

LISTA DE MEDICAMENTOS SUPREME 2020

Supreme Drug List

DISFRUTA LOS BENEFICIOS
DE SER PARTE DE UNA

GRAN RED

TRIPLE-S SALUD 
BlueCross BlueShield of Puerto Rico

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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.

La inclusión de un medicamento a la Lista no indica que el mismo está cubierto. El certificado del beneficio de Farmacia es el que determina si el medicamento está cubierto o excluido en la póliza. Por ejemplo, los agentes para la disfunción eréctil, las hormonas de crecimiento y los medicamentos sin leyenda federal (OTC) usualmente están excluidos de la cubierta de farmacia.

The inclusion of a drug in the List does not mean the drug is covered. The Pharmacy Benefit Certificate determines whether the drug will be covered or excluded by the plan. For example, drugs to treat erectile dysfunction, growth hormones, and over-the-counter drugs (OTC) are not normally covered by the drug plans.

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 preferidos (Nivel 1)? / What are preferred 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 preferido 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.

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 a 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 a lo sugerido por el fabricante 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 a 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.

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

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

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

Description [Descripción]	Abbreviation [Abreviatura]
solution [solución]	soln
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

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PARTE II - LISTA DE MEDICAMENTOS POR CLASIFICACION TERAPÉUTICA / PART II DRUG LIST BY THERAPEUTIC CLASSIFICATION

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]20

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PARTE III - LISTA DE MEDICAMENTOS / PART III DRUG LIST

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]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 3 % td gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % td gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
DICLOFEX DC 1.5 & 0.025 % cmb pack	1		
<i>diclopak 1.5 & 0.025 % cmb pack</i>	1		
<i>etodolac 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	
<i>flexipak 75 & 0.025 mg-% cmb pack</i>	1		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	1		

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	
INDOCIN 50 mg rect supp	2		
INDOCIN 25 mg/5ml susp	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
XELITRAL 1.5 & 0.025 % cmb pack	1		
XENAFLAMM 75 & 0.025 mg-% cmb pack	1		
XRYLIX 1.5 % td pack	3		
Opioid Analgesics, Long-Acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film	2		PA, QL(60 / 30)
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA, QL(4.5 / 28)
<i>buprenorphine 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	PA, QL(4.5 / 28)
EMBEDA 100-4 mg cap er, 20-0.8 mg cap er, 30-1.2 mg cap er, 50-2 mg cap er, 60-2.4 mg cap er, 80-3.2 mg cap er	2		PA, QL(60 / 30)
<i>fentanyl 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, 87.5 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA, QL(10 / 30)
<i>fentanyl 100 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA, QL(10 / 30)
HYSINGLA ER 100 mg tab er 24 hr abuse-deterr, 120 mg 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	2		PA, QL(30 / 30)
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA, QL(90 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr</i>	1	OXYCONTIN	PA, 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]
<i>abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>			
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	QL(30 / 30)
Opioid Analgesics, Short-Acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30)
<i>acetaminophen-codeine 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30)
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	QL(4500 / 30)
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30)
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30)
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30)
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(18 / 30)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(18 / 30)
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEINE	
<i>codeine sulfate 30 mg tab, 60 mg tab</i>	1		QL(360 / 30)
ENDOCET 2.5-325 mg tab	1		QL(360 / 30)
<i>endocet 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>endocet 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>endocet 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln cart</i>	1		QL(8 / 30)
<i>fentanyl citrate (pf) 250 mcg/5ml inj soln</i>	1		QL(12 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(60 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	QL(180 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	NORCO	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	1	VICODIN	QL(360 / 30)
<i>hydrocodone-ibuprofen 10-200 mg tab</i>	1	REPREXAIN	QL(180 / 30)
<i>hydrocodone-ibuprofen 5-200 mg tab</i>	1	REPREXAIN	QL(360 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	QL(180 / 30)
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	1	DILAUDID	QL(360 / 30)
IBUDONE 5-200 mg tab	1		QL(360 / 30)
LORCET 5-325 mg tab	1		QL(360 / 30)
LORCET HD 10-325 mg tab	1		QL(180 / 30)
LORCET PLUS 7.5-325 mg tab	1		QL(180 / 30)
<i>meperidine hcl 50 mg/ml inj soln</i>	1	DEMEROL	QL(4 / 30)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		QL(180 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1		QL(120 / 30)
<i>oxycodone hcl 20 mg tab</i>	1		QL(120 / 30)
<i>oxycodone hcl 10 mg tab</i>	1		QL(240 / 30)
<i>oxycodone hcl 5 mg cap</i>	1		QL(360 / 30)
<i>oxycodone hcl 30 mg tab</i>	1	ROXICODONE	QL(80 / 30)
<i>oxycodone hcl 100 mg/5ml oral conc</i>	1	ROXICODONE	QL(120 / 30)
<i>oxycodone hcl 15 mg tab</i>	1	ROXICODONE	QL(160 / 30)
<i>oxycodone hcl 5 mg tab</i>	1	ROXICODONE	QL(360 / 30)
<i>oxycodone hcl 5 mg/5ml soln</i>	1	ROXICODONE	QL(2000 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	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]
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(240 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
VERDROCET 2.5-325 mg tab	3		
VICODIN 5-300 mg tab	1		QL(360 / 30)
VICODIN ES 7.5-300 mg tab	1		QL(180 / 30)
VICODIN HP 10-300 mg tab	1		QL(180 / 30)
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
ALLZITAL 25-325 mg tab	3		
BUPAP 50-300 mg tab	1		QL(18 / 30)
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	BUPAP	QL(18 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	TENCON	QL(18 / 30)
<i>butalbital-apap 50-325 mg tab</i>	1	TENCON	QL(18 / 30)
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>	1		QL(18 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	FIORINAL	
<i>duraxin 300-200-20 mg cap</i>	3		
ESGIC 50-325-40 mg cap	1		QL(18 / 30)
<i>flexin 0.0375-5 % patch</i>	3		
<i>renovo 0.0375-5 % patch</i>	3		
TENCON 50-325 mg tab	3		
VANATOL LQ 50-325-40 mg/15ml soln	3		
VANATOL S 50-325-40 mg/15ml soln	3		
ZEBUTAL 50-325-40 mg cap	1		QL(18 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉTICOS- MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics (Anestéticos locales)			
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1		
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lidocaine hcl topical cream 3 %</i>	1		
<i>lidocaine hcl topical solution 4 %</i>	1		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/Anti-Craving - Antidotes/Deterrents/Protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Antagonists - Antidotes/Deterrents/Protectants [Antagonistas de Opioides - Antídotos/Disuasivos/Protectores]			
BUNAVAIL 2.1-0.3 mg bucc film, 4.2-0.7 mg bucc film, 6.3-1 mg bucc film	3		PA
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
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 Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>naloxone hcl 0.4 mg/ml inj soln cart, 4 mg/10ml inj soln</i>	1		
<i>naloxone hcl 0.4 mg/ml inj soln, 2 mg/2ml inj soln pfs</i>	1	NARCAN	
NARCAN 4 mg/0.1ml nasal liq	2		
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
ANUSOL-HC 25 mg rect supp	1		
EPIFOAM 1-1 % foam	3		
HEMMOREX-HC 25 mg rect supp	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone 1 % rect crm, 2.5 % rect crm</i>	1		
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1		
<i>hydrocortisone acetate 25 mg rect supp, 30 mg rect supp</i>	1		
NOVACORT 1-2 % gel	3		
PRAMOSONE 1-1 % crm	3		
PRAMOSONE 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PROCTO-MED HC 2.5 % rect crm	1		
PROCTO-PAK 1 % rect crm	1		
PROCTOSOL HC 2.5 % rect crm	1		
PROCTOZONE-HC 2.5 % rect crm	1		
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 3 % td gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % td gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
DICLOFEX DC 1.5 & 0.025 % cmb pack	1		
<i>diclopak 1.5 & 0.025 % cmb pack</i>	1		
<i>etodolac 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flexipak 75 & 0.025 mg-% cmb pack</i>	1		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i>	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	
<i>INDOCIN 50 mg rect supp</i>	2		
<i>INDOCIN 25 mg/5ml susp</i>	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
<i>XELITRAL 1.5 & 0.025 % cmb pack</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XENAFLAMM 75 & 0.025 mg-% cmb pack	1		
XRYLIX 1.5 % td pack	3		
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
TOBEX 0.3 % ophth oint	3		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
BACTROBAN NASAL 2 % nasal oint	3		
BUCALSEP ext liq, ext soln	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
CLEOCIN 100 mg vag supp	2		
CLINDACIN ETZ 1 % swab	1		
CLINDACIN-P 1 % swab	1		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
CLINDESSE 2 % vag crm	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
FEM PH 0.9-0.025 % vag gel	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
MONUROL 3 gm pckt	3		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
NUVESSA 1.3 % vag gel	3		
PRIMSOL 50 mg/5ml soln	3		
RELAGARD 0.9-0.025 % vag gel	3		
<i>silver nitrate 10 % oint</i>	1		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		
SSD 1 % crm	1		
SULFAMYLON 85 mg/gm crm	3		
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1		
XIFAXAN 200 mg tab, 550 mg tab	3		
ZYVOX 200 mg/100ml iv soln	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefaclor 250 mg/5ml susp</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml susp, 375 mg/5ml susp</i>	1	CECLOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefditoren pivoxil 200 mg tab, 400 mg tab</i>	1	SPECTRACEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap, 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
SUPRAX 100 mg tab chew, 200 mg tab chew, 400 mg cap	3		
SUPRAX 500 mg/5ml susp	3		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>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</i>	1	AUGMENTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	3		
<i>dicloxacillin sodium 250 mg cap</i>	1	DYCILL	
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
DIFICID 200 mg tab	3		
E.E.S. 400 400 mg tab	3		
<i>ery 2 % pad</i>	1		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 2 % pad</i>	1		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	1	ERYPED	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>CIPRO 250 MG/5ML (5%) susp</i>	3		
<i>CIPRODEX 0.3-0.1 % otic susp</i>	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	CIPRO XR	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>MOXEZA 0.5 % ophth soln</i>	2		
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>AVC VAGINAL 15 % vag crm</i>	3		
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
<i>SULFATRIM PEDIATRIC 200-40 mg/5ml susp</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 50 mg tab</i>	1		
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 55 mg tab er 24 hr</i>	1		
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>tetracycline hcl 250 mg cap</i>	1		
VIBRAMYCIN 50 mg/5ml syr	3		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA	
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab	1		
ROWEEPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	1		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	3		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	2		
LYRICA 20 mg/ml soln	3		
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 10 mg tab, 20 mg tab</i>	1		PA
<i>clobazam 2.5 mg/ml susp</i>	1		PA
<i>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</i>	1	KLONOPIN	
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FANATREX FUSEPAQ 25 mg/ml susp	3		
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	
<i>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</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FYCOMPA 0.5 mg/ml susp	3		
LAMICTAL ODT 25 & 50 & 100 mg oral kit, 25 (21)-50 (7) mg oral kit, 50 (42)-100(14) mg oral kit	2		
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	
<i>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</i>	1	LAMICTAL	
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr</i>	1	QUDEXY XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>			
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	3		
BANZEL 40 mg/ml susp	3		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL	
DILANTIN 30 mg cap	3		
EPITOL 200 mg tab	1		
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
PEGANONE 250 mg tab	3		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	1		
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		SL
VIMPAT 10 mg/ml soln	3		SL
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]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mg cap er 24 hr pack, 7-10 mg cap er 24 hr			
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint</i>	1	ARICEPT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	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]			
<i>memantine hcl 10 mg tab, 5 (28)-10 (21) mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>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</i>	1	NAMENDA XR	
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	2		
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ABILIFY MYCITE 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	3		
<i>aripiprazole 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1		
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>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</i>	1	REMERON	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>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, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
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]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	3		
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	3		
<i>fluoxetine hcl 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab</i>	1		
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 6-25 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg/5ml susp	2		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>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</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		
VIIBRYD STARTER PACK 10 & 20 mg oral kit	3		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
DICLEGIS 10-10 mg tab dr	3		
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	1		
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg rect supp, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp	1		
TIGAN 100 mg/ml im soln	3		
TRANSDERM-SCOP (1.5 MG) 1 mg/3days td patch 72 hr	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 100 mg tab, 50 mg tab	3		
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	PA
CESAMET 1 mg cap	3		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe	3		
VARUBI 90 mg tab	3		
ZUPLENZ 4 mg oral film, 8 mg oral film	3		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>bio-statin oral pwdr</i>	1		
<i>bio-statin 1000000 unit cap, 500000 unit cap</i>	3		
CICLODAN 8 % ext soln	1		
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>clotrimazole 1 % crm</i>	1	LOTRIMIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clotrimazole 10 mg m/t lozg, 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1		
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
GYNAZOLE-1 2 % vag crm	3		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1		
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1		
<i>itraconazole 10 mg/ml soln</i>	1		
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
KERYDIN 5 % ext soln	3		
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
MENTAX 1 % crm	3		
<i>miconazole 3 200 mg vag supp</i>	3	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1		
<i>naftifine hcl 1 % crm, 2 % crm</i>	1	NAFTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NAFTIN 1 % gel, 2 % gel	3		
NATACYN 5 % ophth susp	2		
NYAMYC 100000 unit/gm ext pwdr	1		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	1		
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	3		
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	1	VFEND	SL
<i>voriconazole 40 mg/ml susp</i>	1	VFEND	SL
XOLEGEL 2 % gel	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
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]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine 0.6 mg cap</i>	1	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	2		
ZURAMPIC 200 mg tab	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1		QL(24 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(24 / 30)
ERGOMAR 2 mg tab subli	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	QL(30 / 30)
MIGERGOT 2-100 mg rect supp	3		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AIMOVIG 70 mg/ml sc soln auto-inj	2		
AIMOVIG 140 DOSE 70 mg/ml sc soln auto-inj	2		
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE	
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		
Serotonin (5-Ht) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 10 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	MAXALT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln pfs</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	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]
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		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]			
<i>guanidine hcl 125 mg tab</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
RIFAMATE 150-300 mg cap	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
SIRTURO 100 mg tab	5		
TRECTOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - 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]
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	1		
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA
LEUKERAN 2 mg tab	2		
MATULANE 50 mg cap	5		
<i>melfalan 2 mg tab</i>	4	ALKERAN	
MYLERAN 2 mg tab	2		
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		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	2		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
FARESTON 60 mg tab	5		PA
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
FLUOROPLEX 1 % crm	3		
<i>fluorouracil 0.5 % crm</i>	1	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	1	EFUDEX	
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	4	PURINETHOL	
TABLOID 40 mg tab	4		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - 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]
KISQALI 200 DOSE 200 mg tab pack	5		PA
KISQALI 400 DOSE 200 mg tab pack	5		PA
KISQALI 600 DOSE 200 mg tab pack	5		PA
KISQALI FEMARA 200 DOSE 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA 400 DOSE 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA 600 DOSE 200 & 2.5 mg tab pack	5		PA
<i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>	1		
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]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>exemestane 25 mg tab</i>	1	AROMASIN	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
<i>etoposide 50 mg cap</i>	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	5		
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
CALQUENCE 100 mg cap	4		PA
ERIVEDGE 150 mg cap	5		PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap	4		PA
IDHIFA 100 mg tab, 50 mg tab	4		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	5		PA
IRESSA 250 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
NERLYNX 40 mg tab	4		PA
NEXAVAR 200 mg tab	5		PA
RYDAPT 25 mg cap	4		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5		PA
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	5		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TYKERB 250 mg tab	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg cap	5		PA
Monoclonal Antibodies/Antibody-Drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
PANRETIN 0.1 % gel	3		
TARGRETIN 1 % gel	3		
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
ERLEADA 60 mg tab	4		PA, QL(120 / 30)
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
XTANDI 40 mg cap	5		PA
ZYTIGA 500 mg tab	4		PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
MESNEX 400 mg tab	5		
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1		
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	1		
EMVERM 100 mg tab chew	2		
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	2		
ALINIA 100 mg/5ml susp	2		
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	3		
DARAPRIM 25 mg tab	5		PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
NEBUPENT 300 mg inh soln	2		
<i>primaquine phosphate 26.3 mg tab</i>	1		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
SOLOSEC 2 gm pckt	3		
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/Scabicides - Scabies and Lice Drugs [Pediculicidas/Escabicidas - Medicamentos para escabicidas y piojos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lindane external shampoo 1%</i>	1		
<i>permethrin external cream 5%</i>	1		
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>	1	BENADRYL	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 0.4 mg/ml oral elix</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	1	TASMAR	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		
<i>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</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxilasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>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</i>	1	STALEVO	
<i>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</i>	3		
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminoxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>ADASUVE 10 mg inh aer pwdr br act</i>	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
COMPRO 25 mg rect supp	1		
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>molindone hcl 10 mg tab, 25 mg tab, 5 mg tab</i>	1	MOBAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER			
ABILIFY MYCITE 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	3		
<i>aripiprazole 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
ARISTADA 1064 mg/3.9ml im pfs, 441 mg/1.6ml im pfs, 662 mg/2.4ml im pfs, 882 mg/3.2ml im pfs	3		
ARISTADA INITIO 675 mg/2.4ml im pfs	3		
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	3		
GEODON 20 mg im soln	3		
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	3		
INVEGA TRINZA 273 mg/0.875ml im susp pfs, 410 mg/1.315ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.625ml im susp pfs	3		
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2.5 mg tab, 20 mg tab, 20 mg tab disint, 5 mg tab, 5 mg tab disint, 7.5 mg tab</i>	1	ZYPREXA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>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, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL CONSTA 12.5 mg im susp, 25 mg im susp, 37.5 mg im susp, 50 mg im susp	3		
<i>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, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
RISPERIDONE M-TAB 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1		
SAPHRIS 10 mg tab sub, 2.5 mg tab sub, 5 mg tab sub	2		
VRAYLAR 1.5 & 3 mg cap pack, 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
Treatment-Resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
TIZANIDINE COMFORT PAC 4 mg cmb misc	3		
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab</i>	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]			
FOSCAVIR 6000 mg/250ml iv soln	5		
<i>valganciclovir hcl 450 mg tab</i>	4	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	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]			
COMPLERA 200-25-300 mg tab	2		
EDURANT 25 mg tab	2		
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	1	SUSTIVA	
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	2		
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	
<i>nevirapine 50 mg/5ml susp</i>	1	VIRAMUNE	
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	1	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	3		
RESCRIPTOR 200 mg tab	2		
SYMFI 600-300-300 mg tab	2		
SYMFI LO 400-300-300 mg tab	2		
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]			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	1	TRIZIVIR	
CIMDUO 300-300 mg tab	2		
DESCOVY 200-25 mg tab	3		
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	1	VIDEX	
EMTRIVA 200 mg cap	2		
EMTRIVA 10 mg/ml soln	2		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	COMBIVIR	
RETROVIR 10 mg/ml iv soln	2		
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	VIREAD	PA
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	2		
VIDEX 2 gm soln, 4 gm soln	2		
VIDEX EC 125 mg cap dr	3		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]			
FUZEON 90 mg sc soln	4		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	2		PA
SELZENTRY 20 mg/ml soln	2		PA
TROGARZO 200 mg/1.33ml iv soln	5		PA
TYBOST 150 mg tab	2		
Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH]			
APTIVUS 250 mg cap	2		
APTIVUS 100 mg/ml soln	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
EVOTAZ 300-150 mg tab	2		
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	
INVIRASE 500 mg tab	2		
KALETRA 100-25 mg tab, 200-50 mg tab	2		
LEXIVA 50 mg/ml susp	2		
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	1	KALETRA	
NORVIR 100 mg pckt	2		
NORVIR 80 mg/ml soln	2		
PREZCOBIX 800-150 mg tab	2		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	2		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
SYMTUZA 800-150-200-10 mg tab	3		
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	1	SYMMETREL	
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	4	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	5		
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
EPIVIR HBV 5 mg/ml soln	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lamivudine 100 mg tab</i>	4	EPIVIR HBV	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
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4		PA
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C]			
MODERIBA 200 mg tab	5		PA
RIBASPHERE 200 mg cap, 200 mg tab	4		PA
RIBASPHERE 400 mg tab	5		PA
RIBASPHERE RIBAPAK 200 & 400 mg tab pack, 400 & 600 mg tab pack, 400 mg tab	5		PA
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	FAMVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTRES	
XERESE 5-1 % crm	3		
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	3		
GENVOYA 150-150-200-10 mg tab	3		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
JULUCA 50-25 mg tab	2		
STRIBILD 150-150-200-300 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]
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TRIUMEQ 600-50-300 mg tab	2		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>bupirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
<i>doxepin hcl 10 mg cap, 100 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
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]			
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg/5ml susp	2		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
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]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	3		
ABILIFY MYCITE 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	3		
<i>aripiprazole 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
GEODON 20 mg im soln	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2.5 mg tab, 20 mg tab, 20 mg tab disint, 5 mg tab, 5 mg tab disint, 7.5 mg tab</i>	1	ZYPREXA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>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, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg im susp, 25 mg im susp, 37.5 mg im susp, 50 mg im susp	3		
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab</i>	1	RISPERDAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>			
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
RISPERIDONE M-TAB 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE	
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	
<i>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</i>	1	LAMICTAL	
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 300 mg tab, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	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]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ACTOPLUS MET XR 15-1000 mg tab er 24 hr, 30-1000 mg tab er 24 hr	3		
AVANDIA 2 mg tab, 4 mg tab	3		
BYDUREON 2 mg sc pen-inj	2		QL(4 / 28)
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		QL(4 / 28)
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		QL(1 / 30)
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		QL(1 / 30)
<i>chlorpropamide 100 mg tab, 250 mg tab</i>	1	DIABINESE	
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	2		
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
INVOKANA 100 mg tab, 300 mg tab	2		
JANUMET 50-1000 mg tab, 50-500 mg tab	2		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		
JARDIANCE 10 mg tab, 25 mg tab	2		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
<i>metformin hcl 500 mg/5ml soln</i>	1		
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr</i>	1	GLUCOPHAGE	
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	
<i>nateglinide 120 mg tab</i>	1	STARLIX	
OZEMPIC 0.25 or 0.5 mg/dose sc soln pen-inj	2		QL(1.8 / 30)
OZEMPIC 1 mg/dose sc soln pen-inj	2		QL(3.3 / 30)
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
<i>repaglinide-metformin hcl 1-500 mg tab, 2-500 mg tab</i>	1	PRANDIMET	
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		
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		
<i>tolazamide 250 mg tab, 500 mg tab</i>	1	TOLINASE	
<i>tolbutamide 500 mg tab</i>	1	ORINASE	
TRADJENTA 5 mg tab	2		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	2		QL(4 / 28)
VICTOZA 18 mg/3ml sc soln pen-inj	2		QL(3 / 30)
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
GLUCAGEN HYPOKIT 1 mg inj soln	2		
GLUCAGON EMERGENCY 1 mg inj kit	2		
PROGLYCEM 50 mg/ml susp	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	2		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		
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]			
BEVYXXA 40 mg cap, 80 mg cap	3		
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS STARTER PACK 5 mg tab	2		
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml</i>	4	LOVENOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>			
<i>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</i>	4	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln	4		
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	1		
<i>heparin sodium (porcine) pf 5000 unit/0.5ml inj soln</i>	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		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	3		
<i>warfarin sodium 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</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 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]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
NEULASTA 6 mg/0.6ml sc soln pfs	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	4		PA
PROCRIPT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
PROMACTA tab 12.5 mg, 25 mg, 50 mg, 75 mg	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
AMICAR 0.25 gm/ml soln	3		
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	1		
BEBULIN 200-1200 unit iv soln	5		PA
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
FEIBA 500 unit iv soln	5		PA
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOGENATE FS BIO-SET 1000 unit iv kit, 2000 unit iv kit, 3000 unit iv kit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
MONOCLATE-P 1000 unit iv kit, 1500 unit iv kit	5		PA
MONONINE 1000 unit iv soln	5		PA
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
PROFILNINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
WILATE 1000-1000 unit iv kit, 1000-1000 unit iv soln, 500-500 unit iv kit, 500-500 unit iv soln	4		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
YOSPRALA 325-40 mg tab dr, 81-40 mg tab dr	3		
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]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab</i>	1	CARDURA	
<i>phenoxylbenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	1		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
EDARBI 40 mg tab, 80 mg tab	3		
<i>eprosartan mesylate 600 mg tab</i>	1	TEVETEN	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (ECA) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab, 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amiodarone hcl 100 mg tab</i>	1	PACERONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
PACERONE 200 mg tab	1		
PACERONE 100 mg tab, 400 mg tab	1		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1	COREG CR	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>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</i>	1	TOPROL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>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</i>	1		
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr, 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg cap er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
<i>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</i>	1		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>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</i>	1	SULAR	
<i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr			
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]			
ALDACTAZIDE 50-50 mg tab	3		
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
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	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
BYVALSON 5-80 mg tab	2		
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
CORLANOR 5 mg tab, 7.5 mg tab	3		
CORZIDE 80-5 mg tab	3		
DEMSEER 250 mg cap	3		
DIGITEK 125 mcg tab, 250 mcg tab	1		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoxsuprine hcl 10 mg tab, 20 mg tab</i>	1		
LANOXIN 187.5 mcg tab, 62.5 mcg tab	2		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
<i>metoprolol-hctz er 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr</i>	1		
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>nadolol-bendroflumethiazide 40-5 mg tab</i>	1	CORZIDE	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>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</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-amlodipine 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-</i>	1	DIOVAN HCT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab			
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]			
acetazolamide 125 mg tab, 250 mg tab	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	EDECIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	1	LASIX	
toremide 10 mg tab, 100 mg tab, 5 mg tab	1	DEMADEX	
Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	1	MIDAMOR	
DYRENIUM 100 mg cap, 50 mg cap	3		
eplerenone 25 mg tab, 50 mg tab	1	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorothiazide 250 mg tab, 500 mg tab	1	DIURIL	
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
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	
methyclothiazide 5 mg tab	1	ENDURON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>ANTARA 30 mg cap, 90 mg cap</i>	3		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol]			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
<i>LIVALO 1 mg tab, 2 mg tab, 4 mg tab</i>	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 5 gm pckt</i>	1		
<i>colestipol hcl 1 gm tab</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm pckt	1		
PREVALITE 4 gm/dose oral pwdr	1		
VASCEPA 0.5 gm cap, 1 gm cap	2		
Vasodilators, Direct-Acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-Acting Arterial/Venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
DILATRATE-SR 40 mg cap er	3		
GONITRO 400 mcg Sublingual Packet	3		
ISORDIL TITRADOSE 40 mg tab	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL	
<i>isosorbide dinitrate er 40 mg tab er</i>	1	ISORDIL	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
MINITRAN 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-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>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</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin er 2.5 mg cap er, 9 mg cap er</i>	1		
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]			
ADZENYS ER 1.25 mg/ml susp er	3		SL
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating	3		SL
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1		SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amphetamine-dextroamphetamine 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</i>	1	ADDERALL XR	SL
<i>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</i>	1	ADDERALL	SL
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1		SL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXEDRINE	SL
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	SL
<i>DYANAVEL XR 2.5 mg/ml susp er</i>	3		SL
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	SL
<i>VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap</i>	2		SL
<i>ZENZEDI 10 mg tab, 5 mg tab</i>	1		SL
<i>ZENZEDI 15 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 7.5 mg tab</i>	3		SL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para ADHD]			
<i>APTENSIO XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>	3		SL
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	SL
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	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]
COTEMPLA XR-ODT 17.3 mg Oral Tablet Extended Release Disintegrating, 25.9 mg Oral Tablet Extended Release Disintegrating, 8.6 mg Oral Tablet Extended Release Disintegrating	3		SL
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		SL
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	SL
<i>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</i>	1	FOCALIN XR	SL
<i>guanfacine hcl er 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	SL
METADATE ER 20 mg tab er	1		SL
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	SL
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	SL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	SL
<i>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, 72 mg tab er</i>	1		SL
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	SL
<i>methylphenidate hcl er 10 mg tab er</i>	1	METADATE	SL
<i>methylphenidate hcl er 20 mg tab er</i>	1	RITALIN SR	SL
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	SL
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		SL
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	RITALIN LA	SL
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		SL
QUILLIVANT XR 25 mg/5ml susp	3		SL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
GRALISE 300 mg tab, 600 mg tab	3		
GRALISE STARTER 300 & 600 mg oral misc	3		
HORIZANT 300 mg tab er, 600 mg tab er	3		
NUDEXTA 20-10 mg cap	5		
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	2		
LYRICA 20 mg/ml soln	3		
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX 30 mcg im kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4		PA
GILENYA 0.25 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	4	COPAXONE	PA
OCREVUS 300 mg/10ml iv soln	4		PA
TECFIDERA 120 & 240 mg oral misc, 120 mg cap dr, 240 mg cap dr	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>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</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>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</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>lorazepam 2 mg/ml oral conc</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
LORAZEPAM INTENSOL 2 mg/ml oral conc	1		
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1		
<i>temazepam 22.5 mg cap</i>	1	RESTORIL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	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]			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	
<i>lidocaine hcl 4 % m/t soln</i>	1		
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
ORALONE 0.1 % m/t paste	1		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	PA
ACZONE 7.5 % gel	2		
<i>adapalene 0.1 % ext soln, 0.1 % lot</i>	1		SL
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	SL
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	SL
AMELUZ 10 % gel	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
ANA-LEX 2-2 % rect kit	1		
ANALPRAM-HC 2.5-1 % rect lot	3		
AVAR CLEANSER 10-5 % ext emul	1		
AVAR-E EMOLLIENT 10-5 % crm	1		
AVAR-E GREEN 10-5 % crm	1		
<i>azelaic acid 15 % gel</i>	1		
AZELEX 20 % crm	3		
<i>beau rx gel</i>	3		
BENZEPRO 5.3 % foam	1		
BENZEPRO CREAMY WASH 7 % ext liq	1		
BENZEPRO FOAMING CLOTHS 6 % ext misc	1		
BENZEPRO SHORT CONTACT 9.8 % foam	1		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	1		
<i>benzoyl peroxide 9.8 % foam</i>	1		
<i>benzoyl peroxide 6.5 % gel, 8 % gel</i>	1		
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp foam 5.3 % foam, 9.8 % foam</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bp wash 7 % ext liq</i>	1		
<i>bpo 4 % gel, 8 % gel</i>	3		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	1	TACLONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CEROVEL 40 % lot	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CLINOIN 1.25-0.025-1 % crm	3		
CONDYLOX 0.5 % gel	3		
COPASIL gel	3		
CORTANE-B 10-10-1 mg/ml lot	3		
COSENTYX 150 mg/ml sc soln pfs	5		PA
COSENTYX 300 DOSE 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY 300 DOSE 150 mg/ml sc soln auto-inj	5		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		PA
<i>dapsone 5 % gel</i>	1	ACZONE	
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	1		
DRYSOL 20 % ext soln	2		
ENSTILAR 0.005-0.064 % foam	3		
EPIDUO FORTE 0.3-2.5 % gel	3		SL
EUCRISA 2 % oint	2		
FINACEA 15 % foam	3		
<i>hydrocortisone ace-pramoxine 1-1 % rect crm, 2.5-1 % rect crm</i>	1		
ILUMYA 100 mg/ml sc soln pfs	5		PA
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	1		
KELARX gel	3		
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1		
<i>lidocaine-hydrocortisone ace 3-0.5 % rect crm</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1		
<i>methoxsalen 10 mg cap</i>	1	OXSORALEN-ULTRA	
<i>methoxsalen rapid 10 mg cap</i>	1	OXSORALEN-ULTRA	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIRVASO 0.33 % gel	2		
NEUAC 1.2-5 % gel	1		
NEUAC 1.2-5 % ext kit	3		
ONEXTON 1.2-3.75 % gel	3		
PICATO 0.015 % gel, 0.05 % gel	3		
<i>pimecrolimus 1 % crm</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PR BENZOYL PEROXIDE WASH 7 % ext liq	1		
<i>pramcort 1-1 % rect crm</i>	1		
PROCTOFOAM HC 1-1 % rect foam	2		
RECEDO gel	3		
REGRANEX 0.01 % gel	3		
ROSDAN 0.75 % crm, 0.75 % gel	1		
ROSDAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	3		
ROSANIL CLEANSER 10-5 % ext emul	1		
<i>salicylic acid 6 % crm</i>	1		
<i>salicylic acid 26 % ext liq, 26 % ext soln, 27.5 % ext liq, 6 % lot,</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	1		
<i>salimez 6 % crm</i>	1		
<i>salisol forte 26 % ext soln</i>	1		
<i>salitech forte 6 % lot</i>	1		
SANTYL 250 unit/gm oint	3		
<i>scarcin gel</i>	3		
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SOOLANTRA 1 % crm	2		
sss 10-5 10-5 % crm	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>sulfacetamide sodium-sulfur 10-2 % crm, 10-2 % ext liq, 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot, 9-4.5 % ext liq, 9.8-4.8 % crm, 9.8-4.8 % ext liq, 9.8-4.8 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 8-4 % ext susp, 9-4 % ext liq</i>	1		
SULFACLEANSE 8/4 8-4 % ext susp	1		
TACLONEX 0.005-0.064 % ext susp	3		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
<i>tazarotene 0.1 % crm</i>	1	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	5		PA
UMECTA MOUSSE 40 % foam	1		
<i>urea 39 % crm, 40 % crm, 40 % ext susp, 40 % lot, 41 % crm, 45 % crm, 47 % crm</i>	1		
<i>urea nail 45 % gel</i>	1		
<i>urea-c40 40 % lot</i>	1		
UREDEB 39 % crm	1		
<i>ure-k 50 % crm</i>	3		
<i>uremez-40 40 % crm</i>	1		
XERAC AC 6.25 % ext soln	3		
ZYCLARA 3.75 % crm	3		
ZYCLARA PUMP 2.5 % crm	3		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CREON 12000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000 unit cap dr prt, 6000 unit cap dr prt	2		
CYSTADANE oral pwdr	5		
CYSTAGON 150 mg cap, 50 mg cap	5		PA
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-14000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt	2		
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]			
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1		
<i>glycopyrrolate 1.5 mg tab</i>	1		
<i>glycopyrrolate 1 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	1		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1		
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1		
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	1		
<i>oscimin 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	1		
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1		
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1		
PHENOHYTRO 16.2 mg tab	1		
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SL 0.125 mg tab subl	1		
SYMAX-SR 0.375 mg tab er 12 hr	1		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>amoxicill-clarithro-lansopraz oral misc</i>	1	PREVPAC	
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<i>metoclopramide hcl 10 mg tab disint, 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 5 mg/5ml soln</i>	1	REGLAN	
MYTESI 125 mg tab dr	3		
OMECLAMOX-PAK 500-500-20 mg oral misc	2		
PYLERA 140-125-125 mg cap	2		
RESTORA RX 60-1.25 mg cap	3		
RESTORA SPRINKLES 15-0.25 mg pckt	3		
SYMPROIC 0.2 mg tab	2		QL(30 / 30)
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>nizatidine 15 mg/ml soln</i>	1	AXID	
<i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap</i>	1	ZANTAC	
<i>ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 50 mg/2ml inj soln, 75 mg/5ml syr</i>	1	ZANTAC	
ZANTAC 1000 mg/40ml inj soln	3		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		QL(30 / 30)
VIBERZI 100 mg tab, 75 mg tab	3		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln	3		
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1		
GAVILYTE-C 240 gm soln	1		
GAVILYTE-G 236 gm soln	1		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	1		
<i>generlac 10 gm/15ml soln</i>	1		
GOLYTELY 227.1 gm soln	3		
KRISTALOSE 20 gm pckt	3		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
MOVIPREP 100 gm soln	3		
<i>peg 3350/electrolytes 240 gm soln</i>	1		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
PREPOPIK 10-3.5-12 mg-gm-gm pckt	3		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
TRILYTE 420 gm soln	1		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm/10ml susp	3		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
ACIPHEX SPRINKLE 10 mg cap sprinkle, 5 mg cap sprinkle	3		
DEXILANT 30 mg cap dr, 60 mg cap dr	2		
<i>esomeprazole strontium 49.3 mg cap dr</i>	1		
<i>lansoprazole 15 mg tab disint, 30 mg tab disint</i>	1		
<i>lansoprazole 30 mg cap dr</i>	1	PREVACID	
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg pckt, 40 mg pckt, 5 mg pckt	3		
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		
PROTONIX 40 mg pckt	3		
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	
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]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	3		
GELNIQUE PUMP 10 % td gel	3		
HYOPHEN 81.6 mg tab	3		
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml syr</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
PHOSPHASAL 81.6 mg tab	1		
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>tropium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
URELLE 81 mg tab	1		
URETRON D/S tab	1		
URIBEL 118 mg cap	1		
URIMAR-T 120 mg tab	3		
<i>urin ds tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
URYL 81.6 mg tab	1		
USTELL 120 mg cap	1		
UTA 120 mg cap	3		
<i>uticap 120 mg cap</i>	1		
UTIRA-C 81.6 mg tab	1		
UTRONA-C 81.6 mg tab	1		
VESICARE 10 mg tab, 5 mg tab	2		
VILAMIT MB 118 mg cap	1		
VILEVEV MB 81 mg tab	1		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<i>silodosin 4 mg cap, 8 mg cap</i>	1		
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1		SL, PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	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]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
LITHOSTAT 250 mg tab	3		
PHENAZO 200 mg tab	1		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
THIOLA 100 mg tab	4		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	3		
<i>calcium acetate (phos binder) 667 mg tab</i>	1		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	PA
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	1	RENVELA	PA
VELPHORO 500 mg tab chew	3		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES,			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	3		
<i>betamethasone combo 6 (3-3) mg/ml inj susp, 7 (4-3) mg/ml inj susp</i>	3		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1		
<i>betamethasone sod phos & acet 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % crm</i>	1		
<i>clobetasol propionate 0.05 % oint</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % ext soln</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLODAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1		
<i>clocortolone pivalate 0.1 % crm</i>	1		
<i>clocortolone pivalate pump 0.1 % crm</i>	1		
CLODAN 0.05 % shampoo	1		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DECADRON 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab	1		
DECADRON 0.5 mg/5ml oral elix	1		
DELTASONE 20 mg tab	1		
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 1.5 mg (51) tab pack, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEXPAK 10 DAY 1.5 mg (35) tab pack	1		
DEXPAK 13 DAY 1.5 mg (51) tab pack	1		
DEXPAK 6 DAY 1.5 mg (21) tab pack	1		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1		
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm, 0.05 % oint</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
<i>hydrocortisone 1 % crm, 1 % oint</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
HYDROCORTISONE IN ABSORBASE 1 % oint	1		
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	2		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
MICORT-HC 2.5 % crm	3		
MILLIPRED 5 mg tab	2		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	3		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	3		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
NUCORT 2 % lot	3		
PANDEL 0.1 % crm	3		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>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</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISON INTENSOL 5 mg/ml oral conc	3		
<i>psorcon 0.05 % crm</i>	3	PSORCON	
SERNIVO 0.05 % ext emul	3		
SOLU-CORTEF 100 mg inj soln	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 50 mg/ml inj susp</i>	1		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
TRIANEX 0.05 % oint	3		
TRIDERM 0.1 % crm, 0.5 % crm	1		
ULTRAVATE 0.05 % lot	3		
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]			
DDAVP RHINAL TUBE 0.01 % nasal soln	2		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1		
STIMATE 1.5 mg/ml nasal soln	5		
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]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	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]			
ANADROL-50 50 mg tab	3		
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	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		
<i>danazol 100 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>methitest 10 mg tab</i>	3		
<i>methyltestosterone 10 mg cap</i>	1	TESTRED	
<i>testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 40.5 MG/2.5GM (1.62%) td gel</i>	1		
<i>testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	
<i>testosterone 10 MG/ACT (2%) td gel</i>	1	FORTESTA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>testosterone 12.5 MG/ACT (1%) td gel</i>	1	VOGELXO	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	1	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	
Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	1		
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
BIEST/PROGESTERONE td crm	3		
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
COVARYX 1.25-2.5 mg tab	1		
COVARYX HS 0.625-1.25 mg tab	1		
DELESTROGEN 10 mg/ml im oil	3		
DEPO-ESTRADIOL 5 mg/ml im oil	3		
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel	3		
DUAVEE 0.45-20 mg tab	2		
EEMT 1.25-2.5 mg tab	1		
EEMT HS 0.625-1.25 mg tab	1		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>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</i>	1	CLIMARA	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>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</i>	1	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVEVILLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	1		QL(28 / 28)
JINTELI 1-5 mg-mcg tab	1		QL(28 / 28)
LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab	1		
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MENOSTAR 14 mcg/24hr tdwk patch	3		
MIMVEY 1-0.5 mg tab	1		
MIMVEY LO 0.5-0.1 mg tab	1		
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab</i>	1	FEMHRT 0.5/2.5 28 DAY	
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	1	FYAVOLV	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PREFEST 1/1-0.09 mg (15/15) tab	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
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		
Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CRINONE 4 % vag gel, 8 % vag gel	3		
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 625 mg/5ml susp</i>	1	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 50 mg/ml im oil</i>	1		
<i>progesterone micronized 10 % td crm</i>	1		
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
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		
<i>raloxifene hcl 60 mg tab</i>	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 180 mg tab, 240 mg tab, 300 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]
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		
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		
<i>levothyroxine sodium 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</i>	1	SYNTHROID	
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		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
<i>np thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1		
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		
THYROLAR-1 60 (12.5-50) mg (mcg) tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THYROLAR-1/2 30 (6.25-25) mg (mcg) tab	3		
THYROLAR-1/4 15 (3.1-12.5) mg (mcg) tab	3		
THYROLAR-2 120 (25-100) mg (mcg) tab	3		
THYROLAR-3 180 (37.5-150) mg (mcg) tab	3		
TIROSINT 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	3		
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		
UNITHROID DIRECT 100 mcg tab, 112 mcg tab, 125 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		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	3		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
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		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

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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) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroide) - Supresores De Hormonas]			
<i>cinacalcet 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
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]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
ORLISSA 150 mg tab, 200 mg tab	2		
SYNAREL 2 mg/ml nasal soln	4		
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS) - DRUGS TO SUPPRESS SEX HORMONES/MODIFIERS [AGENTES HORMONALES, SUPRESORES (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS SEXUALES/MODIFICADORES]			
Antiandrogens [Antiandrogenos]			
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	4	NILANDRON	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, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
CIMZIA 2 X 200 mg sc kit	5		PA
CIMZIA PREFILLED 2 X 200 mg/ml sc kit	5		PA
CIMZIA STARTER KIT 6 X 200 mg/ml sc kit	5		PA
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 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
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit, 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit,	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit			
<i>methotrexate 2.5 mg tab</i>	1		SL
<i>methotrexate sodium 1 gm inj soln, 2.5 mg tab</i>	1		SL
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	1		SL
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	1		SL
OLUMIANT 2 mg tab	5		PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj	2		
REMICADE 100 mg iv soln	4		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	5		PA
SIMPONI ARIA 50 mg/4ml iv soln	5		PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	3		
XATMEP 2.5 mg/ml soln	3		
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr	4		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
BETASERON 0.3 mg sc kit	4		PA
ENTYVIO 300 mg iv soln	5		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
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]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
APRISO 0.375 gm cap er 24 hr	2		
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
<i>mesalamine 4 gm rect enema</i>	1		
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	2		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1		
COLOCORT 100 mg/60ml rect enema	1		
CORTIFOAM 10 % rect foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UCERIS 2 mg/act rect foam	3		
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, 40 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	
BINOSTO 70 mg tab eff	3		
calcitonin (salmon) 200 unit/act nasal soln	1	MIACALCIN	
calcitriol 1 mcg/ml iv soln	1	CALCIJEX	
calcitriol 0.25 mcg cap, 0.5 mcg cap	1	ROCALTROL	
calcitriol 1 mcg/ml soln	1	ROCALTROL	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	1	HECTOROL	PA
etidronate disodium 200 mg tab, 400 mg tab	1	DIDRONEL	
FORTEO 600 mcg/2.4ml sc soln	4		PA
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
ibandronate sodium 150 mg tab	1	BONIVA	
ibandronate sodium 3 mg/3ml iv soln	1	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	3		
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA
paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
deferoxamine mesylate 2 gm inj soln, 500 mg inj soln	1		PA
levocarnitine 330 mg tab	1	CARNITOR	
levocarnitine 1 gm/10ml soln	1	CARNITOR	
METHERGINE 0.2 mg tab	1		
methylergonovine maleate 0.2 mg tab	1	METHERGINE	
SSKI 1 gm/ml soln	2		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	1	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
TRAVATAN Z 0.004 % ophth soln	2		
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	
AKTEN 3.5 % ophth gel	3		
ALTACAINE 0.5 % ophth soln	1		
atropine sulfate 1 % ophth oint	1		
atropine sulfate 1 % ophth soln	1		
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	1		
HOMATROPAIRE 5 % ophth soln	1		
homatropine hbr 5 % ophth soln	1		
HYPOCYN ext liq	3		
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	1	NEOSPORIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	2		
RESTASIS MULTIDOSE 0.05 % ophth emul	2		
RHOPRESSA 0.02 % ophth soln	2		
TETCAINE 0.5 % ophth soln	1		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
TETRAVISC 0.5 % ophth soln	1		
TETRAVISC FORTE 0.5 % ophth soln	1		
<i>tropicamide 0.5 % ophth soln, 1 % ophth soln</i>	1		
XIIDRA 5 % ophth soln	2		
Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIIL 2 % ophth soln	3		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	1		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
BEPREVE 1.5 % ophth soln	3		
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
EMADINE 0.05 % ophth soln	3		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
LASTACAFT 0.25 % ophth soln	3		
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	
PAZEO 0.7 % ophth soln	2		
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln double pm 1-0.5 % ophth soln</i>	3	VOLTAREN	
DUREZOL 0.05 % ophth emul	3		
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	2		
FML FORTE 0.25 % ophth susp	2		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	3		
LOTEMAX 0.5 % ophth susp	3		
MAXIDEX 0.1 % ophth susp	3		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	1		
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	3	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	3		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
AZOPT 1 % ophth susp	2		
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine-dorzolamide 0.15-2 % ophth soln</i>	1		
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 22.3-6.8 mg/ml ophth soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IOPIDINE 1 % ophth soln	3		
<i>latanoprost-timolol maleate 0.005-0.5 % ophth soln</i>	1		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTOCARPINE	
SIMBRINZA 1-0.2 % ophth susp	2		
<i>timolol maleate 0.5 % (daily) ophth soln</i>	1	ISTALOL	
<i>timolol maleate 0.25 % ophth gfs, 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	1	TIMOPTIC	
TIMOPTIC OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	3		
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	3		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
MOXEZA 0.5 % ophth soln	2		
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
TOBEX 0.3 % ophth oint	3		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1		
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
CORTANE-B AQUEOUS 10-10-1 mg/ml otic soln	3		
CORTIC-ND 10-10-1 mg/ml otic soln	1		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	1		
FLAC 0.01 % otic oil	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
OTOVEL 0.3-0.025 % otic soln	3		
PRAMOTIC 1-0.1 % otic liq	2		
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		
BECONASE AQ 42 mcg/spray nasal susp	3		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	QL(120 / 30)
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act			
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	
OMNARIS 50 mcg/act nasal susp	3		
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
TICASPRAY 50-0.9 mcg/act-% nasal pack	3		
ZETONNA 37 mcg/act nasal aer soln	3		
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>brompheniramine tannate 12 mg tab chew</i>	1		
<i>carbinoxamine maleate 6 mg tab</i>	1		
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
CLARINEX 0.5 mg/ml syr	3		
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 5 mg tab</i>	1	CLARINEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DICOPANOL FUSEPAQ 5 mg/ml susp	3		
DICOPANOL RAPIDPAQ 5 mg/ml susp	3		
<i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>	1	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	2		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	3		
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
RYVENT 6 mg tab	1		
Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg pkt, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/Lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	2		
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	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]
LONHALA MAGNAIR REFILL KIT 25 mcg/ml inh soln	3		
LONHALA MAGNAIR STARTER KIT 25 mcg/ml inh soln	3		
SPIRIVA HANDIHALER 18 mcg inh cap	2		
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	3		
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	2		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(540 / 30)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	VENTOLIN	QL(540 / 30)
<i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>	1	VOSPIRE ER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1		QL(36 / 30)
ARCAPTA NEOHALER 75 mcg inh cap	3		
BROVANA 15 mcg/2ml inh neb soln	3		
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(60 / 30)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(252 / 28)
<i>metaproterenol sulfate 10 mg tab, 20 mg tab</i>	1	ALUPENT	
<i>metaproterenol sulfate 10 mg/5ml syr</i>	1	ALUPENT	
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	2		
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	2		
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	2		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
<i>terbutaline sulfate 1 mg/ml inj soln</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Pulmonary Antihypertensives - Asthma/Lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4		PA

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LETAIRIS 10 mg tab, 5 mg tab	5		PA
OPSUMIT 10 mg tab	4		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4		PA
VELETRI 0.5 mg iv soln, 1.5 mg iv soln	5		PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	3		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		
ANORO ELLIPTA 62.5-25 mcg/inh inh aer pwdr br act	2		
<i>benzonatate 100 mg cap, 150 mg cap, 200 mg cap</i>	1		
<i>biotuss 10-15-300 mg/5ml liq</i>	1		
BIOTUSS PEDIATRIC 2.5-5-50 mg/ml liq	1		
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	2		
BROMFED DM 30-2-10 mg/5ml syr	1		
CARBAPHEN 12 10-4-27.5 mg/5ml liq	3		
CARBAPHEN 12 PED 2.5-1.25-7.5 mg/ml susp	3		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
CODAR AR 2-8 mg/5ml liq	3		
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	
GILPHEX TR 10-388 mg tab	3		
GILTUSS PEDIATRIC 2.5-7.5-88 mg/ml liq	1		
GILTUSS TR 10-28-388 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]
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1		
<i>hydromet 5-1.5 mg/5ml syr</i>	1		
HYPERSAL 3.5 % inh neb soln	3		
NEBUSAL 3 % inh neb soln	1		
NEBUSAL 6 % inh neb soln	3		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>phenylephrine-guaifenesin 1.5-20 mg/ml liq</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml soln</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
<i>pseudoeph-chlorphen-hydrocod 60-4-5 mg/5ml soln</i>	1		
PULMOSAL 7 % inh neb soln	1		
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	PA
SEMPREX-D 8-60 mg cap	3		
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln, 7 % inh neb soln</i>	1		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
TRELEGY ELLIPTA 100-62.5-25 mcg/inh inh aer pwr br act	2		
TUSSICAPS 10-8 mg cap er 12 hr	3		
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
KALYDECO 150 mg tab, 50 mg pckt, 75 mg pckt	5		PA
PULMOZYME 1 mg/ml inh 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]
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
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]			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>carisoprodol-aspirin 200-325 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON	
<i>cyclo/gaba 10/300 10-300 mg pack</i>	3		
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
CYCLOPHENE RAPIDPAQ 5 % td crm	3		
METAXALL 800 mg tab	1		
<i>metaxalone 400 mg tab, 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
GABA Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De GABA - Medicamentos Para Dormir]			
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	SL
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		
BUTISOL SODIUM 30 mg tab	3		
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	SL
ROZEREM 8 mg tab	3		
SECONAL 100 mg cap	3		
SILENOR 3 mg tab, 6 mg tab	3		
XYREM 500 mg/ml soln	5		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
FERRIPROX 500 mg tab	5		
FERRIPROX 100 mg/ml soln	5		
JADENU 180 mg tab, 360 mg tab, 90 mg tab	5		
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		
KIONEX 15 gm/60ml susp	1		
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
SPS 15 gm/60ml susp	1		
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	3		
Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>b-12 compliance injection 1000 mcg/ml inj kit</i>	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
EFFER-K 25 meq tab eff	1		
EFFER-K 10 meq tab eff, 20 meq tab eff	3		
<i>effervescent pot chloride 25 meq tab eff</i>	1		
<i>folic acid 1 mg tab</i>	1		
<i>folic acid 5 mg/ml inj soln</i>	1		
GALZIN 25 mg cap, 50 mg cap	3		
INFED 50 mg/ml inj soln	3		
<i>k-effervescent 25 meq tab eff</i>	1		
KLOR-CON 20 meq pckt, 8 meq tab er	1		
KLOR-CON 10 10 meq tab er	1		
KLOR-CON M10 10 meq tab er	1		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	1		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	1		
KLOR-CON/EF 25 meq tab eff	1		
K-PHOS NO 2 305-700 mg tab	3		
K-PRIME 25 meq tab eff	1		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1		
ORACIT 490-640 mg/5ml soln	3		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	1		
<i>phosphorous 155-852-130 mg tab</i>	1		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	1		
<i>pot bicarb-pot chloride 25 meq tab eff</i>	1		
<i>potassium bicarbonate 25 meq tab eff</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROKIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
TARON-CRYSTALS 3300-1002 mg pckt	1		
<i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>	3		

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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 sujetos 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 Cardiovascular Disease and Colorectal Cancer (Uso de Aspirina para Prevenir Enfermedades Cardiovasculares y Cáncer Colorectal)		
Low-Dose Aspirin (Aspirina en Dosis Baja)		
aspirin chewable tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
aspirin delayed release oral tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 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)		
PARAGARD INTRAUTERINE COPPER		QL (1EA per 3650 days)

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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	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE ORAL TABLET 1.5MG	
MY WAY ORAL TABLET 1.5 MG	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	

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FC FEMALE CONDOM MISCELLANEOUS	
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 1825 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 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 0.15-30 mg-mcg	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 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)
EMOQUETTE ORAL TABLET 0.15-30 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)

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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)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
GIANVI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 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)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA 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)
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)
MONONESSA 0.25-35 MG-MCG TAB	QL (28 tablets per 28 days)
MYZILRA ORAL TABLET	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)

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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)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
RAJANI ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SOLIA ORAL TABLET 0.15-30 MG-MCG	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)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 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-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)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)

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TRI-PREVIFEM 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)
VIENVA ORAL TABLET 0.1-20 MG-MCG	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)
ZARAH 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)
QUASENSE ORAL TABLET 0.15-0.03 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 (Minipíldora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	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 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
LYZA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYROC ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)

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SHAROBEL ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
TULANA 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)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators 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 30MG	
Vaginal Ring (Anillo Vaginal)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	AL (patients less than or equal to 5 years)
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
FLUORITAB ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	AL (patients less than or equal to 5 years)
LUDENT ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)

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NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
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)
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)

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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)	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 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)
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)
SUPREP BOWEL PREP ORAL SOLUTION	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)

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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]
<p>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)</p>	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
NEXIUM 24HR 20 mg cap dr, 20 mg tab dr	
NEXIUM 24HR CLEAR MINIS 20 mg cap dr	
<i>omeprazole 20 mg tab dr</i>	
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	
PRILOSEC OTC 20 mg tab dr	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
<i>ketotifen fumarate 0.025 % ophth soln</i>	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
ALLEGRA ALLERGY CHILDRENS 30 mg tab, 30 mg tab disint	
<i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	ZYRTEC
<i>cetirizine hcl childrens 1 mg/ml soln</i>	ZYRTEC
CLARITIN 10 mg tab, 5 mg tab chew	
CLARITIN ALLERGY CHILDRENS 5 mg/5ml syr	
CLARITIN CHILDRENS 5 mg tab chew	
CLARITIN REDITABS 5 mg tab disint	
<i>fexofenadine hcl 180 mg tab, 60 mg tab</i>	
<i>fexofenadine hcl childrens 30 mg/5ml susp</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	XYZAL

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
<i>loratadine 10 mg cap, 10 mg tab</i>	
<i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>	
XYZAL ALLERGY 24HR 5 mg tab	
XYZAL ALLERGY 24HR CHILDRENS 2.5 mg/5ml soln	
ZYRTEC ALLERGY 10 mg tab disint	
ZYRTEC ALLERGY CHILDRENS 10 mg tab disint	
Anti-inflammatory, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
<i>budesonide 32 mcg/act nasal susp</i>	RHINOCORT
FLONASE ALLERGY RELIEF 50 mcg/act nasal susp	
FLONASE SENSIMIST 27.5 mcg/spray nasal susp	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	FLONASE
RHINOCORT ALLERGY 32 mcg/act nasal susp	
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	NASACORT
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
<i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>	
<i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i>	
<i>loratadine-d 12hr 5-120 mg tab er 12 hr</i>	
<i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>	

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
<p>The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them.</p> <p>(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.)</p>	
ADAPALENE	Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMPHETAMINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE-DEXTROAMPHETAMINE / AMPHETAMINE-DEXTROAMPHET ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
APTENSIO XR	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ARMODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE HCL	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
CLONIDINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
COTEMPLAR XR-ODT	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DAYTRANA	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
DEXMETHYLPHENIDATE HCL / DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXTROAMPHETAMINE SULFATE / DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DYANA VEL	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
EPIDUO FORTE	Dermatólogo, Dermatólogo Pediátrico, Peditra / Dermatologist, Pediatric Dermatologist, Pediatrician
GUANFACINE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METADATE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHAMPHETAMINE HCL	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHOTREXATE SODIUM	Reumatólogo, Gastroenterólogo, Reumatólogo Pediátrico / Rheumatologist, Gastroenterologist, Pediatric Rheumatologist
METHYLPHENIDATE HCL / METHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
MYDAYIS	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLICHEW ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLIVANT XR	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
TADALAFIL	Urólogo / Urologist
VIMPAT	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist
VYVANSE	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista, Peditra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician
ZENZEDI	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

A

<i>abacavir sulfate</i>	57	<i>albendazole</i>	51
<i>abacavir sulfate-lamivudine</i>	58	<i>albuterol sulfate</i>	123
<i>abacavir-lamivudine-zidovudine</i>	58	<i>albuterol sulfate er</i>	123
ABILIFY MAINTENA	38, 54, 62	<i>albuterol sulfate hfa</i>	124
ABILIFY MYCITE	39, 55, 62	<i>alclometasone dipropionate</i>	99
<i>abiraterone acetate</i>	50	ALDACTAZIDE	77
<i>acamprosate calcium</i>	26	<i>alendronate sodium</i>	114
<i>acarbose</i>	64	<i>alfuzosin hcl er</i>	98
<i>acebutolol hcl</i>	74	ALINIA.....	51
<i>acetaminophen-codeine</i>	23	Allegra Allergy Childrens	140
<i>acetaminophen-codeine #2</i>	23	<i>allopurinol</i>	45
<i>acetaminophen-codeine #3</i>	23	ALLZITAL	25
<i>acetaminophen-codeine #4</i>	23	<i>almotriptan malate</i>	46
<i>acetazolamide</i>	80, 118	ALOCRIL.....	116
<i>acetazolamide er</i>	118	ALOMIDE	117
<i>acetic acid</i>	120	ALORA.....	105
<i>acetylcysteine</i>	125	<i>alose tron hcl</i>	95
ACIPHEX SPRINKLE	96	ALPHAGAN P	118
<i>acitretin</i>	88	ALPHANATE/VWF COMPLEX/HUMAN	69
ACTEMRA	113	ALPHANINE SD.....	69
ACTEMRA ACTPEN.....	113	<i>alprazolam</i>	87
ACTOPLUS MET XR	64	<i>alprazolam er</i>	87
ACUVAIL.....	117	ALPRAZOLAM INTENSOL	87
<i>acyclovir</i>	60	<i>alprazolam xr</i>	87
ACZONE	88	ALPROLIX.....	69
<i>adapalene</i>	88	ALREX	117
<i>adapalene-benzoyl peroxide</i>	88	ALTACAINE	115
ADASUVE.....	53	ALTAFRIN	116
<i>adefovir dipivoxil</i>	59	ALTAVERA	133
ADEMPAS	124	ALUNBRIG.....	49
ADRENALIN	125	AMABELZ	105
ADVAIR HFA	125	<i>amantadine hcl</i>	52, 59
ADVATE.....	69	<i>amcinonide</i>	99
<i>adynovate</i>	69	AMELUZ.....	88
ADZENYS ER	83	AMICAR	69
ADZENYS XR-ODT	83	<i>amiloride hcl</i>	80
AFINITOR	49	<i>amiloride-hydrochlorothiazide</i>	77
AIMOVIG.....	46	<i>aminocaproic acid</i>	69
AIMOVIG 140 DOSE	46	<i>amiodarone hcl</i>	73, 74
<i>ak-poly-bac</i>	115	<i>amitriptyline hcl</i>	41
AKTEN.....	115	<i>amlodipine besy-benazepril hcl</i>	77
<i>ala-cort</i>	99	<i>amlodipine besylate</i>	75
Alaway	140	<i>amlodipine besylate-valsartan</i>	77
		<i>amlodipine-atorvastatin</i>	77

<i>amlodipine-olmesartan</i>	77	<i>atovaquone-proguanil hcl</i>	51
<i>amlodipine-valsartan-hctz</i>	77	<i>atropine sulfate</i>	115
<i>ammonium lactate</i>	89	ATROVENT HFA.....	122
<i>amoxapine</i>	41	AUBAGIO.....	87
<i>amoxicill-clarithro-lansopraz</i>	94	AUBRA.....	133
<i>amoxicillin</i>	31	AUGMENTIN.....	32
<i>amoxicillin-pot clavulanate</i>	31, 32	AURYXIA.....	98
<i>amoxicillin-pot clavulanate er</i>	32	AVANDIA.....	64
<i>amphetamine sulfate</i>	83	AVAR CLEANSER.....	89
<i>amphetamine-dextroamphet er</i>	84	AVAR-E EMOLLIENT.....	89
<i>amphetamine-dextroamphetamine</i>	84	AVAR-E GREEN.....	89
<i>ampicillin</i>	32	AVC VAGINAL.....	33
ANADROL-50.....	104	AVIANE.....	133
<i>anagrelide hcl</i>	68	<i>avidoxy</i>	34
ANA-LEX.....	89	AVONEX.....	87
ANALPRAM-HC.....	89	AVONEX PEN.....	87
<i>anastrozole</i>	49	AVONEX PREFILLED.....	87
ANDRODERM.....	104	AZASITE.....	119
ANGELIQ.....	105	<i>azelaic acid</i>	89
ANORO ELLIPTA.....	125	<i>azelastine hcl</i>	116, 121
ANTARA.....	81	AZELEX.....	89
<i>anucort-hc</i>	26	<i>azithromycin</i>	32
ANUSOL-HC.....	26	AZOPT.....	118
ANZEMET.....	43	B	
APEXICON E.....	99	<i>b-12 compliance injection</i>	128
APLENZIN.....	39	<i>bacitracin</i>	119
<i>apraclonidine hcl</i>	118	<i>bacitracin-polymyxin b</i>	115
<i>aprepitant</i>	43	<i>bacitra-neomycin-polymyxin-hc</i>	117
APRI.....	133	<i>baclofen</i>	57
APRISO.....	113	BACTROBAN NASAL.....	29
APTENSIO XR.....	84	<i>balsalazide disodium</i>	113
APTIVUS.....	58	BANZEL.....	37
ARCAPTA NEOHALER.....	124	BARACLUDGE.....	59
<i>aripiprazole</i>	39, 55, 62	<i>beau rx</i>	89
ARISTADA.....	55	BEBULIN.....	69
ARISTADA INITIO.....	55	BECONASE AQ.....	120
<i>armodafinil</i>	128	BELBUCA.....	22
ARMOUR THYROID.....	107	BELSOMRA.....	128
ARNUITY ELLIPTA.....	120	<i>benazepril hcl</i>	73
<i>atazanavir sulfate</i>	59	<i>benazepril-hydrochlorothiazide</i>	78
<i>atenolol</i>	74	BENEFIX.....	69
<i>atenolol-chlorthalidone</i>	77	BENZEPRO.....	89
<i>atomoxetine hcl</i>	84	BENZEPRO CREAMY WASH.....	89
<i>atorvastatin calcium</i>	81	BENZEPRO FOAMING CLOTHS.....	89
<i>atovaquone</i>	51	BENZEPRO SHORT CONTACT.....	89

<i>benznidazole</i>	51	<i>bromfenac sodium (once-daily)</i>	117
<i>benzonatate</i>	125	<i>bromocriptine mesylate</i>	52, 110
<i>benzoyl perox-hydrocortisone</i>	89	<i>brompheniramine tannate</i>	121
<i>benzoyl peroxide</i>	89	BROVANA.....	124
<i>benzoyl peroxide forte- hc</i>	89	BUCALSEP	29
<i>benzoyl peroxide-erythromycin</i>	89	<i>budesonide</i>	113, 120
<i>benztropine mesylate</i>	52	Budesonide	141
BEPREVE	116	<i>budesonide er</i>	113
BESIVANCE	119	<i>bumetanide</i>	80
<i>betamethasone combo</i>	99	BUNAVAIL	26
<i>betamethasone dipropionate</i>	99	BUPAP	25
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