM	PA
Bevacizumab Intravitreal Solution Prefilled Syringe 1.25 MG/0.05ML, 2.25 MG/0.09ML, 2.75 MG/0.11ML	
Botox Injection Solution Reconstituted 200 UNIT	PA
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	
Buprenorphine HCl Injection Solution 0.3 MG/ML	PA
ceFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 100 GM, 2 GM, 3 GM, 300 GM, 500 MG	PA
ceFAZolin Sodium Intravenous Solution Prefilled Syringe 1 GM/10ML, 2 GM/10ML, 2 GM/20ML	PA
ceFAZolin Sodium Intravenous Solution Reconstituted 2 GM, 3 GM	PA
Cefepime HCl Injection Solution Reconstituted 1 GM	PA
Cefepime HCl Intravenous Solution 1 GM/50ML, 2 GM/100ML	PA
Cefepime HCl Intravenous Solution Reconstituted 100 GM, 2 GM	PA
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 2 GM	PA
cefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM, 2 GM	PA
cefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 100 GM, 2 GM, 250 MG, 500 MG	PA
cefTRIAXone Sodium Intravenous Solution Reconstituted 10 GM, 2 GM	PA
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	PA
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	PA
Ciprofloxacin in D5W Intravenous Solution 200 MG/100ML, 400 MG/200ML	PA
Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	PA
DAPTOmycin Intravenous Solution Reconstituted 350 MG, 500 MG	PA
DAPTOmycin-Sodium Chloride Intravenous Solution 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	PA
dexAMETHasone Sodium Phosphate Injection Solution 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML	
diphenhydrAMINE HCl Injection Solution 50 MG/ML	
Ertapenem Sodium Injection Solution Reconstituted 1 GM	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Famotidine (PF) Intravenous Solution 20 MG/2ML, 20 MG/5ML, 200 MG/20ML, 200 MG/50ML, 40 MG/10ML, 40 MG/4ML	
Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML	PA
Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG, 500 MG	PA
Ipratropium Bromide Inhalation Solution 0.02 %	
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	
Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/0.5ML, 1.25 MG/3ML	
levoFLOXacin Intravenous Solution 25 MG/ML	PA
Linezolid Intravenous Solution 600 MG/300ML	PA
Meropenem Intravenous Solution Reconstituted 1 GM, 2 GM, 500 MG	PA
methylPREDNISolone Acetate Injection Suspension 40 MG/ML, 50 MG/ML, 80 MG/ML	
methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG, 500 MG	
Metoclopramide HCl Injection Solution 5 MG/ML	
metroNIDAZOLE Intravenous Solution 500 MG/100ML	PA
Moxifloxacin HCl Intraocular Solution 1 MG/ML, 5 MG/ML	PA
Moxifloxacin HCl Intraocular Solution Prefilled Syringe 0.16 %, 0.3 MG/0.3ML	PA
Moxifloxacin HCl Intravenous Solution 400 MG/250ML	PA
Nafcillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	PA
Nafcillin Sodium Intravenous Solution Reconstituted 10 GM	PA
Paliperidone palmitate	PA
Pantoprazole Sodium Intravenous Solution Reconstituted 40 MG	
Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT, 5000000 UNIT	PA
Penicillin G Sodium Injection Solution Reconstituted 5000000 UNIT	PA
Pentamidine Isethionate Injection Solution Reconstituted 300 MG	PA
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 13.5 (12-1.5) GM, 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 3-0.375 GM	PA

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Drugs (Medicamentos)	Requirements/ Limits (Requisitos/ Límites)
Selarsdi (ustekinumab) injection	PA
Tetracyclin injection	PA
Tobramycin sulfate injection	PA
Triamcinolone A inj PRS-free	
Vancomycin hcl injection	PA

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Lunes a viernes	7:30 a.m. a 8:00 p.m.
Sábados	9:00 a.m. a 6:00 p.m.
Domingos	11:00 a.m. a 5:00 p.m.

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