



DRUG LIST FOR FEDERAL EMPLOYEES AND ANNUITANTS

LISTA DE MEDICAMENTOS
PARA EMPLEADOS Y
RETIRADOS FEDERALES

2020

**Programa de Farmacia de Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.**

*Pharmacy Program from Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.*

**Lista de Medicamentos o Formulario
Plan Federal 2020**

*Drug List or Formulary
Federal Plan 2020*

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Introducción

Tu beneficio de farmacia con Triple-S Salud usa una Lista de Medicamentos. La Lista de Medicamentos es una guía de los medicamentos seleccionados por el Comité de Farmacia y Terapéutica de Triple-S Salud, la cual representa los medicamentos vitales para un cuidado de alta calidad. Nuestro Comité de Farmacia y Terapéutica está formado por doctores, farmacéuticos clínicos y otros expertos de la salud, quienes se reúnen periódicamente para evaluar y escoger aquellos medicamentos que serán añadidos en esta Lista de Medicamentos. Esta selección se hace a base de la seguridad, efectividad y costo de los medicamentos. La Lista de Medicamentos se divide en tres partes:

La primera parte es un resumen que te ofrece información sobre la forma en que se diseñó la Lista. También se incluye una descripción de los éditos de utilización para validar dosis e identificar terapias duplicadas.

La segunda parte tiene los medicamentos por clase terapéutica.

La tercera parte contiene los Apéndices y una lista por orden alfabético (Índice) de los medicamentos de marca y genéricos en la Lista.

Para más información de cómo obtener tus medicamentos, busca la Sección 5(f) de tu Guía del Programa FEHB.

Esta es una lista parcial e incluye sólo algunos medicamentos cubiertos por Triple-S Salud. Si deseas más información visita nuestro portal www.ssspr.com o llama a nuestro Departamento de Servicio al Cliente:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY: 866-215-1999)

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

A continuación, presentamos la información que ofrecemos para los medicamentos en la Lista.

Nombre del Medicamento	Referencia	Nivel	Instrucciones
Antigota			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	PA; QL (1 TAB per 1 day)

Para todos los medicamentos en la Lista de Medicamentos aparece el nombre del medicamento, nombre de referencia (si aplica), el nivel y si tiene alguna instrucción especial.

¿Cómo puedo usar mi Lista de Medicamentos?

La forma más fácil en que puedes conseguir tus medicamentos en la Lista es buscando tu medicamento en el Índice que comienza en la página 146. El Índice provee una lista por orden alfabético de todos los medicamentos en este documento. Ambos, medicamentos de marca y genéricos, están en el Índice. Busca el Índice y encuentra tu medicamento. Al lado de tu medicamento, encontrarás el número de la página dónde sale la información de la cubierta. Busca la página indicada en el Índice y encuentra el nombre del medicamento en la primera columna de la Lista.

¿Cuánto voy a pagar por los medicamentos cubiertos?

Los medicamentos en la lista se clasifican por niveles, menos aquellos que tienen \$0 copago, si son recetados o provistos por proveedores de la red de Triple-S Salud. Estos niveles identifican el costo compartido, o sea lo que pagas, por cada medicamento en la receta. Estos niveles son los siguientes:

- Nivel 1 – Medicamentos Genéricos
- Nivel 2 – Medicamentos de Marca Preferidos
- Nivel 3 – Medicamentos de Marca No Preferidos
- Nivel 4 – Medicamentos Especializados o Biotecnológicos Preferidos
- Nivel 5 – Medicamentos Especializados o Biotecnológicos No Preferidos

¿Qué son Medicamentos Genéricos (Nivel 1)?

Un medicamento genérico tiene el mismo ingrediente activo en su fórmula que un medicamento de marca. Los genéricos son aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) y usualmente cuestan menos que el de marca.

Los medicamentos genéricos de las siguientes categorías tienen \$0.00 copago si son recetados por proveedores de la red de Triple-S Salud:

- Antihipertensivos genéricos: inhibidores de la enzima convertidora de angiotensina (ACEIs, por sus siglas en inglés), antagonistas de los receptores de la angiotensina II (ARBs, por sus siglas en inglés), inhibidor directo de la renina;
- Antidiabéticos orales genéricos (excluye inyectables);
- Estatinas genéricas;
- Naloxona.

Te sugerimos que uses los medicamentos genéricos. Estos son iguales en potencia y dosis y también son aprobados por la FDA.

¿Qué son Medicamentos de Marca Preferidos (Nivel 2)?

Hay ciertos medicamentos de marca que han sido escogidos por el Comité como agentes preferidos luego de ser evaluados por seguridad, eficacia y costo. Los mismos están identificados a la derecha como Nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te sugerimos que uses como primera alternativa aquellos medicamentos preferidos.

¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)?

Un medicamento es clasificado como “no preferido” porque existen opciones en los niveles anteriores que son más costo-efectivos o con menos efectos secundarios. Si obtienes un medicamento de marca del Nivel 3, tendrás que pagar un costo mayor por el medicamento.

¿Qué son Medicamentos Especializados o Biotecnológicos Preferidos (Nivel 4)?

Los medicamentos especializados requieren una administración y/o un manejo especial, por su composición compleja. Estos se usan para el tratamiento de condiciones crónicas y de alto riesgo.

El Nivel 4 identifica los medicamentos o productos en la Lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Los medicamentos en este nivel incluyen medicamentos

genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor y un arreglo especial para su despacho.

¿Qué son los Medicamentos Especializados o Biotecnológicos No Preferidos (Nivel 5)?

El Nivel 5 incluye los Medicamentos Especializados No Preferidos. Los medicamentos en este nivel también tienen un arreglo especial para su despacho con la diferencia de que tienen un costo mayor que los del Nivel 4. Estos se usan también para tratar condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

¿Puede cambiar la Lista?

Podemos añadir o remover medicamentos por determinadas razones, incluyendo si la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) y/o el manufacturero remueven un medicamento del mercado. También podemos mover un medicamento de un nivel a otro. Esta lista se actualiza periódicamente. Para obtener una lista actualizada, por favor visita nuestro portal en Internet www.ssspr.com o llámanos a

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY:866-215-1999)

Guía de Referencia

Programa de Terapia Escalonada

En algunos casos, te solicitaremos que pruebes primero un medicamento para tratar tu condición antes de usar otros medicamentos para esa condición (terapia escalonada). Por ejemplo, si el medicamento A y B pueden tratar tu condición, puede que necesitemos que uses el medicamento A antes del B. Si el medicamento A no funciona para tratar tu condición, entonces vamos a cubrir el medicamento B.

En algunos casos necesitarás usar medicamentos OTC o medicamentos genéricos antes de usar otros medicamentos para tratar tu condición. Debes usar el medicamento OTC como primera opción para tratar las úlceras y reflujo, alergias de la nariz y alergias de los ojos. Debes usar los genéricos como primera opción para el colesterol, la osteoporosis, alergias de la nariz, insomnio, alta presión sanguínea, el control del dolor, el alto nivel de azúcar en la sangre, depresión e hiperactividad, entre otros.

El Apéndice I contiene la lista de los medicamentos que tienen terapia escalonada. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Medicamentos que Necesitan Preautorización (PA)

Los medicamentos que necesitan una preautorización usualmente son aquellos que presentan un posible nivel de toxicidad, son candidatos al uso inapropiado o están relacionados con un alto costo.

Aquellos medicamentos que han sido identificados que necesitan una preautorización deben cumplir unas guías clínicas según lo haya establecido el Comité. Estas guías clínicas se crearon de acuerdo a la literatura médica actual.

Medicamentos cuyo costo excedan \$750.00 necesitan una preautorización para su despacho. La farmacia enviará copia de la receta al número de facsímil que recibe a través de su sistema.

Límites de Cantidad (QL)

Ciertos medicamentos tienen un límite en la dosis a despacharse. Estos límites se establecen de acuerdo con lo sugerido por el fabricante como la cantidad máxima apta que no está asociada a reacciones adversas y la cual es efectiva para tratar una condición. En el área de Instrucciones de la Lista se identificaron los límites en la dosis a despacharse, en aquellos medicamentos que aplique. Estos límites son efectivos al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Especialidad Médica (SL)

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

El Apéndice II contiene la lista de los medicamentos que tienen límite de especialidad médica. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Edad (AL)

Algunos medicamentos tienen un límite de edad. Estos límites son efectivos al momento de imprimirse esta Lista y están sujetos a cambios.

Uso de medicamentos en investigación o experimentales

Los medicamentos recetados para uso de investigación, experimental o no aprobados por la FDA, no se cubren en ningún plan de salud o cubierta de farmacia.

Recetas de Compuestos

Las recetas de compuestos están cubiertas si contienen por lo menos un medicamento de la Lista, si no son para uso cosmético.

Éditos de Análisis de Utilización (DUR)

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

- Édito de Validación de Dosis - coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica.
- Édito de Terapia Duplicada - verifica tu historial de medicamentos para recetas duplicadas, de dos formas:
 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).
 2. Si recibes dos medicamentos de la misma clase terapéutica, como, por ejemplo, dos antidepresivos o dos analgésicos, entre otros.

Hay ciertas excepciones a estos éditos. Se solicita a los médicos que incluyan la siguiente información en la receta:

- Cambio en dosis

Si aumentó la dosis y necesitas más medicamentos antes de tiempo, en este caso se necesitará una carta de justificación de parte de tu médico indicando el cambio en dosis. La farmacia necesitará una preautorización de Triple-S Salud, Inc. luego de que se reciba la información necesaria en la receta.

1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta.
2. Cuando la dosis del medicamento se ajusta de acuerdo a los niveles en la sangre, el médico debe indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos y warfarina).
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 necesitará una precertificación de Triple-S Salud, Inc.

Leyenda - Símbolos y Abreviaturas

Símbolos y Abreviaturas	Descripción
AL	Identifica aquellos medicamentos para los cuales existe algún límite de edad
Cap	Cápsula
Conc	Concentrado
Cr	Crema
ER, SR, CR	Acción prolongada, acción sostenida, acción controlada
Inh	Inhalador
Inj	Inyectable
QL	Identifica aquellos medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar
SL	Identifica aquellos medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos
Lot	Loción
Negrilla (<i>Bold</i>)	Identifica que el medicamento tiene genérico disponible en todas las presentaciones
Nivel 1	Identifica los medicamentos genéricos
Nivel 2	Identifica los medicamentos de marca preferidos
Nivel 3	Identifica los medicamentos de marca no preferidos
Nivel 4	Identifica los medicamentos especializados o biotecnológicos preferidos
Nivel 5	Identifica los medicamentos especializados o biotecnológicos no preferidos
Oint	Ungüento
Oph	Oftálmico
PA	Preautorización. La farmacia es responsable de solicitar y obtener una pre-autorización con Triple-S Salud, Inc., antes de despacharse el medicamento
SHA	Champú
SI	Sublingual
SNC	Sistema Nervioso Central
Soln	Solución
ST	Terapia Escalonada
Supp	Supositorio
Susp	Suspensión
Tab	Tableta
Td	Transdermal

Política para el Mantenimiento de la Lista de Medicamentos

El Comité de Farmacia y Terapéutica se reúne periódicamente para revisar los nuevos medicamentos, y nueva información de los medicamentos que ya están en el mercado y en nuestra Lista. Los participantes del Comité revisan la información sobre la seguridad, la eficacia, el uso actual de la terapia y pruebas científicas, tales como las conclusiones pertinentes de organismos del gobierno federal, empresas farmacéuticas, asociaciones profesionales de médicos, comisiones nacionales y revistas revisadas por colegas. Una vez que el Comité termina su evaluación clínica, se considera costo para determinar la inclusión o remoción de un medicamento de la Lista.

Derechos Reservados

La Lista de medicamentos es una propiedad literaria. Triple-S Salud, Inc. es el propietario de los derechos de autor. Esta Lista no podrá copiarse o distribuirse ni cualquier porción de éste sin la autorización escrita de Triple-S Salud, Inc.

English

Introduction

Your prescription drug benefit uses a Drug List. The List is a guide of drugs chosen by Triple-S Salud's Pharmacy and Therapeutics Committee, which represents the prescription therapies needed for high-quality treatment. Our Committee, composed of physicians, clinical pharmacists and other healthcare providers, meet periodically to review and decide which drugs should be added to the List. This review process is based on the drug's safety, efficacy and cost.

The Drug List has three parts.

The first part is an outline on how the List was designed. It also outlines the utilization edits used to verify dose and identify when two or more drugs of the same class are prescribed at the same time.

The second part has the drugs by therapeutic class.

The third part has the Appendixes and a list in alphabetical order (Index) of brand and generic drugs in the List.

To know more on how to get your drugs, please see Section 5(f) of your FEHB Program Brochure.

This document has only some drugs covered by Triple-S Salud. If you need support or have questions visit our Website www.ssspr.com or call us at:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY:866-215-1999)

Part I - Drug List Design

Presentation

These examples show the information given for those drugs in the List.

Drug Name	Reference	Level	Instructions
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	PA; QL (1 TAB per 1 day)

For all the drugs in the List the drug name, reference name (if applicable), level and any special instructions will appear.

How do I use the Drug List?

The easiest way to find your drugs is seeking them in the Index that starts on page 146. The Index provides an alphabetical list of all the drugs in this List. Both brand and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the List.

How much will I pay for covered drugs?

The drugs in the List are classified by levels, except for those with \$0 copay, if prescribed or supplied by participating providers.

What you pay for each prescribed drug falls into one of these tiers or levels:

- Level 1 – Generic Drugs
- Level 2 – Preferred Brand Drugs
- Level 3 – Non-Preferred Brand Drugs
- Level 4 – Preferred Specialty or Biotech Drugs
- Level 5 – Non-Preferred Specialty or Biotech Drugs

What are Generic Drugs (Level 1)?

A generic drug has the same active ingredients in the same amounts as the brand-name drugs. They cost less and are approved by the FDA.

The generic medications from the following therapeutic categories have \$0 copay, if prescribed by participating providers:

- Generic antihypertensives: Angiotensin converting enzyme inhibitors (ACEIs), Angiotensin II receptor blockers (ARBs), Direct renin inhibitor;
- Generic Oral Antidiabetics (excludes injectables);
- Generic statins;
- Naloxone.

We suggest that you use generic drugs. They are identical in strength and dose, as well as approved by the FDA.

What are Preferred Brand Drugs (Level 2)?

There are some brand drugs pointed out as preferred agents after an in-depth review in terms of safety, efficacy and cost. You will find these with a Level 2 placed to the right of the drug name. In those therapeutic categories where there are no generic drugs, we suggest you use drugs that are designated as preferred as a first choice.

What are Non-Preferred Brand Drugs (Level 3)?

A drug is designated as non-preferred because there are other choices in prior levels that have lesser adverse reactions or are more cost effective. If you get a brand drug from Level 3, you will have to pay more for the drug.

What are Preferred Specialty Drugs (Level 4)?

Specialty Drugs need special handling and storage due to their complex composition. These are used for treating high risk and life-long health problems.

The Level 4 has the drugs or products in the List that are offered under the Special Conditions Drug Program. The drugs in this tier includes generics, biosimilars (generic biologics) and brands at a lower cost and a special handling for dispensing.

What are Non-Preferred Specialty or Biotech Drugs (Level 5)?

The Level 5 has Non-Preferred Specialty Drugs. The drugs in this level also need special storage and handling, but have a higher cost sharing when compared to drugs from Level 4. These are used to treat life-long and high-risk health problems.

Can the Drug List change?

Yes. We may add or remove drugs for certain reasons, including if the Food and Drug Administration (FDA) and or the manufacturer have determined to remove the drug from the market. We might also move a drug from one tier to another. This List is updated periodically. For an updated List, please visit our Website at www.ssspr.com or call us at

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY: 866-215-1999)

Reference Guide

Step Therapy Program

In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

You will need to use Over-The-Counter (OTC) or Generic Drugs before using other drugs to treat your health problem. You must use the OTC as first choice for treating ulcers, reflux, allergies, nasal allergies and eye allergies. You must use generics as a first choice for cholesterol, osteoporosis, nasal allergies, insomnia, high blood pressure, pain management, high blood sugar, depression and hyperactivity drugs, among others.

Appendix I has the list of drugs that have a Step Therapy. The Step Therapy List is subject to changes.

Drugs that Need a Prior Authorization (PA)

Drugs that need an authorization before use are likely to have higher potential for toxicity, inappropriate use or higher cost. Those drugs that need a prior authorization should fulfill specific clinical criteria as determined by the Committee. These criteria have been developed as stated by current medical literature.

Drugs whose cost goes beyond \$750.00 will need a prior authorization to be dispensed. The pharmacy will send a copy of the prescription via fax to the number displayed in the pharmacy system.

Quantity Limits (QL) on the amount to be dispensed

Certain drugs have a limit on the amount to be dispensed. These amounts are as stated by the manufacturer's indications as to the adequate amount that will not cause adverse effects and which is effective for treating health problems. The area of Instructions in the List points out the limits for those drugs that apply. Quantity limits are effective when they are published in the List and are subject to changes.

Medical Specialty Limits

Some drugs have a limit in the medical specialty; these limits are established based on current medical literature.

Appendix II has the list of drugs that has a medical specialty limit. The medical specialty limit list is subject to changes.

Age Limits (AL)

Some drugs have a limit due to age and are subject to changes.

Investigational or Experimental Drugs

Uses of investigational or experimental drugs, or those not approved by the FDA, are not covered by all health plans or prescription drug coverage.

Compounded Prescriptions

Compounded prescriptions are covered if they have at least one of the drugs on this List, and if they are not for cosmetic purposes.

Edits for Drug Utilization Analysis (DUR)

Through the Pharmacy Program, we have implemented the edits below for drug utilization review (DUR) to avoid other health problems while offering you a better care.

- Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population. In the most of cases, the maximum dose is the one approved by the FDA.
- Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:
 1. 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. If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.

There are exceptions to these edits. We suggest that your doctor includes in the prescription:

- Change in Dose

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. If the dose is determined by weight, the doctor must write your weight and height in the prescription.

2. 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. 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).

Table of Abbreviations and Symbols

Abbreviations and symbols	Description
AL	Drugs for which an age limit exists
Cap	Capsule
Conc	Concentrated
Cr	Cream
ER, SR, CR	Extended release, sustained release, controlled release
Inh	Inhaler
Inj	Injectable
QL	Drugs for which a dispensing limit exists
SL	Drugs for which a limit in the medical specialty exists
Lot	Lotion
Bold	If the drug has a generic available in all its dose forms
TIER 1	Generic drugs
TIER 2	Preferred brand drugs
TIER 3	Non-preferred brand drugs.
TIER 4	Preferred specialty or biotech drugs
TIER 5	Non-preferred specialty or biotech drugs
Oint	Ointment
Oph	Ophthalmic
PA	Prior authorization. The pharmacy is responsible to get a prior authorization from Triple S Salud, Inc. before dispensing the drug.
SHA	Shampoo
SI	Sublingual
SNC	Central Nervous System
Soln	Solution
ST	Step Therapy
Supp	Suppository
Susp	Suspension
Tab	Tablet
Td	Transdermal

Policy for the Review and Maintenance of the Drug List

The Pharmacy and Therapeutics Committee meets periodically to review new drugs, and new information about drugs that are already on the market and in our List. Committee members review available information concerning safety, effectiveness, current use of therapy and scientific evidence, such as relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals. Once the P&T Committee completes its clinical review, cost information is considered to determine the inclusion or removal of a drug from the List.

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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]	28
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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]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	TENCON	QL(18 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	FIORINAL	QL(18 / 30)
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	ST
<i>diclofenac epolamine 1.3 % td patch</i>	1		
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<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	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>etodolac 200 mg cap, 300 mg cap, 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>FLECTOR 1.3 % td patch</i>	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IBU 400 mg tab, 600 mg tab, 800 mg tab	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>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 5)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 5)
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 5)
<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 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<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	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdkw patch, 15 mcg/hr tdkw patch, 20 mcg/hr tdkw patch, 5 mcg/hr tdkw patch, 7.5 mcg/hr tdkw patch</i>	1	BUTRANS	QL(4 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	QL(10 / 30), ST
<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	QL(60 / 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 abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	QL(60 / 30)
<i>tramadol hcl er 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	QL(30 / 30)
<i>tramadol hcl er 100 mg tab er 24 hr</i>	1	ULTRAM ER	QL(90 / 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), AL
<i>acetaminophen-codeine 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	QL(2700 / 30), AL
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(180 / 30), AL
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(180 / 30), AL
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(150 / 30)
<i>codeine sulfate 60 mg tab</i>	1		QL(180 / 30), AL
<i>codeine sulfate 30 mg tab</i>	1		QL(360 / 30), AL
<i>codeine sulfate 15 mg tab</i>	1		QL(720 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln	3		QL(2 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(2 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	NORCO	QL(240 / 30)
<i>hydrocodone-acetaminophen 2.5-325 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(240 / 30)
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	QL(150 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	QL(150 / 30)
<i>hydromorphone hcl 8 mg tab</i>	1	DILAUDID	QL(90 / 30)
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	QL(180 / 30)
<i>hydromorphone hcl 2 mg tab</i>	1	DILAUDID	QL(540 / 30)
<i>meperidine hcl 10 mg/ml inj soln</i>	1		QL(2 / 30)
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	1	DEMEROL	QL(2 / 30)
<i>morphine sulfate 30 mg tab</i>	1		QL(60 / 30)
<i>morphine sulfate 20 mg/5ml soln</i>	1		QL(90 / 30)
<i>morphine sulfate 15 mg tab</i>	1		QL(120 / 30)
<i>morphine sulfate 10 mg/5ml soln</i>	1		QL(1800 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1		QL(180 / 30)
OPANA 1 mg/ml inj soln	3		
<i>oxycodone hcl 10 mg tab, 20 mg tab</i>	1		QL(180 / 30)
<i>oxycodone hcl 5 mg cap</i>	1		QL(540 / 30)
<i>oxycodone hcl 100 mg/5ml oral conc</i>	1	ROXICODONE	QL(150 / 30)
<i>oxycodone hcl 15 mg tab, 30 mg tab</i>	1	ROXICODONE	QL(180 / 30)
<i>oxycodone hcl 5 mg tab</i>	1	ROXICODONE	QL(360 / 30)
<i>oxycodone hcl 5 mg/5ml soln</i>	1	ROXICODONE	QL(5400 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	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>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</i>	1	OPANA	QL(90 / 30)
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(360 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>ethyl chloride ext aer</i>	1		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	PA
<i>lidocaine hcl 3 % crm</i>	1		
<i>lidocaine hcl 1 % inj soln, 3 % lot</i>	1		
<i>lidocaine hcl 2 % inj soln, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % inj soln, 2 % inj soln</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/Anti-Craving - Antidotes/Deterrents/Protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl</i>	1	SUBUTEX	PA, QL(60 / 30)
<i>buprenorphine hcl 8 mg tab subl</i>	1	SUBUTEX	PA, QL(240 / 30)
<i>buprenorphine hcl-naloxone hcl 8-2 mg subl film</i>	1	SUBOXONE	PA, QL(90 / 30)
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>	1	SUBOXONE	PA, QL(60 / 30)
<i>buprenorphine hcl-naloxone hcl 8-2 mg tab subl</i>	1	SUBOXONE	PA, QL(90 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>buprenorphine hcl-naloxone hcl 4-1 mg subf film</i>	1	SUBOXONE	PA, QL(180 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subf film, tab subf</i>	1	SUBOXONE	PA, QL(360 / 30)
<i>naltrexone hcl 50 mg tab</i>	1		
SUBOXONE 12-3 mg subf film	2		PA, QL(60 / 30)
SUBOXONE 8-2 mg subf film	2		PA, QL(90 / 30)
SUBOXONE 4-1 mg subf film	2		PA, QL(180 / 30)
SUBOXONE 2-0.5 mg subf film	2		PA, QL(360 / 30)
ZUBSOLV 11.4-2.9 mg tab subf	2		PA, QL(30 / 30)
ZUBSOLV 8.6-2.1 mg tab subf	2		PA, QL(60 / 30)
ZUBSOLV 5.7-1.4 mg tab subf	2		PA, QL(90 / 30)
ZUBSOLV 2.9-0.71 mg tab subf	2		PA, QL(150 / 30)
ZUBSOLV 1.4-0.36 mg tab subf	2		PA, QL(360 / 30)
ZUBSOLV 0.7-0.18 mg tab subf	2		PA, QL(720 / 30)
Opioid Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	1		
<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	
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>gentamicin sulfate 40 mg/ml inj soln</i>	1	GENTAK	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
BUCALSEP ext liq, ext soln	3		
CLEOCIN 100 mg vag supp	3		
<i>clindamycin hcl 150 mg cap, 300 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</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 % gel, 1 % lot</i>	1	CLEOCIN-T	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	1		
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>metronidazole 250 mg tab, 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	
RELAGARD 0.9-0.025 % vag gel	3		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		PA
SULFAMYLON 85 mg/gm crm	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1		
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	1	SPECTRACEF	
cefepodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftibuten 400 mg cap	1	CEDAX	
ceftibuten 180 mg/5ml susp	1	CEDAX	
CEFTIN 125 mg/5ml susp, 250 mg/5ml susp	3		
ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
FORTAZ 500 mg inj soln	3		
ZINACEF 500 mg inj soln	3		
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ertapenem sodium 1 gm inj soln	1	INVANZ	
INVANZ 1 gm inj soln	3		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	

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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 250 mg cap, 500 mg cap</i>	1		
<i>ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1		
<i>ampicillin sodium 1 gm inj soln</i>	1	TOTACILLIN-N	
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im 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, 500 mg cap</i>	1	DYCILL	
<i>nafcillin sodium 10 gm iv soln</i>	1		
<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 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	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
ERYPED 400 400 mg/5ml susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin base 500 mg tab, 250 mg tab</i>	1		
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	1	ERYPED	
<i>erythromycin ethylsuccinate 400 mg/5ml susp</i>	1	ERYPED 400	
ZMAX 2 gm susp	3		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>	1	CIPRO XR	QL(3 / 30)
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>	1	CIPRO XR	QL(14 / 30)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<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	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline hyclate 100 mg tab dr, 150 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, 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 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 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]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<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	ST
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]			
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>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, 300 mg/6ml 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>SABRIL 500 mg tab</i>	5		PA
<i>valproate sodium 250 mg/5ml soln</i>	1	DEPAKENE	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg tab</i>	5		PA
<i>vigabatrin 500 mg pckt</i>	5	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<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 chew, 25 mg tab disint, 5 mg tab chew, 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	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>BANZEL 200 mg tab, 400 mg tab</i>	3		PA
<i>BANZEL 40 mg/ml susp</i>	3		PA
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL	
DILANTIN 30 mg cap	3		
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	1	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	1	TRILEPTAL	
phenytoin 50 mg tab chew	1	DILANTIN	
phenytoin 125 mg/5ml susp	1	DILANTIN	
phenytoin sodium 50 mg/ml inj soln	1	DILANTIN	
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	1	DILANTIN	
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		AL
VIMPAT 10 mg/ml soln	3		AL
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]			
ergoloid mesylates 1 mg tab	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 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint	1	ARICEPT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	1	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	1	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE	

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<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	QL(30 / 30)
<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, 5 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	ST
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	3		ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		ST
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<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) 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	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		PA
MARPLAN 10 mg tab	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	ST
<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	ST
<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>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 90 mg cap dr</i>	1	PROZAC WEEKLY	ST
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap, 6-50 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>PAXIL 10 mg/5ml susp</i>	3		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<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 cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
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>chlorthalidone-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	
<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, 150 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	
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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AKYNZEO 300-0.5 mg cap	3		PA, QL(1 / 7)
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
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	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emotogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 100 mg tab, 50 mg tab	3		
aprepitant 125 mg cap	1	EMEND	PA, QL(1 / 7)
aprepitant 80 mg cap	1	EMEND	PA, QL(2 / 7)
aprepitant 80 & 125 mg cap	1	EMEND	PA, QL(3 / 7)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN	
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
bio-statin oral pwdr	1		
bio-statin 500000 unit cap	3		
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	QL(6.6 / 90)
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
clotrimazole 1 % crm	1	LOTTRIMIN	

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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	AL
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	AL
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	
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1		
<i>itraconazole 10 mg/ml soln</i>	1		
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<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>naftifine hcl 1 % gel</i>	1		
<i>naftifine hcl 1 % crm, 2 % crm</i>	1	NAFTIN	
NAFTIN 1 % gel, 2 % gel	3		
NATACYN 5 % ophth susp	3		
NOXAFIL 100 mg tab dr	3		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	1		
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	3		
<i>posaconazole 100 mg tab dr</i>	1		
<i>posaconazole 40 mg/ml susp</i>	1		
SPORANOX 10 mg/ml soln	3		
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	QL(84 / 365)
<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	
<i>voriconazole 40 mg/ml susp</i>	1	VFEND	
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-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1		PA, QL(30 / 30)
<i>probenecid 500 mg tab</i>	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	2		PA, QL(30 / 30)
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>hydrocortisone 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		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PRAMOSONE E 1-2.5 % crm	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
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), ST
<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</i>	1	MAXALT	QL(12 / 30)
<i>rizatriptan benzoate 5 mg tab, 5 mg tab disint</i>	1	MAXALT	QL(24 / 30)
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>Sumatriptan succinate 6 mg/0.5ml sc soln pfs</i>	1	IMITREX	QL(5/ 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</i>	1	IMITREX	QL(5 / 30)
<i>sumatriptan succinate 100 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(18 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX	QL(5 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(10 / 30)
TREXIMET 10-60 mg tab	3		QL(9 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		QL(6 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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		
MESTINON 60 mg/5ml syr	3		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</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		PA
TRECTOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>dacarbazine 200 mg iv soln</i>	4		PA
<i>dacarbazine 100 mg iv soln</i>	5		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap, 5 mg cap	4		
HEXALEN 50 mg cap	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		
<i>melphalan 2 mg tab</i>	5	ALKERAN	
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
XTANDI 40 mg cap	5		PA
ZYTIGA 250 mg tab, 500 mg tab	4		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA
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	3		
FARESTON 60 mg tab	3		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
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		
<i>fluorouracil 1 gm/20ml iv soln, 500 mg/10ml iv soln</i>	4		PA
<i>fluorouracil 0.5 % crm</i>	1	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TABLOID 40 mg tab	5		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>bleomycin sulfate 15 unit inj soln</i>	4		PA
<i>docetaxel 20 mg/ml iv conc</i>	4		PA
<i>docetaxel 80 mg/4ml iv conc</i>	4	TAXOTERE	PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	4	ADRIAMYCIN	PA
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
<i>leucovorin calcium 10 mg tab, 5 mg tab</i>	1		
<i>levoleucovorin calcium 175 mg/17.5ml iv soln</i>	4	FUSILEV	
<i>levoleucovorin calcium pf 250 mg/25ml iv soln</i>	4		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc, 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	4		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	4		PA
SYLATRON 200 mcg sc kit, 300 mcg sc kit, 600 mcg sc kit	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	4		PA
ZOLINZA 100 mg cap	5		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3era Generación - 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>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		
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
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	5		PA
ALECENSA 150 mg cap	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
BRAFTOVI 50 mg cap, 75 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap	4		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
COMETRIQ (100 MG DAILY DOSE) 1 X 80 & 1 X 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 1 X 80 & 3 X 20 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
GLEEVEC 100 mg tab, 400 mg tab	5		PA
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap	4		PA
ICLUSIG 15 mg tab, 45 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 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]
INLYTA 1 mg tab, 5 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, 50 mg cap	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKTOVI 15 mg tab	5		PA
NEXAVAR 200 mg tab	5		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	4		PA
TAFINLAR 50 mg cap, 75 mg cap	5		PA
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	4		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TIBSOVO 250 mg tab	5		PA
TYKERB 250 mg tab	5		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	5		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZEJULA 100 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]			
HERCEPTIN 150 mg iv soln, 440 mg iv soln	5		PA
PERJETA 420 mg/14ml iv soln	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	4	TARGRETIN	
PANRETIN 0.1 % gel	5		
TARGRETIN 1 % gel	5		
tretinoin 10 mg cap	4	VESANOID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	ALBENZA	
ALBENZA 200 mg tab	3		
EMVERM 100 mg tab chew	3		QL(18 / 365)
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	3		QL(6 / 30)
ALINIA 100 mg/5ml susp	3		QL(60 / 30)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	MALARONE	QL(12 / 365)
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	MALARONE	QL(48 / 365)
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	3		QL(24 / 365)
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	3		
PENTAM 300 mg inj soln	3		
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM 300	
<i>primaquine phosphate 26.3 mg tab</i>	1		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	QL(42 / 365)
Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
<i>lindane 1 % shampoo</i>	1		
<i>permethrin 5 % crm</i>	1	ELIMITE	
SKLICE 0.5 % lot	3		
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</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	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>APOKYN 30 mg/3ml sc soln cart</i>	5		
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
<i>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</i>	3		ST
<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	
<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	ST
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<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	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	QL(60 / 30), ST
<i>selegiline hcl 5 mg tab</i>	1		QL(60 / 30)
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	QL(60 / 30)
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - 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>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	
<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, 5 mg/ml inj soln</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 edisylate 10 mg/2ml inj soln</i>	1		
<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 Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	3		QL(1 / 30)
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	QL(30 / 30)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	4		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	4		ST
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		QL(30 / 30)
<i>olanzapine 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	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr</i>	1	INVEGA	QL(30 / 30)
<i>paliperidone er 9 mg tab er 24 hr</i>	1	INVEGA	QL(60 / 30)
<i>quetiapine fumarate 400 mg tab</i>	1	SEROQUEL	QL(60 / 30)
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab</i>	1	SEROQUEL	QL(90 / 30)
<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	QL(60 / 30), ST
RISPERDAL CONSTA 12.5 mg im susp, 25 mg im susp, 37.5 mg im susp, 50 mg im susp	4		
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<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	QL(60 / 30)
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	QL(60 / 30)
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	
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	
BOTOX 100 unit inj soln, 200 unit inj soln	5		PA
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (CMV) - Medicamentos Antivirales Misceláneos]			
FOSCAVIR 6000 mg/250ml iv soln	4		
<i>valganciclovir hcl 450 mg tab</i>	5	VALCYTE	
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]			
BARACLUDE 0.5 mg tab, 1 mg tab	4		PA
BARACLUDE 0.05 mg/ml soln	4		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	5		PA
VEMLIDY 25 mg tab	4		PA
Anti-Hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
EPCLUSA 400-100 mg tab	4		PA
HARVONI 90-400 mg tab	4		PA
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	4		PA
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	4		PA
MODERIBA 200 & 400 mg tab pack, 400 & 600 mg tab pack	5		PA
MODERIBA 1200 DOSE PACK 600 mg tab	5		PA
MODERIBA 800 DOSE PACK 400 mg tab	5		PA
PEGASYS 180 mcg/0.5ml sc soln, 180 mcg/ml sc soln	5		PA
PEGASYS PROCLICK 135 mcg/0.5ml sc soln, 180 mcg/0.5ml sc soln	5		PA
PEGINTRON 50 mcg/0.5ml sc kit	5		PA
RIBASPHERE 200 mg cap, 200 mg tab	4		PA
RIBASPHERE 400 mg tab, 600 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RIBASPHERE RIBAPAK 200 & 400 mg tab pack, 400 & 600 mg tab pack, 400 mg tab, 600 mg tab	5		PA
RIBATAB 400 & 600 mg tab pack	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	QL(30 / 15)
DENAVIR 1 % crm	3		
famciclovir 125 mg tab, 500 mg tab	1	FAMVIR	QL(21 / 7)
famciclovir 250 mg tab	1	FAMVIR	QL(60 / 30)
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
ZOVIRAX 5 % 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		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TRIUMEQ 600-50-300 mg tab	2		
VITEKTA 150 mg tab, 85 mg tab	3		
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	3		
DELSTRIGO 100-300-300 mg tab	3		
EDURANT 25 mg tab	2		
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	1	SUSTIVA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	2		PA
<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 100 mg tab, 200 mg tab	2		
SYMFI 600-300-300 mg tab	3		
SYMFI LO 400-300-300 mg tab	3		
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	
<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	3		
DESCOVY 200-25 mg tab	3		
<i>didanosine 125 mg cap dr, 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	
<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	2		
VIREAD 150 mg tab, 200 mg tab, 250 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]
VIREAD 40 mg/gm oral pwdr	2		
zidovudine 100 mg cap, 300 mg tab	1	RETROVIR	
zidovudine 50 mg/5ml syr	1	RETROVIR	
Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]			
FUZEON 90 mg sc soln	5		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		PA
APTIVUS 100 mg/ml soln	2		PA
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
EVOTAZ 300-150 mg tab	2		
fosamprenavir calcium 700 mg tab	1	LEXIVA	
INVIRASE 200 mg cap, 500 mg tab	2		
KALETRA 100-25 mg tab, 200-50 mg tab	2		
LEXIVA 50 mg/ml susp	3		
lopinavir-ritonavir 400-100 mg/5ml soln	1	KALETRA	
NORVIR 100 mg cap, 100 mg pckt, 100 mg tab	3		
NORVIR 80 mg/ml soln	3		
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 150 mg cap, 200 mg cap, 300 mg cap, 50 mg pckt	3		
ritonavir 100 mg tab	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]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	1	TAMIFLU	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA 2 x 20 mg tab pack, 2 x 40 mg tab pack	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<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	
<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, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	QL(30 / 30)
<i>lorazepam 2 mg/ml inj soln, 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>temazepam 22.5 mg cap</i>	1	RESTORIL	QL(30 / 30)
<i>triazolam 0.125 mg tab</i>	1	HALCION	QL(30 / 30)
<i>triazolam 0.25 mg tab</i>	1	HALCION	QL(60 / 30)
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<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	
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		ST
BYDUREON 2 mg sc pen-inj, 2 mg sc susp er	2		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
GLUCOVANCE 2.5-500 mg tab, 5-500 mg tab	3		
<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		ST
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	2		ST
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		ST
INVOKANA 100 mg tab, 300 mg tab	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
<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, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	ST
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	ST
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	ST
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	ST
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
GLUCAGEN HYPOKIT 1 mg inj soln	3		
GLUCAGON EMERGENCY 1 mg inj kit	3		
PROGLYCEM 50 mg/ml susp	3		
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		
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]			
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 sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>	1	LOVENOX	
<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>	1	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
unt/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			
<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		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
<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, 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	
EPOGEN 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	5		PA
FULPHILA 6 mg/0.6ml sc soln pfs	4		
NEULASTA 6 mg/0.6ml sc soln pfs	5		
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		
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	5		
PROCRT 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 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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, SL
<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, SL
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
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, SL
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
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, SL
AMICAR 1000 mg tab, 500 mg tab	3		
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	1		
BEBULIN 200-1200 unit iv soln	5		PA, SL
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA, SL
CYKLOKAPRON 1000 mg/10ml iv soln	5		
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, SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	4		PA, SL
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
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, SL
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA, SL
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
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, SL
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA, SL
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
KOATE-DVI 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
KOGENATE FS BIO-SET 1000 unit iv kit, 2000 unit iv kit, 3000 unit iv kit	5		PA, SL
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
MONOCLATE-P 1000 unit iv kit, 1500 unit iv kit	5		PA, SL
MONONINE 1000 unit iv soln	5		PA, SL
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln,	5		PA, SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
250 unit iv soln, 3000 unit iv soln, 500 unit iv soln			
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA, SL
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, SL
<i>obizur 500 unit iv soln</i>	5		PA, SL
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
PROFILNINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	5		PA, SL
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, SL
<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, SL
<i>tranexamic acid 1000 mg/10ml iv soln</i>	5	CYKLOKAPRON	
VONVENDI 1300 unit iv soln, 650 unit iv soln	5		PA, SL
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA, SL
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA, SL
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 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]
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 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	
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>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	ST
<i>EDARBI 40 mg tab, 80 mg tab</i>	3		ST
<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	ST
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	ST
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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, 20 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>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	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	PACERONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	3		ST
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
quinidine gluconate er 324 mg tab er	1		
quinidine sulfate 200 mg tab, 300 mg tab	1		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	1	BETAPACE AF	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	1	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	1	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		ST
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	1	COREG CR	ST
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	1	CORGARD	
pindolol 10 mg tab, 5 mg tab	1	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</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>diltiazem cd 180 mg cap er 24 hr</i>	1		
<i>diltiazem cd 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<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	
<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, 360 mg cap 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>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>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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ALDACTAZIDE 50-50 mg tab	3		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>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</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	ST
<i>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</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	ST
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-</i>	1	EXFORGE HCT	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab			
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	ST
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab	1	CAPOZIDE	
DEMSEER 250 mg cap	3		
digox 125 mcg tab, 250 mcg tab	1	LANOXIN	
digoxin 125 mcg tab, 250 mcg tab	1	LANOXIN	
digoxin 0.05 mg/ml soln	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		ST
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		PA
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	1	MONOPRIL-HCT	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
LANOXIN 125 mcg tab, 187.5 mcg tab, 250 mcg tab, 62.5 mcg tab	3		
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	ST
<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	
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2		PA
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	PA
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA 150 mg tab, 300 mg tab	2		
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	ST
<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, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	1	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	ST
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorothiazide 250 mg tab, 500 mg tab</i>	1	DIURIL	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<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]			
ANTARA 30 mg cap, 90 mg cap	3		
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</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 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]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		ST
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		ST
<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	
<i>simvastatin 80 mg tab</i>	1	ZOCOR	ST
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1		
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</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	ST
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	ST
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1		
<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	
<i>triklo 1 gm cap</i>	1	LOVAZA	
VASCEPA 0.5 gm cap, 1 gm cap	3		
WELCHOL 3.75 gm pckt, 625 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]
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]			
<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	
<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	
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 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, 6.5 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 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	3		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating			
<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, 5 mg cap er 24 hr</i>	1	ADDERALL XR	QL(30 / 30), ST
<i>amphetamine-dextroamphetamine 30 mg cap er 24 hr</i>	1	ADDERALL XR	QL(90 / 30), ST
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	ADDERALL	QL(30 / 30)
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	QL(90 / 30)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	DEXEDRINE	QL(90 / 30)
<i>dextroamphetamine sulfate 10 mg tab</i>	1	DEXEDRINE	QL(120 / 30)
<i>dextroamphetamine sulfate er 5 mg cap er 24 hr</i>	1	DEXEDRINE	QL(90 / 30)
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr</i>	1	DEXEDRINE	QL(120 / 30)
DYANAVEL XR 2.5 mg/ml susp er	3		QL(240 / 30), ST
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	2		QL(30 / 30), ST
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>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	PA, AL, ST
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	QL(120 / 30)
COTEMPLA XR-ODT 8.6 mg Oral Tablet Extended Release Disintegrating	3		QL(30 / 30), ST

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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	3		QL(60 / 30), ST
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	QL(60 / 30)
<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	QL(30 / 30)
<i>guanfacine hcl er 4 mg tab er 24 hr</i>	1	INTUNIV	QL(60 / 30)
<i>guanfacine hcl er 1 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	INTUNIV	QL(90 / 30)
<i>guanfacine hcl er 2 mg tab er 24 hr</i>	1	INTUNIV	QL(120 / 30)
METADATE ER 20 mg tab er	1		QL(30 / 30)
<i>methylphenidate hcl 5 mg/5ml soln</i>	1	METHYLIN	QL(90 / 30)
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	QL(90 / 30)
<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		QL(30 / 30)
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 54 mg tab er</i>	1	CONCERTA	QL(30 / 30)
<i>methylphenidate hcl er 36 mg tab er</i>	1	CONCERTA	QL(60 / 30)
<i>methylphenidate hcl er 10 mg tab er</i>	1	METADATE	QL(30 / 30)
<i>methylphenidate hcl er 20 mg tab er</i>	1	RITALIN SR	QL(30 / 30)
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE	QL(30 / 30)
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	QL(30 / 30)
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		QL(30 / 30)
<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	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
BELVIQ 10 mg tab	3		PA
BELVIQ XR 20 mg tab er 24 hr	3		PA
QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr	3		PA
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
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		ST
LYRICA 20 mg/ml soln	2		ST
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1		ST
<i>pregabalin 20 mg/ml soln</i>	1		ST
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]			
AMPYRA 10 mg tab er 12 hr	5		PA
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
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	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>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
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	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
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>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]			
ABSORICA 25 mg cap, 35 mg cap	3		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	
ACZONE 7.5 % gel	3		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
ANALPRAM-HC 2.5-1 % rect lot	3		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>calcipotriene 0.005 % crm</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
<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	
CONDYLOX 0.5 % gel	3		
COSENTYX 150 mg/ml sc soln pfs	5		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 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>doxycycline 40 mg cap dr</i>	1		
ELIDEL 1 % crm	3		ST
EPIDUO FORTE 0.3-2.5 % gel	3		
FINACEA 15 % foam, 15 % gel	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>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	CLARAVIS	
<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		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIRVASO 0.33 % gel	2		
<i>pimecrolimus 1 % crm</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % rect crm	3		
PROCTOFOAM HC 1-1 % rect foam	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	5		PA
SANTYL 250 unit/gm oint	3		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SOOLANTRA 1 % crm	2		
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 % ext liq, 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
<i>tazarotene 0.1 % crm</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	5		PA
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	AL
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	AL
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>urea 39 % crm, 40 % crm, 40 % lot</i>	1		
<i>urea 40 % lot</i>	1		
<i>urea nail 45 % gel</i>	1		
<i>urea-c40 40 % lot</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>effervescent pot chloride 25 meq tab eff</i>	1		
<i>ferocon cap</i>	1		
<i>ferotinsic cap</i>	1		
FERROCITE PLUS 106-1 mg tab	1		
FERRO-PLEX HEMATINIC 115-1 mg tab	3		
FUSION PLUS cap	3		
<i>hematinic plus vit/minerals 106-1 mg tab</i>	1		
<i>hematinic/folic acid 324-1 mg tab</i>	1		
<i>hemetab 22-6-1-0.025 mg tab</i>	3		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	1		
INFED 50 mg/ml inj soln	3		
INTEGRA F 125-1 mg cap	3		
INTEGRA PLUS cap	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		
K-PHOS NO 2 305-700 mg tab	3		
K-TAN PLUS 162-115.2-1 mg cap	1		
<i>lactated ringers iv soln</i>	1		
MULTIGEN 70 mg tab	3		
MULTIGEN PLUS 50-101-1 mg tab	3		
<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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<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 10 meq tab er</i>	1		
<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	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PROFERRIN-FORTE 12-1 mg tab	3		
PROTECTIRON 60-1 mg tab	3		
<i>purefe plus 106-1 mg cap</i>	3		
<i>ringers iv soln</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
<i>sodium chloride 0.45 % iv soln, 0.9 % inj soln, 0.9 % iv soln, 2.5 meq/ml inj soln</i>	1		
TANDEM F 162-115.2-1 mg cap	3		
Electrolyte/Mineral/Metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
DEPEN TITRATABS 250 mg tab	3		
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	5		PA
FERRIPROX 500 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FERRIPROX 100 mg/ml soln	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	5		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA
KIONEX 15 gm/60ml susp	1		
sodium polystyrene sulfonate 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension	1		
sodium polystyrene sulfonate oral pwr	1	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	1	SPS	
Phosphate Binders - Phosphate-Removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	1	FOSRENOL	PA
RENAGEL 800 mg tab	3		PA
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	RENVELA	PA
sevelamer hcl 800 mg tab	1		PA
VELPHORO 500 mg tab chew	2		PA
Vitamins [Vitaminas]			
ABANEU-SL 600-600 mcg tab subl	3		
AIRAVITE 2.5-25-1 mg tab	1		
aminobenzoate potassium 2 gm pckt	1		
AQUASOL A 50000 unit/ml im soln	3		
ascorbic acid 500 mg/ml inj soln	1		
ATABEX EC 29-1 mg tab dr	3		
b complex vitamins inj soln	1		
b-plex tab	1		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	3		
CORVITA 1.25 mg tab	1		
cyanocobalamin 1000 mcg/ml inj soln	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE/ZINC tab	3		
<i>dothelle dha 53.5-38-1 mg cap</i>	3		
<i>ergocal 2500 unit cap</i>	3		
<i>folbee plus tab</i>	1		
FOLBEE PLUS CZ 5 mg tab	3		
<i>folic acid 1 mg tab</i>	1		
<i>folic acid 5 mg/ml inj soln</i>	1		
FOLIVANE-OB 130-92.4-1 mg cap	3		
<i>hydroxocobalamin acetate 1000 mcg/ml im soln</i>	1		
INFUVITE PEDIATRIC iv soln	3		
M.V.I. ADULT iv inj	3		
M.V.I. PEDIATRIC iv soln	3		
<i>multi-vit/fluoride 0.25 mg/ml soln</i>	1		
<i>multi-vit/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml soln</i>	1		
<i>multivitamin/fluoride 0.5 mg tab chew</i>	1		
<i>multivitamin/fluoride 0.25 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride 0.25 mg/ml soln</i>	1		
<i>multivitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multivitamins/fluoride 0.5 mg tab chew</i>	1		
MYNATAL cap	3		
<i>mynephrocaps 1 mg cap</i>	1		
NATALVIT tab	3		
NEPHRONEX tab	1		
<i>neurin-sl 600-600 mcg tab subl</i>	3		
NUTRIVIT liq	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>phytonadione 5 mg tab</i>	1		
<i>phytonadione 1 mg/0.5ml inj soln</i>	1		
<i>pnv folic acid + iron 27-1 mg tab</i>	3		
POTABA 500 mg cap	3		
PRENATA 29-1 mg tab chew	3		
<i>prenatal 19 tab chew, 29-1 mg tab,</i>	3		
PRENATAL-U 106.5-1 mg cap	3		
<i>pretab 29-1 mg tab</i>	3		
PROVIDA OB 20-20-1.25 mg cap	3		
<i>purefe ob plus 162-115.2-1 mg cap</i>	3		
<i>pyridoxine hcl 100 mg/ml inj soln</i>	1		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
SUPERVITE liq	3		
<i>support liq</i>	3		
SUPPORT-500 cap	3		
<i>thiamine hcl 100 mg/ml inj soln</i>	1		
<i>tl folate 27-0.5-0.5 mg tab</i>	3		
TL G-FOL OS 500-1.1 mg tab	3		
<i>triadvance 90-1 mg tab</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	3		
<i>tri-vit/fluoride/iron 0.25-10 mg/ml soln</i>	3		
<i>tri-vitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i>	1		
<i>ultimatecare one 27-1 mg cap</i>	3		
<i>urosex tab</i>	1		
VITAFOL tab	3		
VITAL-D RX 1 mg tab	3		
<i>vitamin d (ergocalciferol) 50000 unit cap</i>	1		
<i>vitamin k1 10 mg/ml inj soln</i>	1		
<i>vol-nate 28-1 mg tab</i>	3		
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>atropine sulfate (pf) 0.4 mg/0.5ml inj 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>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>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab subl</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>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
SYMAX DUOTAB 0.375 mg tab er	3		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<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, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
MYTESI 125 mg tab dr	5		PA
PYLERA 140-125-125 mg cap	3		
SYMPROIC 0.2 mg tab	2		PA, 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]			
<i>cimetidine 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 20 mg/2ml iv soln, 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab</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	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		QL(30 / 30)
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
GOLYTELY 227.1 gm soln	3		QL(1 / 15)
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
<i>peg 3350/electrolytes 240 gm soln</i>	1		QL(4000 / 15)
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	QL(4000 / 15)
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	QL(4000 / 15)
PEGYLAX oral pwdr	1		
<i>polyethylene glycol 3350 pckt</i>	1		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
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]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	NEXIUM	ST
<i>lansoprazole 15 mg tab disint, 30 mg tab disint</i>	1		ST
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg pckt, 40 mg pckt, 5 mg pckt	3		ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	1	ZEGERID	ST
pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr	1	PROTONIX	
PROTONIX 40 mg pckt	3		ST
rabeprazole sodium 20 mg tab dr	1	ACIPHEX	ST
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
ADAGEN 250 unit/ml im soln	5		PA
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
CERDELGA 84 mg cap	5		PA
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
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		PA
CYSTAGON 150 mg cap, 50 mg cap	5		PA
ELELYSO 200 unit iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
KUVAN 100 mg pckt, 100 mg tab sol, 500 mg pckt	5		PA
MEPSEVII 10 mg/5ml iv soln	5		PA
miglustat 100 mg cap	5	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	5		PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	5		PA
ORFADIN 4 mg/ml susp	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>sodium phenylbutyrate 3 gm/tsp oral pwdr</i>	4	BUPHENYL	PA
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
VPRIV 400 unit iv soln	5		PA
ZAVESCA 100 mg cap	5		PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 3000-14000 unit cap dr prt	2		
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	
<i>flavoxate hcl 100 mg tab</i>	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		ST
<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	
PHOSPHASAL 81.6 mg tab	1		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	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		
URETRON D/S tab	1		
<i>uro-mp 118 mg cap</i>	1		
VESICARE 10 mg tab, 5 mg tab	2		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CIALIS 2.5 mg tab, 5 mg tab	3		PA, QL(30 / 30), AL
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
RAPAFLO 4 mg cap, 8 mg cap	3		
<i>silodosin 4 mg cap, 8 mg cap</i>	1		
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1		PA, QL(30 / 30), AL
<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	
CIALIS 10 mg tab, 20 mg tab	3		QL(6 / 30), AL
ELMIRON 100 mg cap	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
RIMSO-50 50 % i-vesic soln	3		
<i>sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	VIAGRA	QL(6 / 30), AL
<i>tadalafil 10 mg tab, 20 mg tab</i>	1		QL(6 / 30), AL
<i>varafenafil hcl 10 mg tab disint</i>	1		QL(4 / 30), AL
<i>varafenafil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1		QL(6 / 30), AL
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
APEXICON E 0.05 % crm	3		AL
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	AL
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	AL
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	AL
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1		
<i>betamethasone valerate 0.1 % crm, 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % oint</i>	1	BETA-VAL	AL
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	AL
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clobetasol propionate 0.05 % crm</i>	1		AL
<i>clobetasol propionate 0.05 % oint</i>	1	CLOBEX	AL
<i>clobetasol propionate 0.05 % ext soln</i>	1	CLOBEX	AL
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLODAN	AL
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	AL
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	AL
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clocortolone pivalate 0.1 % crm</i>	1		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
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	AL
<i>dexamethasone 1 mg tab, 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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	AL
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	AL
<i>fluocinolone acetonide 0.01 % ext soln, 0.1% crm</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	AL
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	AL
<i>fluocinonide 0.1 % crm</i>	1	VANOS	AL
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	AL
<i>flurandrenolide 0.05 % crm</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>halcinonide 0.1 % crm</i>	1		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	AL
<i>HALOG 0.1 % crm, 0.1 % oint</i>	3		AL
<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	
<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	

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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</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<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, 50 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
PANDEL 0.1 % crm	3		AL
<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 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<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		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
scalacort 2 % lot	1		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln, 500 mg inj soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TEXACORT 2.5 % ext soln	3		
triamcinolone acetonide 0.025 % oint, 0.1 % oint	1	KENALOG	
triamcinolone acetonide 0.5 % oint	1	KENALOG	AL
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	1	KENALOG	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	
triamcinolone acetonide 0.5 % crm	1	TRIDERM	AL
TRIANEX 0.05 % oint	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]			
chorionic gonadotropin 10000 unit im soln	5	PREGNYL	PA
DDAVP RHINAL TUBE 0.01 % nasal soln	3		
desmopressin ace rhinal tube 0.01 % nasal soln	1	DDAVP	
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1		
GENOTROPIN 12 mg sc soln, 5 mg sc soln	4		PA
GENOTROPIN MINIQUICK 0.2 mg sc soln, 0.4 mg sc soln, 0.6 mg sc soln, 0.8 mg sc soln, 1 mg sc soln, 1.2 mg sc soln, 1.4 mg sc soln, 1.6 mg sc soln, 1.8 mg sc soln, 2 mg sc soln	4		PA
INCRELEX 40 mg/4ml sc soln	5		PA
STIMATE 1.5 mg/ml nasal soln	5		PA
ZOMACTON 5 mg sc 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]
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]			
KORLYM 300 mg tab	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
oxandrolone 10 mg tab, 2.5 mg tab	1	OXANDRIN	
Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
ANDROGEL 20.25 MG/1.25GM (1.62%) td gel	3		QL(37.5 / 30)
ANDROGEL 40.5 MG/2.5GM (1.62%) td gel	3		QL(75 / 30)
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	3		QL(75 / 30)
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
testosterone 20.25 MG/1.25GM (1.62%) td gel	1		QL(37.5 / 30)
testosterone 40.5 MG/2.5GM (1.62%) td gel	1		QL(75 / 30)
testosterone 25 MG/2.5GM (1%) td gel	1	ANDROGEL	QL(2.5 / 30)
testosterone 50 MG/5GM (1%) td gel	1	ANDROGEL	QL(150 / 30)
testosterone 20.25 MG/ACT (1.62%) td gel	1	ANDROGEL PUMP	QL(75 / 30)
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	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	QL(150 / 30)
<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]			
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch	3		
DUAVEE 0.45-20 mg tab	2		
<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		
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.06 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw 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 tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch</i>	1	VIVELLE-DOT	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
<i>estropipate 0.75 mg tab, 1.5 mg tab</i>	1	OGEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
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	3		
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		
Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CRINONE 4 % vag gel	3		QL(6.75 / 15)
CRINONE 8 % vag gel	3		QL(16.86 / 15)
<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, 400 mg/10ml susp, 625 mg/5ml susp</i>	1	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<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]			
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
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		
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	5		
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>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit	2		PA
LUPRON DEPOT (1-MONTH) 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit	2		PA
LUPRON DEPOT (3-MONTH) 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	2		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	2		PA
<i>octreotide acetate 100 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>octreotide acetate 1000 mcg/ml inj soln</i>	5	SANDOSTATIN	PA
ORLISSA 150 mg tab, 200 mg tab	3		
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	4		PA
SANDOSTATIN 1000 mcg/ml inj soln	5		PA
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	5		PA
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]			
<i>azathioprine 50 mg tab</i>	1	IMURAN	
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
<i>cyclosporine 50 mg/ml iv soln</i>	4	SANDIMMUNE	
<i>cyclosporine modified 100 mg/ml soln</i>	1	NEORAL	
ENBREL 25 mg sc 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]
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
GENGRAF 100 mg cap, 25 mg cap	1		
GENGRAF 100 mg/ml soln	1		
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 & 40mg/0.4ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
INFLECTRA 100 mg iv soln	5		PA
<i>methotrexate 2.5 mg tab</i>	1		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
OLUMIANT 2 mg tab	5		PA
ORENCIA 250 mg iv 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]
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
REMICADE 100 mg iv soln	4		PA
RENFLEXIS 100 mg iv soln	5		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
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr	4		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
CARIMUNE NF 12 gm iv soln, 6 gm iv soln	5		
CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
CYTOGAM 50 mg/ml iv inj	5		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln	5		
GAMASTAN S/D im inj	5		
GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln	5		
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	4		
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		
GAMMAPLEX 10 gm/100ml iv soln, 5 gm/50ml iv soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GAMMAPLEX 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln	5		
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		
HEPAGAM B inj soln	5		
HIZENTRA 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
HYPERHEP B S/D im soln	5		
HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
HYPERRHO S/D 250 unit im soln pfs	3		
HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit	5		
IMOGAM RABIES-HT 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
OCTAGAM 1 gm/20ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25 gm/500ml iv soln, 5 gm/100ml iv soln	5		
PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln	5		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
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
ARCALYST 220 mg sc soln	5		PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		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	4		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		
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
Vaccines [Vacunas]			
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		
AFLURIA im susp	3		
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
<i>bcg vaccine inj</i>	1		
BEXSERO im susp pfs	3		
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		
DAPTACEL 23-15-5 im susp	3		
<i>diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im 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]
ENGERIX-B 10 mcg/0.5ml im inj, 10 mcg/0.5ml inj susp, 20 mcg/ml im inj, 20 mcg/ml inj susp	3		
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUBLOK im soln	3		
FLUCELVAX QUADRIVALENT 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUVIRIN im susp, 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs, 9 mcg/strain i-dermal susp pen-inj	3		
GARDASIL 9 im susp, im susp pfs	3		
HAVRIX 1440 el u/ml im susp, 720 el u/0.5ml im susp	3		
HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs	3		
HIBERIX 10 mcg inj soln	3		
HYPERTET S/D 250 unit/ml im inj	5		
IMOVAX RABIES 2.5 unit/ml im inj	3		
INFANRIX 25-58-10 im susp	3		
IPOL inj	3		
IXIARO im susp	3		
KINRIX im susp	3		
MENACTRA im inj	3		
MENVEO im soln	3		
M-M-R II sc inj	3		
PEDIARIX im susp	3		
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		
PENTACEL im susp	3		
PNEUMOVAX 23 25 mcg/0.5ml inj	3		
PREVNAR 13 im susp	3		
PROQUAD sc susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
QUADRACEL im susp	3		
RABAVERT im susp	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp	3		
ROTARIX susp	3		
ROTATEQ soln	3		
TDVAX 2-2 lf/0.5ml im susp	1		
TENIVAC 5-2 lfu im inj	3		
TRUMENBA im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln	3		
VAQTA 25 unit/0.5ml im susp, 50 unit/ml im susp	3		
VARIVAX 1350 pfu/0.5ml sc inj	3		
VARIZIG 125 unit/1.2ml im soln	5		
VIVOTIF cap dr	3		
YF-VAX sc inj	3		
ZOSTAVAX 19400 unt/0.65ml sc susp	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	
CANASA 1000 mg rect supp	3		
LIALDA 1.2 gm tab dr	2		
<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	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1		PA
COLOCORT 100 mg/60ml rect enema	1		
CORTIFOAM 10 % rect foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
UCERIS 2 mg/act rect foam	3		
UCERIS 9 mg tab er 24 hr	3		PA
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	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)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	QL(3.7 / 30)
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	PA
<i>etidronate disodium 200 mg tab, 400 mg tab</i>	1	DIDRONEL	
FORTEO 600 mcg/2.4ml sc soln	4		PA, QL(2.4 / 30)
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		ST
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	ST
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	3		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(2.4 / 30)
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA, QL(100 / 365)
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
ANASCORP iv soln	5		
<i>antivenin latrodectus mactans inj kit</i>	4		
<i>antivenin micrurus fulvius iv soln</i>	4		
ARGYLE STERILE SALINE 0.9 % irrig soln	1		
CARNITOR 200 mg/ml iv soln	3		
CROFAB iv soln	5		
<i>deferoxamine mesylate 500 mg inj soln</i>	4		PA
EUFLEXXA 20 mg/2ml i-artic soln pfs	5		
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
SYNVISC 16 mg/2ml i-artic soln pfs	5		
SYNVISC ONE 48 mg/6ml i-artic soln pfs	5		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
NEOSPORIN 1.75-10000-.025 ophth soln	3		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
RESTASIS 0.05 % ophth emul	2		PA
RESTASIS MULTIDOSE 0.05 % ophth emul	2		PA
XIIDRA 5 % ophth soln	3		PA
Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	ST
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
EMADINE 0.05 % ophth soln	3		ST
LASTACFT 0.25 % ophth soln	3		ST
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	ST
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	
PAZEO 0.7 % ophth soln	2		ST
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
<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>gentamicin sulfate 0.3 % ophth oint</i>	1	GENTAK	
<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	

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<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
AZOPT 1 % ophth susp	2		ST
<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>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
COSOPT PF 22.3-6.8 mg/ml ophth soln	3		
<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 2-0.5 % ophth soln</i>	1		
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
<i>metipranolol 0.3 % ophth soln</i>	1	OPTIPRANOLOL	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<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 0.25 % 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		
Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	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		
LOTEMAX SM 0.83 % ophth gel	3		
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
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	
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		
<i>prednisolone acetate 1 % ophth susp</i>	1	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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	
Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas - Medicamentos Para Glaucoma]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
TRAVATAN Z 0.004 % ophth soln	2		
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]			
<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		
<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	
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]			
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>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	ST
CLARINEX 0.5 mg/ml syr	3		ST
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	ST
<i>diphenhydramine hcl 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 hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	ST
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	ST
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
XYZAL 2.5 mg/5ml soln	3		ST
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		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act	2		
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	ST
QNASL 80 mcg/act nasal aer soln	3		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	1	NASACORT	
Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
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		
<i>ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
SPIRIVA HANDIHALER 18 mcg inh cap	2		
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
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	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	VENTOLIN	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1		
<i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	QL(2 / 365)
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	QL(2 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	
<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	
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	
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	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
BETHKIS 300 mg/4ml inh neb soln	5		PA
PULMOZYME 1 mg/ml inh soln	5		PA
TOBI 300 mg/5ml inh neb soln	4		PA
TOBI PODHALER 28 mg inh cap	5		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
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	
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
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>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	5	TRACLEER	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4		PA
LETAIRIS 10 mg tab, 5 mg tab	4		PA
OPSUMIT 10 mg tab	4		PA
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	5		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4		PA
TRACLEER 125 mg tab, 32 mg tab sol, 62.5 mg tab	5		PA
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	4		PA
TYVASO 0.6 mg/ml inh soln	5		PA
TYVASO REFILL 0.6 mg/ml inh soln	5		PA
TYVASO STARTER 0.6 mg/ml inh soln	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
ESBRIET 267 mg tab, 801 mg tab	5		PA
OFEV 100 mg cap, 150 mg cap	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	
ADVAIR DISKUS 100-50 mcg/dose inh aer pwdr br act, 250-50	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act			
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		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
<i>benzonatate 100 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		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		ST
DECON-A 2-5 mg/5ml oral elix	3		
ESBRIET 267 mg cap	5		PA
<i>fluticasone-salmeterol 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act</i>	1		
GILPHEX TR 10-388 mg tab	3		
GILTUSS 10-28-388 mg/5ml liq	3		
GILTUSS PEDIATRIC 2.5-7.5-88 mg/ml liq	1		
GILTUSS TR 10-28-388 mg tab	3		
GLASSIA 1000 mg/50ml iv soln	5		PA
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1		AL
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>nortuss-ex 20-200 mg/5ml liq</i>	3		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
<i>ribavirin 6 gm inh soln</i>	5	VIRAZOLE	
SEMPREX-D 8-60 mg cap	3		
<i>sodium chloride 0.9 % 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		QL(60 / 30)
XOLAIR 150 mg sc soln	5		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>chlorzoxazone 500 mg tab</i>	1	PARAFON	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
METAXALL 800 mg tab	1		
<i>metaxalone 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<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]			
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	QL(30 / 30)
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	QL(30 / 30)
<i>zaleplon 5 mg cap</i>	1	SONATA	QL(30 / 30)
<i>zaleplon 10 mg cap</i>	1	SONATA	QL(60 / 30)
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	QL(30 / 30)
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	QL(30 / 30)
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	QL(30 / 30), ST
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	PA
<i>ramelteon 8 mg tab</i>	1	ROZEREM	QL(30 / 30)
ROZEREM 8 mg tab	3		QL(30 / 30)
SILENOR 3 mg tab, 6 mg tab	3		QL(30 / 30)
XYREM 500 mg/ml soln	5		PA

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APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
ADHD - Non Stimulant	30 days in 365 days	STEP 1	Dexmethylphenidate
			Methylphenidate
		STEP 2	Atomoxetine / Strattera
ADHD - Stimulants	30 days in 365 days	STEP 1	Amphetamine-Dextroamphetamine IR/Adderall
			Dexmethylphenidate
			Dextroamphetamine
			Methylphenidate
		STEP 2	Amphetamine-Dextroamphetamine ER
			Amphetamine ER Dispersible Tablet / Adzenys XR-ODT
			Methylphenidate ER Dispersible Tablet / Cotempla XR-ODT
			Amphetamine ER Susp / Dyanavel XR
			Lisdexamfetamine Dimesylate / Vyvanse
Amlodipine/Olmesartan; Amlodipine/Valsartan; Amlodipine/Valsartan HCT	30 days in 365 days	STEP 1	ACE Inhibitors
			Angiotensin II Receptor Antagonists
			Dihydropyridine CCB
			Diuretics
		STEP 2	Amlodipine-Olmesartan / Azor
			Amlodipine-Valsartan / Exforge
			Amlodipine-Valsartan-Hydrochlorothiazide / Exforge HCT
ARB	30 days in 365 days	STEP 1	Irbesartan +/- htcz
			Losartan +/- htcz
			Valsartan +/- htcz
		STEP 2	Azilsartan / Edarbi
			Azilsartan-Chlorthalidone / Edarbyclor
			Candesartan / Atacand
			Candesartan-Hydrochlorothiazide / Atacand HCT

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Olmesartan / Benicar
			Olmesartan-Hydrochlorothiazide / Benicar HCT
			Telmisartan / Micardis
			Telmisartan-Hydrochlorothiazide / Micardis HCT
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide
		STEP 2	Brinzolamide / Azopt
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR / Coreg CR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (Nsaids)**
		STEP 2	Celecoxib / Celebrex
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR / Pristiq
			Desvenlafaxine Tab SR / Khedezla
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Sitagliptin / Januvia
			Sitagliptin-Metformin / Janumet / Janumet XR
DPP-4 & SGLT-2	60 days in 365 days	STEP 1	DPP-4 (eg. Empagliflozin)
			SGLT-2 (eg. Linagliptin)
		STEP 2	Empagliflozin-Linagliptin / Glyxambi
Dronedarone	30 days in 365 days	STEP 1	Amiodarone
		STEP 2	Dronedarone / Multaq
Eplerenone	30 days in 365 days	STEP 1	Spironolactone
			Spironolactone & Hydrochlorothiazide
		STEP 2	Eplerenone / Inspra

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Ezetimibe	60 days in 365 days	STEP 1	Statins (eg. atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe / Zetia
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release / Prozac Weekly
Glitazones	60 days in 365 days	STEP 1	Biguanides Sulfonylureas
		STEP 2	Pioglitazone / Actos Pioglitazone HCl-Glimepiride / Duetact Pioglitazone HCl-Metformin / Actoplus met / Actoplus met XT
GLP-1	60 days in 365 days	STEP 1	Biguanides Glitazones Sulfonylureas
		STEP 2	Dulaglutide / Trulicity Exenatide Extended Release / Bydureon Exenatide / Byetta Semaglutide / Ozempic Liraglutide / Victoza
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab ER / Keppra XR/ Roweepra
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting opioids
		STEP 2	Fentanyl TD Patch / Duragesic
Memantine SR	30 days in 365 days	STEP 1	Memantine
		STEP 2	Memantine HCl Cap SR / Namenda XR
Metformin Osmotic /Modified Release	30 days in 365 days	STEP 1	Metformin
		STEP 2	Metformin HCl Tab SR 24HR Osmotic / Fortamet
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol / Glyset
Mirabegron	30 days in 365 days	STEP 1	Urinary Antispasmodic - Antimuscarinics (Oxybutynin, Tolterodine)

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Mirabegron Tab SR / Myrbetriq
Nasal Corticosteroid	1 prescription in 365 days	STEP 1	Budesonide
			Flunisolide
			Fluticasone Propionate
			Triamcinolone Acetonide
			OTCs (Budesonide / Rhinocort, Fluticasone / Flonase Allergy or Flonase Sensymist, Triamcinolone / Nasacort)
		STEP 2	Beclomethasone Dipropionate Nasal Aerosol / Qnasl
			Mometasone Furoate Nasal Susp / Nasonex
Nebivolol	30 days in 365 days	STEP 1	Alpha-Beta Blockers
			Beta Blockers Cardio-Selective
		STEP 2	Nebivolol / Bystolic
Non-Sedating Antihistamines	15 days in 365 days	STEP 1	OTCs (Loratadine / Claritin, Loratadine-PSE, Claritin-D, Fexofenadine / Allegra, Fexofenadine-PSE / Allegra-D, Cetirizine / Zyrtec, Cetirizine-PSE / Zyrtec-D, Levocetirizine / Xyzal)
		STEP 2	Desloratadine & Pseudoephedrine Tab SR / Clarinex D
			Desloratadine / Clarinex
			Cetirizine HCl Oral Soln
			Levocetirizine / Xyzal
Ocular Allergies	15 days in 365 days	STEP 1	OTCs (Ketotifen / Zaditor)
			Olopatadine Ophth Soln 0.1 %
		STEP 2	Alcaftadine / Lastacaft
			Azelastine / Optivar
			Emedastine / Emadine
			Olopatadine / Pataday/ Patanol
Oral biphosphonates	28 days in 365 days	STEP 1	Alendronate Tab
		STEP 2	Alendronate Oral Soln / Fosamax
			Alendronate -Cholecalciferol / Fosamax Plus D

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Ibandronate / Boniva
			Risedronate / Actonel
			Risedronate / Atelvia
Paliperidone palmitate (Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza
Pimecrolimus / Tacrolimus	15 days in 365 days	STEP 1	Corticosteroids - Topical**
			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus / Elidel
			Tacrolimus / Protopic
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
			OTCs (Lansoprazole / Prevacid OTC, Omeprazole / Prilosec OTC, Esomeprazole / Nexium OTC, Omeprazole-Sodium Bicarbonate / Zegerid OTC)
		STEP 2	Dexlansoprazole C/ Dexilant
			Esomeprazole / Nexium
			Lansoprazole / Prevacid SoluTab
			Omeprazole-Sodium Bicarbonate / Zegerid
			Pantoprazole / Protonix Oral Pack
			Rabeprazole / Aciphex
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants
			Duloxetine
			Tricyclic antidepressants
		STEP 2	Pregabalin / Lyrica
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR / Seroquel XR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate / Azilect
Repaglinide	60 days in 365 days	STEP 1	Nateglinide

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Repaglinide Tab
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR / Requip XL
Rotigotine	30 days in 365 days	STEP 1	Pramipexole
			Ropinirole
		STEP 2	Rotigotine TD Patch / Neupro
SGLT-2 Inhibitors	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Canagliflozin / Invokana
			Canagliflozin-Metformin / Invokamet / Invokamet XR
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
Simvastatin 80 mg	360 days in 365 days	STEP 1	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
		STEP 2	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
Statins	60 days in 365 days	STEP 1	Atorvastatin
			Lovastatin Tab IR
			Pravastatin
			Rosuvastatin
			Simvastatin
		STEP 2	Ezetimibe-Simvastatin / Vytorin
			Fluvastatin / Lescol
			Fluvastatin Sodium Tab SR / Lescol XL
			Lovastatin Tab SR / Altoprev
			Pitavastatin Calcium / Livalo
Triptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan / Relpax

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ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem
		STEP 2	Zolpidem Tartrate Tab CR / Ambien CR

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APÉNDICE II – LÍMITES DE ESPECIALIDAD / APPENDIX II – SPECIALTY LIMITATIONS

Drug Name (Nombre del Medicamento)		Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them.		
(Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)		
ANTIHEMOPHILIC & COAGULATION FACTORS		Hematólogo /Hematologist

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APÉNDICE III- LISTA DE PREVENTIVOS / APPENDIX III- PREVENTIVE LIST

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

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

Drugs (Medicamentos)		Requirements/Limits (Requisitos/Límites)
Aspirin Use to Prevent 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)	
Diaphragm (Diafragma)		
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)	

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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	
PREVENTEZA ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	

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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)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
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)

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ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
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)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	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)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)

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MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
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)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
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)

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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)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI 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)
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)

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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 (Minipildora 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)
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)

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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)
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)

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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); QL (51ml/30 days)
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); QL (51ml/30 days)
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); QL (18ml/30 days)
iron oral tablet 325 (65 Fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	
Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 MG (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

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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 IV – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX IV - OVER THE COUNTER (OTC) COVERED DRUGS LIST

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<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>	
PREVACID 24HR 15 mg cab dr	
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

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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-inflammatories, 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>	

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APÉNDICE V- SOLICITUD DE EXCEPCIÓN MÉDICA / APPENDIX V – MEDICAL EXCEPTION APPLICATION

Nombre del Paciente y Representante Personal (si aplica):

Núm. Contrato _____ Núm. de Grupo: _____

Se solicita la aprobación de:

- Medicamento no está incluido en el formulario
- Cubierta continuada para medicamento que se discontinuar
- Excepción a un procedimiento de manejo de medicamento (ei, terapia escalonada)
- Excepción a un procedimiento de limitación de dosis

Razones para la solicitud de excepción médica:

- En el formulario no figura un medicamento clínicamente aceptable para tratar la condición del paciente.
- El medicamento que procede conforme a la terapia escalonada es ineficaz para la condición o el paciente, es probable que cause daño al paciente o y ya el paciente se encontraba en un nivel más avanzado bajo otro plan médico.
- La dosis disponible para medicamento probablemente es ineficaz para la condición o el paciente.

Historial breve del paciente:

Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud (incluya código y descripción):

Descripción de la necesidad médica de medicamento para el cual se solicita la excepción:
(Incluya hoja adicional de ser necesario)

Nombre de la Persona que expide la receta

de Proveedor (NPI)

Firma

Fecha

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Aviso: Informando a los Individuos sobre los requisitos de no discrimen y acceso y la declaración de no discrimen: El Discrimen Esta En Contra De La Ley

Triple S Salud, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, no excluye a las personas ni las trata de forma diferente por motivos de raza, color, origen nacional, edad, sexo o incapacidad.

Triple S Salud, Inc.

- Proporciona mecanismos auxiliares y servicios gratuitos a las personas con incapacidades para comunicarse efectivamente con nosotros, tales como:
 - Intérpretes en lenguaje de señas certificados,
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, entre otros).
- Proporciona servicios traducción gratuitos a personas cuyo primer idioma no es el español, tales como:
 - Intérpretes certificados,
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, contacte a un Representante de Servicio.

Si considera que Triple S Salud, Inc. no le ha provisto estos servicios o han discriminado de cualquier otra manera por motivos de raza, origen nacional, color, edad, sexo o incapacidad, comuníquese con:

Representante de Servicio

P.O. Box 11320, San Juan, PR 00922-3260

Teléfono: (787) 774-6081 o 1-800-716-6081

TTY: (787) 792-1370 or 1-866-215-1999

E-mail: TSACompliance@sssadvantage.com

Puede presentar su querella en persona, por correo, fax o correo electrónico. Si necesita ayuda para presentar su querella, un Representante de Servicio está disponible para ayudarle.

Usted puede presentar su querella por violación a los derechos civiles con el Departamento de Salud y de Recursos Humanos de Estados Unidos, Oficina de Derechos Civiles de forma electrónica a través de su portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, por correo, o por teléfono al:

200 Independence Ave, SW Room 509F, HHH Bldg Washington, D.C. 20201

Teléfono: 1-800-368-1019, TDD: 1-800-537-7697

Call the customer service number on your ID card for assistance.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

العربية باللغة المساعدة على للحصول هويتك بطاقة على الموجود العملاء خدمة برقم اتصل.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید.

Notice: Informing individuals about nondiscrimination and accessibility requirements and nondiscrimination statement: Discrimination Is Against The Law

Triple S Salud, Inc. complies with applicable federal civil rights laws and does not discriminate, exclude people or treat individuals differently because of race, color, national origin, age, disability, or sex.

Triple S Salud, Inc.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters,
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters,
 - Information written in other languages.

If you need these services, contact a customer a Service Representative.

If you believe that Triple S Salud, Inc. has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Service Representative

P. O. Box 11320, San Juan, PR 00922-9905

Telephone: (787) 774-6081 or 1-800-716-6081

TTY: (787) 792-1370 or 1-866-215-1999

E-mail: TSACompliance@sssadvantage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Service Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically, through the Office of Civil Rights Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Telephone: 1-800-368-1019, TDD: 1-800-537-7697

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

Call the customer service number on your ID card for assistance.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

العربية باللغة المساعدة على للحصول هويتك بطاقة على الموجود العملاء خدمة برقم اتصل.

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Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید.



Service centers

MAIN OFFICE

1441 F.D. Roosevelt Ave.
San Juan, PR 00920
Monday to Friday 8:00 a.m. - 5:00 p.m.

PLAZA LAS AMÉRICAS

2nd Level
Monday to Friday 8:00 a.m. - 7:00 p.m.
Saturday 9:00 a.m. - 6:00 p.m.
Sunday 11:00 a.m. - 5:00 p.m.

PLAZA CAROLINA

2nd Level
Monday to Friday 9:00 a.m. - 7:00 p.m.
Saturday 9:00 a.m. - 6:00 p.m.
Sunday 11:00 a.m. - 5:00 p.m.

ARECIBO

Caribbean Cinemas Building, Suite 101
Road 2 km 81.0 Arecibo, PR 00612
Monday to Friday 8:00 a.m. - 5:00 p.m.

CAGUAS

Angora Building, Luis Muñoz Marín Ave.
Corner/Street Troche, Caguas, PR 00725
Monday to Friday 8:00 a.m. - 5:00 p.m.

MAYAGÜEZ

Road 114 km 1.1 Castillo Community,
Mayagüez, PR 00680
Monday to Friday 8:00 a.m. - 5:00 p.m.

PONCE

2760 Maruca Ave.
Ponce, PR 00728-4108
Monday to Friday 8:00 a.m. - 5:00 p.m.

Service call center

787-774-6081

Toll Free: 1-800-716-6081
(TTY / TDD) 787 792 1370
Toll Free: 1-866-215-1999

SERVICE HOURS (AST):

Monday to Friday 7:30 a.m. - 8:00 p.m.
Saturday from 9:00 a.m. - 6:00 p.m.
Sunday from 11:00 a.m. - 5:00 p.m.



Triple S Salud cumple con las leyes federales aplicables de derechos civiles y no discrimina por razón de raza, color, origen de nacionalidad, edad, discapacidad o sexo. Triple-S Salud complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FEH_4005_17_02_E. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 787-774-6081, libre de costo 1-800 716-6081; (TTY / TDD) 787-792-1370; libre de costo 1-866-215-1999. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 787-774-6081, Toll Free 1-800-716-6081; (TTY / TDD) 787-792-1370; Toll-Free 1-866-215-1999. FEH_4005_17_04