

2020

Lista de Medicamentos Empleado de Gobierno



**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
Select 2020**

*Drug List
Select 2020*

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INTRODUCCIÓN / INTRODUCTION

Tú cubierta de farmacia utiliza una lista de medicamentos que te ofrece una selección amplia de opciones de tratamiento.

Your pharmacy coverage uses a Drug List or Formulary that offers you a wide selection of treatment options.

Los medicamentos en esta lista han sido seleccionados por su seguridad, efectividad en el tratamiento de condiciones de salud y su costo. Dicha lista consiste de medicamentos con leyenda aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) que están disponibles en el mercado y algunos medicamentos sin leyenda federal (OTC, por sus siglas en inglés), para las clasificaciones que se incluyen.

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

En las páginas a continuación presentamos toda la información requerida para facilitarte la lectura e interpretación.

The following pages include all the information you will need to help you read and interpret the List.

Te exhortamos a que evalúes con tu médico los medicamentos disponibles para tratar tu condición. Nuestra lista tiene una diversidad de medicamentos por condición, los cuales incluyen genéricos y de marca preferidos. Si utilizas estos medicamentos contribuyes a mantener los costos del beneficio de farmacia en un nivel razonable y tus copagos serán menores.

We urge you to talk with your doctor and evaluate the medications available to treat your condition. Our List contains a variety of medications classified by condition, including generic and preferred brand drugs. If you use these drugs, you will be helping keep the pharmacy benefit costs at a reasonable level, and your co-payments will also be lower.

Este documento presenta la forma en que se diseñó la lista de medicamentos, así como una descripción de los éditos para verificar dosis y terapias duplicadas. Se muestran los medicamentos por clasificación terapéutica, los apéndices y una lista por orden alfabético (Índice) de los medicamentos disponibles en esta lista.

This document shows how the Drug List was designed, as well as a description of the edits to review dosages and duplicate therapies. The drugs are listed by therapeutic categories. This document also includes appendixes and an alphabetical list (index) of the drugs available in the List.

La inclusión de un medicamento a la Lista no indica que el mismo está cubierto. El certificado del beneficio de

Farmacia es el que determina si el medicamento está cubierto o excluido en la póliza. Por ejemplo, los agentes para la disfunción eréctil, las hormonas de crecimiento y los medicamentos sin leyenda federal (OTC) usualmente están excluidos de la cubierta de farmacia.

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

Para una copia de la lista de medicamentos, preguntas o ayuda, llama a nuestro Centro de Llamadas al (787) 774-6070 o libre de cargos al 1-800-981-3241. Los usuarios del sistema TTY/TDD deben llamar al (787) 792-1370 o libre de cargos al 1-866-215-1999. El horario de servicio es de lunes a viernes, de 7:30 a.m. a 8:00 p.m., sábados de 9:00 a.m. a 6:00 p.m. y domingos de 11:00 a.m. a 5:00 p.m. (AST, Tiempo Estándar del Atlántico).

If you need a copy of the Prescription Drug List, have questions, or need help, contact our Call Center at 787) 774-6070, or toll free at 1-800-981-3241. TTY/TDD users should call (787) 792-1370, or toll free at 1-866-215-1999. Our business hours are: Monday through Friday, from 7:30 a.m. to 8:00 p.m., Saturdays from 9:00 a.m. to 6:00 p.m., and Sundays from 11:00 a.m. to 5:00 p.m. (AST, Atlantic Standard Time).

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

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

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

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

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

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

- Nivel 1 –medicamentos genéricos preferidos
- Nivel 2 –medicamentos genéricos no preferidos
- Nivel 3 –medicamentos de marca preferidos
- Nivel 4 –medicamentos de marca no preferidos
- Nivel 5 –productos especializados preferidos
- Nivel 6 –productos especializados no preferidos

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

- *Level 1 – preferred generic drugs*
- *Level 2 – non-preferred generic drugs*
- *Level 3 – preferred brand drugs*
- *Level 4 – non-preferred brand drugs*
- *Level 5 – preferred specialty products*
- *Level 6 – non-preferred specialty products*

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

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

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

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

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

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

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

¿Qué son medicamentos genéricos no preferidos (Nivel 2)? / What are non-preferred generic drugs (Level 2)?

Este nivel incluye medicamentos genéricos de mayor costo que los del nivel 1. Están clasificados como no preferidos porque existen alternativas en el nivel anterior con menos efectos secundarios o que son más costo-efectivos. Estos están escritos en letras minúsculas.

This level includes generic drugs at higher costs than those in level 1. They are classified as non-preferred because the previous level includes alternatives that have fewer side effects or are more cost-effective. These are written out in lowercase font.

¿Qué son medicamentos de marca preferidos (Nivel 3)? / What are preferred brand drugs (Level 3)?

Este nivel incluye medicamentos de marca que han sido seleccionados por el Comité de Farmacia y Terapéutica como agentes preferidos luego de su evaluación de seguridad, eficacia y costo. Los mismos están identificados a la derecha como nivel 3. En aquellas clases terapéuticas donde no hay genéricos, te exhortamos a que uses como primera alternativa aquellos identificados como preferidos.

This tier has brand name drugs that have been classified by the Pharmacy and Therapeutics Committee as preferred agents, after an in-depth review in terms of safety, efficiency, and cost. These are identified as level 3 next to the name of the drug. For therapeutic classes where there are no generic drugs, we suggest you use the preferred drugs as your first choice.

¿Qué son medicamentos de marca no preferidos (Nivel 4)? / What are non-preferred brand drugs (Level 4)?

Un medicamento es clasificado como marca no preferido porque existen alternativas en los niveles anteriores con menos efectos secundarios o son más costo-efectivos. Si el asegurado obtiene un medicamento de marca del nivel 4, tiene que pagar un costo mayor.

A brand name drug is classified as non-preferred when there are other choices in other drug levels that have fewer side effects and/or are more cost effective. If you obtain a level 4 drug, you will have to pay more for that drug.

¿Qué son productos especializados preferidos (Nivel 5)? / What are preferred specialty products (Level 5)?

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

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

El nivel 5 presenta los medicamentos o productos en la lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Dichos medicamentos o productos incluyen genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor que el nivel 6 y un arreglo especial para su despacho.

Level 5 features the drugs or products in the Drug List that are offered under the Special Conditions Drugs Program. This tier has generic, biosimilar (generic biologics), and brand name drugs at a lower cost than those in level 6, and it grants special provisions for its supply.

¿Qué son productos especializados no preferidos (Nivel 6)? / What are non-preferred specialty products (Level 6)?

Los medicamentos en este nivel 6 también tienen un arreglo especial para su despacho, pero tienen un costo mayor que los del nivel 5. Éstos se usan para el tratamiento de condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

The drugs in level 6 also require special handling for supply, but have higher copay when compared to level 5 drugs. These are used to treat chronic and high-risk health conditions that need special handling and administration.

Guías de Referencia / Reference Guidelines

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

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

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

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

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

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

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

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

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, *ST* por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el Medicamento A no te funciona, entonces cubrimos el Medicamento B.

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

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

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

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

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

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

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

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

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

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

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

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

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

- Édito de Terapia Duplicada -verifica tu historial de medicamentos para recetas duplicadas, de dos formas: / *Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:*
 1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes). / *If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).*
 2. Si recibes dos medicamentos de la misma clase terapéutica, por ejemplo, dos antidepresivos o dos analgésicos, entre otros. / *If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.*

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

- Cambio en dosis / Change in dose

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

1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta. / *If the dose is determined by weight, the doctor must write your weight and height in the prescription.*
2. Cuando la dosis se ajuste de acuerdo a los niveles en tu sangre, el médico debe indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos, warfarina). / *When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).*
3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia requerirá una preautorización a Triple-S Salud, Inc. / *When the dose written in the prescription does not exist in the pharmaceutical dosage form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted).*

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

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

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

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

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

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

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

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PARTE II - MEDICAMENTOS POR CATEGORÍA TERAPÉUTICA/ PART II - DRUGS BY THERAPEUTIC CATEGORY

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS [ANALGÉSICOS]			
Analgesics (Combination Product) [Analgésicos (Productos En Combinación)]			
<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(4500 / 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>ASCOMP-CODEINE 50-325-40-30 mg cap</i>	2		QL(18 / 30), AL
<i>butalbital-acetaminophen 50-300 mg tab</i>	2	BUPAP	QL(18 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	2	TENCON	QL(18 / 30)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	FIORICET WITH CODEINE	QL(18 / 30), AL
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	2	ESGIC	QL(18 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	2	FIORICET	QL(18 / 30)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	QL(18 / 30), AL
<i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>	2		QL(18 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	FIORINAL	QL(18 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
<i>duraxin 300-200-20 mg cap</i>	1		
ENDOCET 2.5-325 mg tab	1		QL(360 / 30)
<i>endocet 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>endocet 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>endocet 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln</i>	2	HYCET	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	2	NORCO	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>	2	VICODIN	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	2	VICODIN	QL(360 / 30)
<i>hydrocodone-ibuprofen 10-200 mg tab</i>	2	REPREXAIN	QL(180 / 30)
<i>hydrocodone-ibuprofen 5-200 mg tab</i>	2	REPREXAIN	QL(360 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2	VICOPROFEN	QL(180 / 30)
IBUDONE 5-200 mg tab	2		QL(360 / 30)
LORCET 5-325 mg tab	2		QL(360 / 30)
LORCET HD 10-325 mg tab	2		QL(180 / 30)
LORCET PLUS 7.5-325 mg tab	2		QL(180 / 30)
LORTAB 10-325 mg tab, 7.5-325 mg tab	2		QL(180 / 30)
<i>margesic 50-325-40 mg cap</i>	2	ESGIC	QL(18 / 30)
NORCO 10-325 mg tab	4		QL(180 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
TENCON 50-325 mg tab	4		QL(18 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	4		QL(270 / 30)
VANATOL S 50-325-40 mg/15ml soln	4		QL(270 / 30)
VICODIN 5-300 mg tab	2		QL(360 / 30)
VICODIN ES 7.5-300 mg tab	2		QL(180 / 30)
VICODIN HP 10-300 mg tab	2		QL(180 / 30)
ZEBUTAL 50-325-40 mg cap	2		QL(18 / 30)
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	2	CELEBREX	
<i>choline-mag trisalicylate 500 mg/5ml liq</i>	1		
<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>	2	VOLTAREN	
<i>diclofenac sodium 1 % td gel</i>	2	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN	
<i>diflunisal 500 mg tab</i>	2	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>	2	LODINE XL	
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	
FLECTOR 1.3 % td patch	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
INDOCIN 50 mg rect supp	4		
INDOCIN 25 mg/5ml susp	4		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 75 mg cap, 50 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	2	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	2	MECLOMEN	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	2	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	2	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>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	2	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	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>	2		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [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>	2	DURAGESIC	QL(10 / 30)
<i>fentanyl citrate (pf) 2500 mcg/50ml inj soln</i>	1		QL(1 / 30)
<i>fentanyl citrate (pf) 1000 mcg/20ml inj soln</i>	1		QL(3 / 30)
<i>fentanyl citrate (pf) 500 mcg/10ml inj soln</i>	1		QL(6 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln cart</i>	1		QL(8 / 30)
<i>fentanyl citrate (pf) 250 mcg/5ml inj soln</i>	1		QL(12 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(60 / 30)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		QL(180 / 30)
<i>morphine sulfate er 100 mg tab er</i>	2	MS CONTIN	QL(36 / 30)
<i>morphine sulfate er 200 mg tab er</i>	2	MS CONTIN	QL(60 / 30)
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	QL(90 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	QL(60 / 30)
<i>OXYCONTIN 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>	4		QL(60 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>oxymorphone hcl 10 mg tab</i>	2	OPANA	QL(120 / 30)
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	ULTRAM ER	QL(30 / 30)
<i>tramadol hcl er (biphasic) 300 mg tab er 24 hr</i>	2	RYZOLT	QL(30 / 30)
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		QL(360 / 30), AL
DEMEROL 25 mg/0.5ml inj soln	4		QL(2 / 30)
DEMEROL 25 mg/ml inj soln, 75 mg/ml inj soln	4		QL(4 / 30)
DEMEROL 75 mg/1.5ml inj soln	4		QL(6 / 30)
DEMEROL 100 mg/2ml inj soln	4		QL(8 / 30)
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	1	DILAUDID	QL(360 / 30)
<i>meperidine hcl 10 mg/ml inj soln</i>	2		QL(4 / 30)
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	2	DEMEROL	QL(4 / 30)
<i>meperidine hcl 50 mg tab</i>	2	DEMEROL	QL(180 / 30)
<i>oxycodone hcl 20 mg tab</i>	2		QL(120 / 30)
<i>oxycodone hcl 10 mg tab</i>	2		QL(240 / 30)
<i>oxycodone hcl 5 mg cap</i>	2		QL(360 / 30)
<i>oxycodone hcl 30 mg tab</i>	2	ROXICODONE	QL(80 / 30)
<i>oxycodone hcl 100 mg/5ml oral conc</i>	2	ROXICODONE	QL(120 / 30)
<i>oxycodone hcl 15 mg tab</i>	2	ROXICODONE	QL(160 / 30)
<i>oxycodone hcl 5 mg tab</i>	2	ROXICODONE	QL(360 / 30)
<i>oxycodone hcl 5 mg/5ml soln</i>	2	ROXICODONE	QL(2000 / 30)
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(240 / 30)
ANESTHETICS [ANESTÉSICOS]			
Anesthetics (Combination Product) [Anestésicos (Productos En Combinación)]			
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
Local Anesthetics [Anestésicos Locales]			
<i>ethyl chloride ext aer</i>	1		
GLYDO 2 % gel	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 5 % patch</i>	2	LIDODERM	PA
<i>lidocaine hcl 3 % crm</i>	1		
<i>lidocaine hcl 0.5 % inj soln, 1 % inj soln, 3 % lot, 4 % m/t soln</i>	1		
<i>lidocaine hcl 2 % inj soln, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % inj soln, 1.5 % inj soln, 2 % inj soln, 4 % inj soln</i>	1		
<i>lidocaine hcl (pf) 0.5 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1		
<i>lidocaine pak 5 % oint</i>	2		
<i>lidocaine viscous 2 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>lido-k 3 % lot</i>	1		
<i>lidopin 3 % crm</i>	1		
LIDOZION 3 % lot	1		
<i>premium lidocaine 5 % oint</i>	2		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/Anti-Craving [Disuasivos Del Alcohol/Anti Ansiedad]			
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Anti-Addiction/Substance Abuse Treatment Agents [Agentes Contra La Adicción/Tratamiento De Abuso De Sustancias]			
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	2		
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1		
Opioid Reversal Agents [Agentes Para La Reversión De Opioides]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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</i>	1	NARCAN	
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
GENTAK 0.3 % ophth oint	2		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth oint</i>	1	GENTAK	
<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	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	4		
Antibacterials, Other [Antibacterianos, Otros]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
AVC VAGINAL 15 % vag crm	4		
<i>baciim 50000 unit im soln</i>	2	BACI-IM	
<i>bacitracin 50000 unit im soln</i>	2	BACI-IM	
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
BACTROBAN NASAL 2 % nasal oint	4		
CENTANY 2 % oint	4		
CENTANY AT 2 % ext kit	4		
CLEOCIN 100 mg vag supp	4		
CLINDACIN ETZ 1 % swab	2		
CLINDACIN-P 1 % swab	2		
CLINDAGEL 1 % gel	4		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>clindamycin phosphate 300 mg/2ml inj soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	4		PA
HYOPHEN 81.6 mg tab	2		
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	2	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1		
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	2		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 0.75 % vag gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MONUROL 3 gm pckt	4		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	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	
PHOSPHASAL 81.6 mg tab	1		
PRIMSOL 50 mg/5ml soln	4		
ROSADAN 0.75 % crm, 0.75 % gel	2		
SULFAMYLON 5 % ext pckt	4		
SULFAMYLON 85 mg/gm crm	4		
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>trimpex 50 mg/5ml soln</i>	1		
<i>ur n-c 81.6 mg tab</i>	1		
URELLE 81 mg tab	2		
URETRON D/S tab	1		
URIBEL 118 mg cap	2		
URIMAR-T 120 mg tab	4		
<i>urin ds tab</i>	1		
<i>uro-458 81 mg tab</i>	2		
<i>uro-mp 118 mg cap</i>	2		
URYL 81.6 mg tab	2		
USTELL 120 mg cap	2		
<i>uticap 120 mg cap</i>	1		
UTIRA-C 81.6 mg tab	1		
UTRONA-C 81.6 mg tab	1		
<i>vancomycin hcl 250 mg/5ml soln</i>	1		PA
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2		
VANDAZOLE 0.75 % vag gel	2		
VILEVEV MB 81 mg tab	2		
XIFAXAN 200 mg tab, 550 mg tab	4		PA
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	2	CECLOR CD	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefazolin sodium 1 gm iv soln, 100 gm inj soln, 20 gm inj soln, 300 gm inj soln</i>	1		
<i>cefazolin sodium 1 gm inj soln, 10 gm inj soln, 500 mg inj soln</i>	1	ANCEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefditoren pivoxil 200 mg tab, 400 mg tab</i>	2	SPECTRACEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>cefepodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
CEFTIN 250 mg/5ml susp	4		
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	2	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap, 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
SPECTRACEF 400 mg tab	4		
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	2	AUGMENTIN	
<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>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 500-125 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
AUGMENTIN 125-31.25 mg/5ml susp	4		
AUGMENTIN XR 1000-62.5 mg tab er 12 hr	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	4		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
MOXATAG 775 mg tab er 24 hr	4		
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	2	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	2		
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
PFIZERPEN 20000000 unit inj soln, 5000000 unit inj soln	4		
Macrolides [Macrólidos]			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
E.E.S. 400 400 mg tab	4		
<i>ery 2 % pad</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ERYPED 400 400 mg/5ml susp	4		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	4		
ERYTHROCIN STEARATE 250 mg tab	4		
<i>erythromycin 2 % pad</i>	1		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1		
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	2	ERYPED	
<i>erythromycin ethylsuccinate 400 mg/5ml susp</i>	1	ERYPED 400	
ZITHROMAX 1 gm pckt	4		
ZMAX 2 gm susp	4		
Quinolones [Quinolonas]			
CETRAXAL 0.2 % otic soln	4		
CILOXAN 0.3 % ophth oint	4		
CIPRO 250 mg tab, 500 mg tab	4		
CIPRO XR 1000 mg tab er 24 hr, 500 mg tab er 24 hr	4		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	2	CIPRO	
<i>ciprofloxacin hcl 0.2 % otic soln</i>	2		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	CIPRO XR	
LEVAQUIN 500 mg tab, 750 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>levofloxacin 0.5 % ophth soln</i>	2	QUIXIN	
<i>MOXEZA 0.5 % ophth soln</i>	3		
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
Sulfonamides [Sulfonamidas]			
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
<i>SSD 1 % crm</i>	2		
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
<i>SULFATRIM PEDIATRIC 200-40 mg/5ml susp</i>	1		
Tetracyclines [Tetraciclinas]			
<i>avidoxy 100 mg tab</i>	2	ADOXA	
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	DECLOMYCIN	
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	2	ACTICLATE	
<i>doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 55 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1		
<i>minocycline hcl er 115 mg tab er 24 hr, 65 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	SOLODYN	
MONDOXYNE NL 100 mg cap, 50 mg cap, 75 mg cap	2		
MORGIDOX 100 mg cap, 50 mg cap	2		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	4		
<i>tetracycline hcl 250 mg cap</i>	1		
VIBRAMYCIN 50 mg/5ml syr	4		
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA	
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
CELONTIN 300 mg cap	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	3		
LYRICA 20 mg/ml soln	3		
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
<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		
<i>pregabalin 20 mg/ml soln</i>	1		
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA)]			
<i>clobazam 10 mg tab, 20 mg tab</i>	1		PA
<i>clobazam 2.5 mg/ml susp</i>	1		PA
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	4		
DIASTAT PEDIATRIC 2.5 mg rect gel	4		
<i>diazepam 5 mg/ml inj soln, 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [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	
GABITRIL 12 mg tab, 16 mg tab	3		
<i>lorazepam 2 mg/ml oral conc</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		
ONFI 10 mg tab, 20 mg tab	4		PA
ONFI 2.5 mg/ml susp	4		PA
<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>	2		
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	2		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab</i>	1	GABITRIL	
<i>tiagabine hcl 2 mg tab, 4 mg tab</i>	2	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
<i>lamotrigine 25 & 50 & 100 mg oral kit, 25 (21)-50 (7) mg oral kit, 50 (42)-100(14) mg oral kit</i>	1		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	LAMICTAL XR	
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>	1	QUDEXY XR	
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
BANZEL 200 mg tab, 400 mg tab	4		PA
BANZEL 40 mg/ml susp	4		PA
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL	
DILANTIN 30 mg cap	3		
EPITOL 200 mg tab	2		
<i>fosphenytoin sodium 500 mg pe/10ml inj soln</i>	2		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln</i>	2	CEREBYX	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
PEGANONE 250 mg tab	4		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>phenytoin sodium 50 mg/ml inj soln</i>	2	DILANTIN	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		SL
VIMPAT 10 mg/ml soln	3		SL
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			
Antidementia Agents, Other [Agentes Antidemencia, Otros]			
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint</i>	1	ARICEPT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	2	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	2	RAZADYNE	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	2	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	EXELON	
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (NMDA)]			
<i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 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	
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	4		
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants (Combination Product) [Antidepresivos (Productos En Combinación)]			
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	2	TRIAVIL	
Antidepressants, Other [Antidepresivos, Otros]			
<i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>	4		
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1		
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>FORFIVO XL 450 mg tab er 24 hr</i>	4		
<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>	2	REMERON	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	SEROQUEL XR	
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminoxidasa]			
<i>MARPLAN 10 mg tab</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors) [ISRSs/IRSNs (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina)]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	2	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	2	CELEXA	
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
<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, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg cap, 20 mg cap</i>	1		
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	2	LUVOX CR	
<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>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	PAXIL CR	
PAXIL 10 mg/5ml susp	4		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>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 tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
ZOLOFT 20 mg/ml oral conc	4		
Tricyclics [Tricíclicos]			
<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>	2	ASENDIN	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
COMPRO 25 mg rect supp	1		
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>metoclopramide hcl 10 mg tab disint, 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	2		
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg rect supp, 50 mg tab</i>	1	PHENERGAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	4		
TRANSDERM-SCOP (1.5 MG) 1 mg/3days td patch 72 hr	4		
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
ANZEMET 100 mg tab, 50 mg tab	4		
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	PA
CESAMET 1 mg cap	4		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	2	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	2	ZOFRAN	
<i>ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln</i>	5	ZOFRAN	
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	5	ALOXI	
ZUPLENZ 4 mg oral film, 8 mg oral film	4		
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
<i>bio-statin 1000000 unit cap, 500000 unit cap</i>	1		
CICLODAN 8 % ext soln, 0.77% crm	2		
CICLODAN CREAM 0.77 % ext kit	4		
<i>ciclopirox 0.77 % gel</i>	2	LOPROX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>ciclopirox 1 % shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % ext soln</i>	2	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	2	LOPROX	
<i>clotrimazole 1 % crm</i>	1	LOTRIMIN	
<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 anti-fungal 1 % crm</i>	1	LOTRIMIN	
<i>EXELDERM 1 % crm</i>	4		
<i>EXELDERM 1 % ext soln</i>	4		
<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>	2	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>	2	GRIS-PEG	
<i>itraconazole 10 mg/ml soln</i>	1		
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>naftifine hcl 1 % gel</i>	1		
<i>naftifine hcl 1 % crm</i>	1	NAFTIN	
<i>naftifine hcl 2 % crm</i>	2	NAFTIN	
<i>NAFTIN 1 % gel, 2 % gel</i>	4		
<i>NYAMYC 100000 unit/gm ext pwdr</i>	2		
<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	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	2		
OXISTAT 1 % lot	4		
SPORANOX 10 mg/ml soln	4		
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	2	VFEND	SL
<i>voriconazole 40 mg/ml susp</i>	2	VFEND	SL
XOLEGEL 2 % gel	4		
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine 0.6 mg cap</i>	1	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
COLCRYS 0.6 mg tab	4		
<i>febuxostat 40 mg tab, 80 mg tab</i>	1		PA
<i>probenecid 500 mg tab</i>	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	3		PA
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Antimigraine Agents (Combination Product) [Agentes Antimigraña (Productos En Combinación)]			
<i>isometheptene-dichloral-apap 65-100-325 mg cap</i>	2		QL(30 / 30)
Ergot Alkaloids [Alcaloides De Ergot]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1		QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(24 / 30)
ERGOMAR 2 mg tab subl	4		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	QL(30 / 30)
MIGERGOT 2-100 mg rect supp	4		QL(12 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
MIGRANAL 4 mg/ml nasal soln	4		QL(24 / 30)
Prophylactic [Profilaxis]			
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
Serotonin (5-HT) 1B/1D Receptor Agonists [Agonistas Receptores De Serotonina (5-HT) 1B/1D]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	2	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 10 mg tab disint</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 5 mg tab, 5 mg tab disint</i>	2	MAXALT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	2	IMITREX	QL(2 / 30)
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	2	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint</i>	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	4		QL(6 / 30)
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
MESTINON 60 mg/5ml syr	4		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
PASER 4 gm pckt	4		
<i>rifabutin 150 mg cap</i>	2	MYCOBUTIN	
Antituberculars [Antituberculosos]			
CAPASTAT SULFATE 1 gm inj soln	4		PA
<i>cycloserine 250 mg cap</i>	2		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	2		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	2		
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	1		
RIFAMATE 150-300 mg cap	4		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
RIFATER 50-120-300 mg tab	4		
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Alkylating Agents [Agentes Alquilantes]			
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	2		
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	5		PA
HEXALEN 50 mg cap	6		
LEUKERAN 2 mg tab	6		
MATULANE 50 mg cap	6		
<i>melphalan 2 mg tab</i>	5	ALKERAN	
MYLERAN 2 mg tab	4		
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	5		PA
Antiandrogens [Antiandrógenos]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
XTANDI 40 mg cap	6		PA
ZYTIGA 500 mg tab, 250 mg tab	5		PA
Antiangiogenic Agents [Agentes Antiangiogénicos]			
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	6		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	6		PA
Antiestrogens/Modifiers [Antiestrógenos/Modificadores]			
EMCYT 140 mg cap	5		
FARESTON 60 mg tab	4		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Antimetabolites [Antimetabolitos]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
<i>hydroxyurea 500 mg cap</i>	2	HYDREA	
<i>mercaptopurine 50 mg tab</i>	2	PURINETHOL	
TABLOID 40 mg tab	6		
Antineoplastics [Antineoplásicos]			
XATMEP 2.5 mg/ml soln	5		PA
Antineoplastics, Other [Antineoplásicos, Otros]			
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, 15 mg tab, 25 mg tab, 5 mg tab</i>	2		
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation [Inhibidores De La Aromatasa, 3Era Generación]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>exemestane 25 mg tab</i>	2	AROMASIN	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Enzyme Inhibitors [Inhibidores De Enzimas]			
<i>etoposide 50 mg cap</i>	5		
HYCAMTIN 0.25 mg cap, 1 mg cap	6		
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	5		PA
Molecular Target Inhibitors [Inhibidores Moleculares]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	6		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	6		PA
CALQUENCE 100 mg cap	5		PA
COPIKTRA 15 mg cap, 25 mg cap	5		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	6		PA
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap	5		PA
IDHIFA 100 mg tab, 50 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		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
LYNPARZA 100 mg tab, 150 mg tab	5		PA
NERLYNX 40 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
NEXAVAR 200 mg tab	6		PA
RYDAPT 25 mg cap	5		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	6		PA
TALZENNA 0.25 mg cap, 1 mg cap	5		PA
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	6		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TIBSOVO 250 mg tab	5		PA
TYKERB 250 mg tab	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
ZYDELIG 100 mg tab, 150 mg tab	6		PA
ZYKADIA 150 mg cap, 150 mg tab	6		PA
Monoclonal Antibody/Antibody-Drug Conjugate [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco]			
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
Retinoids [Retinoides]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	
TARGRETIN 1 % gel	6		
<i>tretinoin 10 mg cap</i>	5	VESANOID	
ANTIPARASITICS [ANTIPARASITARIOS]			
Antihelminthics [Antihelmínticos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
BILTRICIDE 600 mg tab	4		
<i>ivermectin 3 mg tab</i>	2	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals [Antiprotozoarios]			
ALINIA 500 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ALINIA 100 mg/5ml susp	4		
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	4		
DARAPRIM 25 mg tab	6		PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
NEBUPENT 300 mg inh soln	4		
<i>primaquine phosphate 26.3 mg tab</i>	1		
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</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 [Agentes Antiparkinson, Otros]			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	2	SYMMETREL	
<i>entacapone 200 mg tab</i>	2	COMTAN	
<i>tolcapone 100 mg tab</i>	2	TASMAR	
Dopamine Agonists [Agonistas De Dopamina]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	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>	2	REQUIP XL	
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			
<i>carbidopa 25 mg tab</i>	2	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	2	STALEVO	
STALEVO 100 25-100-200 mg tab	4		
STALEVO 125 31.25-125-200 mg tab	4		
STALEVO 150 37.5-150-200 mg tab	4		
STALEVO 200 50-200-200 mg tab	4		
STALEVO 50 12.5-50-200 mg tab	4		
STALEVO 75 18.75-75-200 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Monoamine Oxidase B (mao-b) Inhibitors [Inhibidores De La Monoaminooxidasa B (Mao-B)]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	2		
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS [ANTIPSIKÓTICOS]			
1st Generation/Typical [1Era Generación/Típicos]			
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	2	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>	2	LOXITANE	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<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>	2	STELAZINE	
2nd Generation/Atypical [2Da Generación/Atípicos]			
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	4		
GEODON 20 mg im soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	6		
<i>olanzapine 10 mg im soln, 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2.5 mg tab, 20 mg tab, 20 mg tab disint, 5 mg tab, 5 mg tab disint, 7.5 mg tab</i>	1	ZYPREXA	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	2	INVEGA	
RISPERDAL CONSTA 12.5 mg im susp, 25 mg im susp, 37.5 mg im susp, 50 mg im susp	6		
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
RISPERIDONE M-TAB 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	GEODON	
Antipsychotics (combination Product) [Antipsicóticos (Productos En Combinación)]			
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
Treatment-resistant [Resistentes A Tratamiento]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	2	FAZACLO	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>guanidine hcl 125 mg tab</i>	2		
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	2	ZANAFLEX	
ANTIVIRALS [ANTIVIRALES]			
Anti-Cytomegalovirus (CMV) Agents [Agentes Anti Citomegalovirus (CMV)]			
<i>valganciclovir hcl 50 mg/ml soln</i>	5	VALCYTE	
<i>valganciclovir hcl 450 mg tab</i>	5	VALCYTE	
Anti-Hepatitis B (HBV) Agents [Agentes Contra La Hepatitis B (VHB)]			
EPIVIR HBV 5 mg/ml soln	5		PA
<i>lamivudine 100 mg tab</i>	5	EPIVIR HBV	PA
Anti-Hepatitis C (HCV) Agents, Other [Agentes Contra La Hepatitis C (VHC), Otros]			
MODERIBA 200 & 400 mg tab pack, 200 mg tab, 400 & 600 mg tab pack	6		PA
MODERIBA 1200 DOSE PACK 600 mg tab	6		PA
MODERIBA 800 DOSE PACK 400 mg tab	6		PA
REBETOL 200 mg cap	6		PA
RIBASPHERE 200 mg cap, 200 mg tab, 400 mg tab, 600 mg tab	5		PA
RIBASPHERE RIBAPAK 200 & 400 mg tab pack, 400 & 600 mg tab pack, 400 mg tab, 600 mg tab	6		PA
<i>ribavirin 200 mg tab</i>	5	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	5	REBETOL	PA
<i>ribavirin 6 gm inh soln</i>	5	VIRAZOLE	PA
Anti-Hepatitis C (HCV) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (VHC)]			
EPCLUSA 400-100 mg tab	5		PA
MAVYRET 100-40 mg tab	5		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	5		PA
Antiherpetic Agents [Agentes Antiherpéticos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>acyclovir 5 % crm</i>	1	ZOVIRAX	
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	ZOVIRAX	
<i>acyclovir 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	
DENAVIR 1 % crm	4		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	FAMVIR	
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	
XERESE 5-1 % crm	4		
ZOVIRAX 5 % crm	4		
Anti-HIV Agents, Integrase Inhibitors (INSTI) [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI)]			
GENVOYA 150-150-200-10 mg tab	4		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	4		
ISENTRESS HD 600 mg tab	4		
STRIBILD 150-150-200-300 mg tab	4		
SYMTUZA 800-150-200-10 mg tab	4		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) [Agentes Anti-VIH, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (NNRTI)]			
ATRIPLA 600-200-300 mg tab	4		
COMPLERA 200-25-300 mg tab	4		
DELSTRIGO 100-300-300 mg tab	4		
EDURANT 25 mg tab	4		
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	1	SUSTIVA	
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	4		PA
<i>nevirapine 200 mg tab</i>	2	VIRAMUNE	
<i>nevirapine 50 mg/5ml susp</i>	2	VIRAMUNE	
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	2	VIRAMUNE XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
RESCRIPTOR 100 mg tab, 200 mg tab	4		
SUSTIVA 200 mg cap, 50 mg cap, 600 mg tab	4		
VIRAMUNE 50 mg/5ml susp	4		
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI) [Agentes Anti-VIH, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (NRTI)]			
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	
<i>abacavir sulfate 300 mg tab</i>	2	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	2	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	2	TRIZIVIR	
BIKTARVY 50-200-25 mg tab	4		PA
CIMDUO 300-300 mg tab	4		PA
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	2	VIDEX	
EMTRIVA 200 mg cap	4		
EMTRIVA 10 mg/ml soln	4		
<i>lamivudine 150 mg tab, 300 mg tab</i>	2	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	2	EPIVIR	
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	COMBIVIR	
RETROVIR 10 mg/ml iv soln	4		
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	2	ZERIT	
SYMFI 600-300-300 mg tab	4		PA
SYMFI LO 400-300-300 mg tab	4		PA
<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	4		
VIDEX 2 gm soln, 4 gm soln	4		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab, 300 mg tab	4		PA
VIREAD 40 mg/gm oral pwdr	4		PA
ZERIT 1 mg/ml soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ZIAGEN 20 mg/ml soln	4		
<i>zidovudine 100 mg cap, 300 mg tab</i>	2	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	2	RETROVIR	
Anti-HIV Agents, Other [Agentes Anti-VIH, Otros]			
FUZEON 90 mg sc soln	6		PA
JULUCA 50-25 mg tab	4		
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	4		PA
SELZENTRY 20 mg/ml soln	4		PA
TYBOST 150 mg tab	4		
Anti-HIV Agents, Protease Inhibitors [Agentes Anti-VIH, Inhibidores De La Proteasa]			
APTIVUS 250 mg cap	4		PA
APTIVUS 100 mg/ml soln	4		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	4		
EVOTAZ 300-150 mg tab	4		
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	
INVIRASE 200 mg cap, 500 mg tab	4		
KALETRA 100-25 mg tab, 200-50 mg tab	4		
LEXIVA 700 mg tab	4		
LEXIVA 50 mg/ml susp	4		
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	2	KALETRA	
NORVIR 100 mg cap, 100 mg pckt, 100 mg tab	4		
NORVIR 80 mg/ml soln	4		
PREZCOBIX 800-150 mg tab	4		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	4		
PREZISTA 100 mg/ml susp	4		
REYATAZ 150 mg cap, 200 mg cap, 300 mg cap, 50 mg pckt	4		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
TRIUMEQ 600-50-300 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
VIRACEPT 250 mg tab, 625 mg tab	4		
Anti-Influenza Agents [Agentes Contra La Influenza]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	4		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
TAMIFLU 6 mg/ml susp	4		QL(120 / 180)
XOFLUZA 2 x 20 mg tab pack, 2 x 40 mg tab pack	3		
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	2	ATARAX	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	2	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines [Benzodiazepinas]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	2		
<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>	2	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>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	2	SERAX	
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del 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	
<i>valproate sodium 250 mg/5ml soln</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
AVANDIA 2 mg tab, 4 mg tab	4		
BYDUREON 2 mg sc pen-inj, 2 mg sc susp er	3		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	3		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>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	
INVOKANA 100 mg tab, 300 mg tab	3		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		
JARDIANCE 10 mg tab, 25 mg tab	3		
<i>metformin hcl 500 mg/5ml soln</i>	1		
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE	
<i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	GLUMETZA	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	FORTAMET	
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	2	GLYSET	
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
RIOMET 500 mg/5ml soln	4		
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	4		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	4		
<i>tolazamide 250 mg tab, 500 mg tab</i>	1	TOLINASE	
<i>tolbutamide 500 mg tab</i>	1	ORINASE	
TRADJENTA 5 mg tab	3		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Blood Glucose Regulators (Combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
<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	3		
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		
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	3		
JANUMET 50-1000 mg tab, 50-500 mg tab	3		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	2	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	2	ACTOPLUS MET	
<i>repaglinide-metformin hcl 1-500 mg tab, 2-500 mg tab</i>	1	PRANDIMET	
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		
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	3		
Glycemic Agents [Agentes Glucémicos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
GLUCAGON EMERGENCY 1 mg inj kit	4		
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	4		
Insulins [Insulinas]			
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	3		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		
HUMULIN N 100 unit/ml sc susp	3		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		
HUMULIN R 100 unit/ml inj soln	3		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		
LANTUS 100 unit/ml sc soln	3		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		
LEVEMIR 100 unit/ml sc soln	3		
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN]			
Anticoagulants [Anticoagulantes]			
ELIQUIS 2.5 mg tab, 5 mg tab	3		
ELIQUIS STARTER PACK 5 mg tab	3		
<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>	2	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>	2	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln	4		
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	2		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 300 mcg/ml inj soln, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	6		PA
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	6		PA
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	6		PA
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	5		PA
Coagulants [Coagulantes]			
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	6		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	6		PA
ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	6		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	6		PA
BEBULIN 200-1200 unit iv soln	6		PA
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	6		PA
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	6		PA
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	6		PA
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		PA
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	6		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	6		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	6		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	6		PA
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
KOATE-DVI 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	6		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		PA
KOGENATE FS BIO-SET 1000 unit iv kit, 2000 unit iv kit, 3000 unit iv kit, 500 unit iv kit, 250 unit iv kit	6		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	6		PA
MONOCLATE-P 1000 unit iv kit, 1500 unit iv kit	6		PA
MONONINE 1000 unit iv soln	6		PA
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	6		PA
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	6		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	6		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	6		PA
PROFILNINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	6		PA
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	6		PA
REFACTO 500 unit iv kit	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	6		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	6		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		PA
Hemostasis Agents [Agentes Para La Hemostasia]			
<i>aminocaproic acid 0.25 gm/ml soln</i>	1		
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
<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	
EFFIENT 10 mg tab, 5 mg tab	4		
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
CARDIOVASCULAR AGENTS [AGENTES CARDIOVASCULARES]			
Alpha-Adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	2		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	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 [Agentes Bloqueadores Alfa-Adrenérgicos]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Angiotensin II Receptor Antagonists [Antagonistas Del Receptor De Angiotensina II]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	ST
<i>eprosartan mesylate 600 mg tab</i>	2	TEVETEN	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>	2	BENICAR	ST
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	2	MICARDIS	ST
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-Converting Enzyme (ACE) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (ECA)]			
<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>moexipril hcl 15 mg tab, 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	2	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics [Antiarrítmicos]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	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>	2	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	2		
<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>	2	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	2		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	2		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
<i>sotalol hydrochloride 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-Adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	KERLONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
COREG CR 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
LOPRESSOR 100 mg tab, 50 mg tab	4		
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	TOPROL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<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>	2	INDERAL LA	
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	4		
TOPROL XL 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
AFEDITAB CR 60 mg tab er 24 hr, 30 mg tab er 24 hr	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	2		
<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 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	2		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
MATZIM LA 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	2		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	SULAR	
TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2		
<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>	2	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	VERELAN	
Cardiovascular Agents (Combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
ALDACTAZIDE 50-50 mg tab	4		
<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</i>	2	LOTREL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>			
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	EXFORGE	
<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>	2	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-olmesartan 5-20 mg tab</i>	2	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	2	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	2	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	2	ATACAND HCT	ST
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
CORZIDE 40-5 mg tab, 80-5 mg tab	4		
DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr	4		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	ST
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
<i>metoprolol-hctz er 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr</i>	2		
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>moexipril-hydrochlorothiazide 15-12.5 mg tab, 15-25 mg tab, 7.5-12.5 mg tab</i>	1	UNIRETIC	
<i>nadolol-bendroflumethiazide 40-5 mg tab</i>	2	CORZIDE	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	2	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	2	TRIBENZOR	ST
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	2	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	3		PA
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	ST
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	2	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	
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	PA
DEMSEER 250 mg cap	4		
DIGITEK 125 mcg tab, 250 mcg tab	2		
<i>digox 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		PA
<i>isoxsuprine hcl 10 mg tab</i>	2		
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	PA
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
Diuretics, Loop [Diuréticos, Asa De Henle]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	2	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSPRA	
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
Diuretics, Thiazide [Diuréticos, Tiazidas]			
<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	4		
<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>methyclothiazide 5 mg tab</i>	1	ENDURON	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<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>	2	TRICOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
TRIGLIDE 160 mg tab	4		
Dyslipidemics, HMG CoA Reductase Inhibitors [Dislipidémicos, Inhibidores De La HMG CoA Reductasa]			
<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>	2	LESCOL	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 20 mg tab, 40 mg tab</i>	2	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other [Dislipidémicos, Otros]			
<i>cholestyramine 4 gm pckt</i>	1		
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	2	QUESTRAN LIGHT	
<i>colestipol hcl 5 gm pckt</i>	2		
<i>colestipol hcl 1 gm tab</i>	2	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	2	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
NIACOR 500 mg tab	4		
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
PREVALITE 4 gm pckt	2		
PREVALITE 4 gm/dose oral pwdr	2		
Vasodilators, Direct-Acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
<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 [Vasodilatadores Arteriovenosos De Acción Directa]			
DILATRATE-SR 40 mg cap er	4		
ISORDIL TITRADOSE 40 mg tab	4		
<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	
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	2		
NITRO-BID 2 % td oint	4		
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	4		
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	2		
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	ADDERALL XR	SL
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ADDERALL	SL
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	2		SL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXEDRINE	SL
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	DEXEDRINE	SL
DYANAVEL XR 2.5 mg/ml susp er	3		SL
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	SL
VYVANSE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap	3		SL
ZENZEDI 10 mg tab, 5 mg tab	2		SL
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
<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	AL, SL
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	2	KAPVAY	SL
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	FOCALIN	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	FOCALIN XR	SL
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	2	INTUNIV	SL
METADATE ER 20 mg tab er	2		SL
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	SL
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	SL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	SL
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		SL
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	SL
<i>methylphenidate hcl er 10 mg tab er</i>	1	METADATE	SL
<i>methylphenidate hcl er 20 mg tab er</i>	1	RITALIN SR	SL
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE	SL
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	SL
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		SL
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	RITALIN LA	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		SL
QUILLIVANT XR 25 mg/5ml susp	3		SL
RITALIN LA 10 mg cap er 24 hr	4		SL
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
NUDEXTA 20-10 mg cap	6		
RILUTEK 50 mg tab	6		PA
<i>riluzole 50 mg tab</i>	5	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	PA
Multiple Sclerosis Agents [Agentes Para La Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	5		PA
AVONEX 30 mcg im kit	5		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
BETASERON 0.3 mg sc kit	5		PA
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	5		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
TECFIDERA 120 & 240 mg oral misc, 120 mg cap dr, 240 mg cap dr	5		PA
TYSABRI 300 mg/15ml iv conc	5		PA
DENTAL AND ORAL AGENTS [AGENTES DENTALES Y ORALES]			
Dental And Oral Agents [Agentes Dentales Y Orales]			
CAPHOSOL m/t soln	4		
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	
NUMOISYN m/t liq	4		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Acne And Rosacea Agents [Agentes Para El Acné Y Rosácea]			
AZELEX 20 % crm	4		
Dermatitis And Pruritus Agents [Agentes Para La Dermatitis Y Prurito]			
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	4		
<i>clocortolone pivalate 0.1 % crm</i>	1		
<i>clocortolone pivalate pump 0.1 % crm</i>	1		
CLODERM 0.1 % crm	4		
CLODERM PUMP 0.1 % crm	4		
CORDRAN 4 mcg/sqcm tape	4		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	2	PSORCON	
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>flurandrenolide 0.05 % crm</i>	2	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	2	CORDRAN	
<i>halcinonide 0.1 % crm</i>	1		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	4		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
PRUDOXIN 5 % crm	4		
<i>psorcon 0.05 % crm</i>	2	PSORCON	
Dermatological Agents [Agentes Dermatológicos]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	2	SORIATANE	PA
<i>adapalene 0.1 % lot</i>	1		SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	SL
ALUVEA 40 % crm	1		
<i>ammonium lactate 12 % crm</i>	1	LAC-HYDRIN	
BUCALSEP ext liq, ext soln	4		
<i>calcipotriene 0.005 % crm</i>	2	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	2	VECTICAL	
CARAC 0.5 % crm	4		
CONDYLOX 0.5 % gel	4		
<i>diclofenac sodium 3 % td gel</i>	2	SOLARAZE	
<i>doxycycline 40 mg cap dr</i>	2		
ELIDEL 1 % crm	4		
FLUOROPLEX 1 % crm	4		
<i>fluorouracil 0.5 % crm</i>	2	CARAC	
<i>fluorouracil 5 % crm</i>	2	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	2	EFUDEX	
<i>imiquimod 5 % crm</i>	2	ALDARA	
IODOSORB 0.9 % gel	4		
LEVULAN KERASTICK 20 % ext soln	4		
<i>methoxsalen 10 mg cap</i>	2	OXSORALEN-ULTRA	
<i>methoxsalen rapid 10 mg cap</i>	2	OXSORALEN-ULTRA	
PANRETIN 0.1 % gel	6		
PICATO 0.015 % gel, 0.05 % gel	4		
<i>pimecrolimus 1 % crm</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
REA LO 40 40 % lot, 40 40% crm	2		
REGRANEX 0.01 % gel	5		PA
SANTYL 250 unit/gm oint	4		
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	5		PA
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	5		PA
<i>tazarotene 0.1 % crm</i>	1	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		
<i>tretinoin 0.05 % gel</i>	2	ATRALIN	SL
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	SL
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	SL
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	SL
<i>urea 39 % crm, 40 % crm</i>	1		
<i>urea 40 % lot</i>	2		
<i>urea-c40 40 % lot</i>	2		
UREDEB 39 % crm	1		
VECTICAL 3 mcg/gm oint	4		
Dermatological Agents (Combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
<i>adapalene-benzoyl peroxide 0.1- 2.5 % gel</i>	1	EPIDUO	SL
AVAR CLEANSER 10-5 % ext emul	2		
AVAR-E EMOLLIENT 10-5 % crm	2		
AVAR-E GREEN 10-5 % crm	2		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	2	TACLONEX	
CERISA WASH 10-1 % ext emul	1		
CLINDACIN PAC 1 % ext kit	4		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1		
<i>clindamycin phos-benzoyl perox 1- 5 % gel</i>	1	BENZACLIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	4		
EPIDUO 0.1-2.5 % gel	4		SL
EXODERM 25-1 % lot	4		
FINACEA 15 % foam, 15 % gel	4		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1		
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1		
NEUAC 1.2-5 % gel	1		
NEUAC 1.2-5 % ext kit	4		
ROSANIL CLEANSER 10-5 % ext emul	2		
<i>sss 10-5 10-5 % crm</i>	2		
<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, 9-4 % ext liq</i>	1		
SULFACLEANSE 8/4 8-4 % ext susp	2		
VELTIN 1.2-0.025 % gel	4		
<i>virt-sulf 10-5 % crm</i>	1		
VUSION 0.25-15-81.35 % oint	4		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	4		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	4		
Topical Anti-Infectives [Antiinfecciosos Tópicos]			
ACZONE 5 % gel, 7.5 % gel	3		
<i>benzoyl peroxide 8 % gel</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>bpo 8 % gel</i>	2		
<i>dapsone 5 % gel</i>	1	ACZONE	
MENTAX 1 % crm	4		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/Mineral Replacement [Reemplazo De Electrolitos/Minerales]			
ATABEX EC 29-1 mg tab dr	4		
ATABEX OB 29-1 mg tab	4		
<i>av-phos 250 neutral 155-852-130 mg tab</i>	2		
BAL-CARE DHA 27-1 & 430 mg oral misc	4		
CALCIFOL 1342-1.6 mg oral wafer	4		
<i>calcium-folic acid plus d 1342-1 mg oral wafer</i>	1		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
CITRANATAL BLOOM 90-1 mg tab	4		
CITRANATAL BLOOM DHA 90-1 & 300 mg oral misc	4		
CITRANATAL DHA 27-1 & 250 mg oral misc	4		
CITRANATAL HARMONY 27-1-260 mg cap	4		
CITRANATAL MEDLEY 27-1-200 mg cap	4		
CITRANATAL RX 27-1 mg tab	4		
<i>c-nate dha 28-1-200 mg cap</i>	2		
<i>complete natal dha 29-1-200 & 250 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	4		
CONCEPT DHA 53.5-38-1 mg cap	4		
CONCEPT OB 130-92.4-1 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
<i>dothelle dha 53.5-38-1 mg cap</i>	2		
DUET DHA 400 25-1 & 400 mg oral misc	4		
DUET DHA BALANCED 25-1 & 267 mg oral misc	4		
EFFER-K 25 meq tab eff	2		
EFFER-K 10 meq tab eff, 20 meq tab eff	4		
<i>effervescent pot chloride 25 meq tab eff</i>	1		
ELITE-OB 50-1.25 mg tab	4		
ENBRACE HR cap	4		
FOLET DHA 38-1 & 350 mg pack	4		
FOLET ONE 38-1-225 mg cap	4		
<i>folic acid 1 mg tab</i>	1		
FOLIVANE-OB 130-92.4-1 mg cap	4		
<i>hemenatal ob 28-6-1 mg tab</i>	1		
<i>hemenatal ob + dha 28-6-1 & 203 mg oral misc</i>	1		
INATAL GT tab	4		
INFED 50 mg/ml inj soln	4		PA
<i>k-effervescent 25 meq tab eff</i>	2		
KLOR-CON 20 meq pckt, 8 meq tab er	2		
KLOR-CON 10 10 meq tab er	2		
KLOR-CON M10 10 meq tab er	2		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	2		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	2		
KLOR-CON/EF 25 meq tab eff	2		
<i>kosher prenatal plus iron 30-1 mg tab</i>	2		
K-PRIME 25 meq tab eff	2		
K-TAB 20 meq tab er, 8 meq tab er	4		
<i>k-vescent 25 meq tab eff</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
MAGNEBIND 400 400-200-1 mg tab	4		
MARNATAL-F 60-1 mg cap	4		
M-VIT tab	4		
MYNATAL cap, 90-1 mg tab	4		
MYNATAL ADVANCE tab	4		
<i>mynatal plus tab</i>	1		
<i>mynatal-z tab</i>	1		
<i>mynate 90 plus tab er</i>	1		
NATACHEW 28-1 mg tab chew	4		
NATALVIT tab	4		
NATELLE ONE 28-1-250 mg cap	4		
NEEVO DHA 27-1.13 mg cap	4		
NESTABS 32-1 mg tab	4		
NESTABS ABC 32-1-200 mg oral misc	4		
NESTABS DHA 32-1 mg oral misc	4		
NESTABS ONE 38-1-225 mg cap	4		
NEWGEN 32-1 mg tab	4		
NEXA PLUS 29-1.25-350 mg cap	4		
NIVA-PLUS 27-1 mg tab	4		
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE GOLD 27.5-1-200 mg cap	4		
OB COMPLETE ONE 50-1-476 mg cap	4		
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		
OBSTETRIX DHA 29-1 & 387 mg oral misc	4		
OBSTETRIX EC 29-1 mg tab	4		
OBSTETRIX ONE 38-1-225 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
O-CAL FA 27-1 mg tab	4		
O-CAL PRENATAL tab	4		
ORACIT 490-640 mg/5ml soln	4		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	2		
<i>phosphorous 155-852-130 mg tab</i>	2		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	2		
<i>pnv folic acid + iron 27-1 mg tab</i>	2		
<i>pnv ob+dha 27-1 & 250 mg oral misc</i>	2		
<i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i>	2		
<i>pnv prenatal plus multivitamin 27-1 mg tab</i>	2		
<i>pnv tabs 29-1 29-1 mg tab</i>	2		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha plus 27-1.13-0.4 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	2		
<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 20 meq tab er</i>	1	K-TAB	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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>	2	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PR NATAL 400 29-1-200 & 400 mg oral misc	4		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	4		
PR NATAL 430 29-1-200 & 430 mg oral misc	4		
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	4		
PREMESISRX 1 mg tab	4		
<i>prena 1 true 30-1.4 & 300 mg oral misc</i>	2		
<i>prena1 1.4 mg tab chew</i>	1		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	2		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATA 29-1 mg tab chew	4		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	2		
PRENATAL + DHA 27-1 & 250 mg pack	4		
<i>prenatal 19 tab, tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>prenatal plus 27-1 mg tab</i>	2		
<i>prenatal plus iron 29-1 mg tab</i>	2		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	2		
PRENATAL-U 106.5-1 mg cap	4		
PRENATE 0.6-0.4 mg tab chew	4		
PRENATE AM 1 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PRENATE DHA 18-0.6-0.4-300 mg cap	4		
PRENATE ELITE 20-0.6-0.4 mg tab	4		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	4		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	4		
PRENATE MINI 18-0.6-0.4-350 mg cap	4		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	4		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	4		
<i>preplus 27-1 mg tab</i>	2		
<i>pretab 29-1 mg tab</i>	2		
PRIMACARE 30-1-470 mg cap	4		
PROVIDA DHA 16-16-1.25-110 mg cap	4		
PROVIDA OB 20-20-1.25 mg cap	4		
<i>purefe ob plus 162-115.2-1 mg cap</i>	1		
<i>relnate dha 28-1-200 mg cap</i>	2		
R-NATAL OB 20-1-320 mg cap	4		
SELECT-OB 29-0.6-0.4 mg tab chew, 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
<i>sodium chloride 0.9 % iv soln</i>	1		
TARON-BC 20-1 MG & 2 x 25 mg oral misc	4		
TARON-C DHA 53.5-38-1 mg cap	4		
TARON-CRYSTALS 3300-1002 mg pckt	2		
TARON-PREX 30-1.2-265 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
THERANATAL CORE NUTRITION 27-1 mg tab	2		
<i>thrivite 19 29-1 mg tab</i>	1		
<i>thrivite rx 29-1 mg tab</i>	2		
<i>tl folate 27-0.5-0.5 mg tab</i>	2		
<i>tl-care dha 27-1-500 mg cap</i>	2		
<i>tl-select 29-1.25-325 mg cap</i>	1		
TRICARE tab	4		
TRICARE PRENATAL 4.5-1 mg tab chew	4		
TRICARE PRENATAL COMPLEAT 27-1 mg oral misc	4		
TRICARE PRENATAL DHA ONE 0.8 mg cap, 27-1-500 mg cap	4		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	2		
TRINATE tab	4		
<i>tristart dha 31-0.6-0.4-200 mg cap</i>	1		
TRISTART ONE 35-1-215 mg cap	4		
<i>tri-tabs dha 32-1 mg oral misc</i>	2		
TRIVEEN-DUO DHA 29-1-200 & 400 mg oral misc	4		
<i>ultimatecare one 27-1 mg cap</i>	1		
<i>vena-bal dha 27-1 & 430 mg oral misc</i>	2		
VINATE DHA RF 27-1.13 mg cap	4		
VINATE II 29-1 mg tab	4		
VINATE M 27-1 mg tab	4		
VINATE ONE 60-1 mg tab	4		
<i>virt-c dha 53.5-38-1 mg cap</i>	2		
<i>virt-nate dha 28-1-200 mg cap</i>	2		
<i>virt-phos 250 neutral 155-852-130 mg tab</i>	2		
<i>virt-pn 27-0.6-0.4 mg tab</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
<i>virt-pn plus 28-0.6-0.4-340 mg cap</i>	1		
VITAFOL FE+ 90-1-200 & 50 mg cap pack	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
VITAFOL GUMMIES 3.33-0.333-34.8 mg tab chew	4		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	4		
VITAFOL-NANO 18-0.6-0.4 mg tab	4		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	4		
VITAMEDMD REDICHEW RX 1.4 mg tab chew	4		
VITAPEARL 30-1.4-200 mg cap er	4		
VITATRUE 30-1.4 & 300 mg oral misc	4		
VIVA DHA 28-1-200 mg cap	4		
<i>vol-nate 28-1 mg tab</i>	2		
<i>vol-plus 27-1 mg tab</i>	2		
<i>vol-tab rx 29-1 mg tab</i>	2		
<i>vp-heme ob + dha 28-6-1 & 203 mg oral misc</i>	1		
<i>vp-pnv-dha 28-1-215.8 mg cap</i>	1		
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	4		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	4		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
GALZIN 25 mg cap, 50 mg cap	4		
KIONEX oral pwdr, 15 gm/60ml susp	2		
<i>sodium polystyrene sulfonate oral pwdr</i>	2	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
SPS 15 gm/60ml susp	2		
Phosphate Binders [Enlazadores De Fosfato]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>calcium acetate (phos binder) 667 mg tab</i>	1		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	PA
RENVELA 800 mg tab	4		PA
<i>sevelamer carbonate 800 mg tab</i>	1	RENVELA	PA
<i>sevelamer hcl 800 mg tab</i>	1		PA
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
<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>	2	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	2		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	2		
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1		
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	2	PAMINE	
<i>oscimin 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	1		
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1		
SYMAX DUOTAB 0.375 mg tab er	4		
SYMAX-SL 0.125 mg tab subl	2		
SYMAX-SR 0.375 mg tab er 12 hr	2		
Gastrointestinal Agents (Combination Product) [Agentes Gastrointestinales (Productos En Combinación)]			
<i>amoxicill-clarithro-lansopraz oral misc</i>	2	PREVPAC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
CREON 12000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000 unit cap dr prt, 6000 unit cap dr prt	3		
GAVILYTE-C 240 gm soln	2		
GAVILYTE-G 236 gm soln	2		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	2		
GOLYTELY 227.1 gm soln	4		
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap</i>	1	ZEGERID	
<i>peg 3350/electrolytes 240 gm soln</i>	1		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
TRILYTE 420 gm soln	2		
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
<i>alose tron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	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	
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	4		PA
STELARA 130 mg/26ml iv soln	5		PA
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
Histamine2 (H2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	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>	2	AXID	
<i>nizatidine 15 mg/ml soln</i>	2	AXID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>ranitidine hcl 1000 mg/40ml inj soln</i>	1		
<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 [Agentes Para El Síndrome Del Colon Irritable]			
AMITIZA 24 mcg cap, 8 mcg cap	3		SL
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	4		
Laxatives [Laxantes]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1		
<i>generlac 10 gm/15ml soln</i>	1		
KRISTALOSE 10 gm pckt, 20 gm pckt	4		
<i>lactulose 10 gm pckt</i>	1		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	4		
Protectants [Protectores]			
CARAFATE 1 gm/10ml susp	4		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	2	NEXIUM	
<i>lansoprazole 15 mg tab disint, 30 mg tab disint</i>	2		
<i>lansoprazole 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg cap dr</i>	2	PREVACID	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
PREVACID SOLUTAB 15 mg tab disint, 30 mg tab disint	4		ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
<i>rabeprazole sodium 20 mg tab dr</i>	2	ACIPHEX	ST
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [DESORDEN GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Desorden Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
BUPHENYL 500 mg tab	6		PA
CYSTAGON 150 mg cap, 50 mg cap	6		PA
<i>miglustat 100 mg cap</i>	5	ZAVESCA	PA
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
ZAVESCA 100 mg cap	6		PA
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	2	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
<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	
<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>	2	DETROL	
<i>tropium chloride 20 mg tab</i>	2	SANCTURA	
<i>tropium chloride er 60 mg cap er 24 hr</i>	2	SANCTURA XR	
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CIALIS 2.5 mg tab, 5 mg tab	4		PA, SL
<i>dutasteride 0.5 mg cap</i>	2	AVODART	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
RAPAFLO 4 mg cap, 8 mg cap	4		
<i>silodosin 8 mg cap</i>	1		
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1		PA, SL
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
ELMIRON 100 mg cap	4		
K-PHOS NO 2 305-700 mg tab	4		
LITHOSTAT 250 mg tab	4		
PHENAZO 200 mg tab	2		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
THIOLA 100 mg tab	4		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
ANA-LEX 2-2 % rect kit	2		
ANALPRAM-HC 2.5-1 % rect lot	4		
<i>anucort-hc 25 mg rect supp</i>	2		
ANUSOL-HC 25 mg rect supp	2		
<i>betamethasone combo 6 (3-3) mg/ml inj susp, 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp, 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	4		
<i>clobetasol propionate 0.05 % crm</i>	2		
<i>clobetasol propionate 0.05 % oint</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % ext soln</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	2	CLODAN	
<i>clobetasol propionate 0.05 % foam</i>	2	OLUX	
<i>clobetasol propionate 0.05 % gel</i>	2	TEMOVATE	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	2		
CLODAN 0.05 % shampoo	2		
COLOCORT 100 mg/60ml rect enema	2		
CORTANE-B 10-10-1 mg/ml lot	4		
CORTIFOAM 10 % rect foam	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DELTASONE 20 mg tab	2		
DEPO-MEDROL 20 mg/ml inj susp	4		
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
<i>desoximetasone 0.05 % gel, 0.05 % lot</i>	2	TOPICORT	
<i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 1.5 mg (51) tab pack, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<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	2		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXPAK 10 DAY 1.5 mg (35) tab pack	2		
DEXPAK 13 DAY 1.5 mg (51) tab pack	2		
DEXPAK 6 DAY 1.5 mg (21) tab pack	2		
EPIFOAM 1-1 % foam	4		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	2	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	2	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2		
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
HEMMOREX-HC 25 mg rect supp	2		
<i>hydrocortisone 1 % rect crm, 2.5 % rect crm</i>	1		
<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 100 mg/60ml rect enema</i>	1	CORTENEMA	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone ace-pramoxine 1-1 % rect crm, 2.5-1 % crm, 2.5-1 % rect crm</i>	2		
<i>hydrocortisone acetate 25 mg rect supp, 30 mg rect supp</i>	1		
<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	
<i>hydrocortisone butyrate 0.1 % crm</i>	1	LOCOID LIPOCREAM	
HYDROCORTISONE IN ABSORBASE 1 % oint	2		
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp, 40 mg/ml inj susp	4		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	2		
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel, 3-0.5 % rect crm</i>	2		
LOCOID 0.1 % lot	4		
MEDROL 2 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	4		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
NUCORT 2 % lot	4		
PANDEL 0.1 % crm	4		
<i>pramcort 1-1 % rect crm</i>	2		
<i>PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint</i>	4		
<i>PRAMOSONE 1-1 % lot, 1-2.5 % lot</i>	4		
<i>prednisolone 15 mg/5ml soln, 15 mg/5ml syr</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	2	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	2	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	2		
PROCTOFOAM HC 1-1 % rect foam	4		
PROCTO-MED HC 2.5 % rect crm	2		
PROCTO-PAK 1 % rect crm	2		
PROCTOSOL HC 2.5 % rect crm	2		
PROCTOZONE-HC 2.5 % rect crm	2		
<i>scalacort 2 % lot</i>	2		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln, 500 mg inj soln	4		
TEXACORT 2.5 % ext soln	4		
<i>triamcinolone acetonide 0.147 mg/gm ext aer soln</i>	1	KENALOG	
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
TRIANEX 0.05 % oint	4		
TRIDERM 0.1 % crm	2		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	2	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2		
STIMATE 1.5 mg/ml nasal soln	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Androgens [Andrógenos]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	2	DANOCRINE	
DEPO-TESTOSTERONE 100 mg/ml im soln, 200 mg/ml im soln	4		
<i>testosterone 20.25 MG/1.25GM (1.62%) td gel, 40.5 MG/2.5GM (1.62%) td gel</i>	1		
<i>testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	2	ANDROGEL	
<i>testosterone 20.25 MG/ACT (1.62%) td gel</i>	1	ANDROGEL PUMP	
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	
<i>testosterone 10 MG/ACT (2%) td gel</i>	2	FORTESTA	
<i>testosterone 12.5 MG/ACT (1%) td gel</i>	2	VOGELXO	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	2	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml im soln</i>	2	DELATESTRYL	
Estrogens [Estrógenos]			
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
DELESTROGEN 10 mg/ml im oil	4		
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	2	CLIMARA	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
ESTRING 2 mg vag ring	4		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
<i>estropipate 0.75 mg tab, 1.5 mg tab, 3 mg tab</i>	1	OGEN	
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	4		
MINIVELLE 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	3		
PREMARIN 0.625 mg/gm vag crm	3		
YUVAFEM 10 mcg vag tab	2		
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógen]			
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (Combination Product) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Hormonas Sexuales/Modificadores) (Productos En Combinación)]			
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	2		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	4		
COVARYX 1.25-2.5 mg tab	2		
COVARYX HS 0.625-1.25 mg tab	2		
EEMT 1.25-2.5 mg tab	2		
EEMT HS 0.625-1.25 mg tab	2		
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	2		
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	2		
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	2		
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	2	ACTIVEVELLA	
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2		
<i>jevantique lo 0.5-2.5 mg-mcg tab</i>	1	FEMHRT 0.5/2.5 28 DAY	
JINTELI 1-5 mg-mcg tab	2		
LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab	2		
MIMVEY 1-0.5 mg tab	2		
MIMVEY LO 0.5-0.1 mg tab	2		
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab</i>	1	FEMHRT 0.5/2.5 28 DAY	
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	1	FYAVOLV	
PREFEST 1/1-0.09 mg (15/15) tab	4		
PREMPHASE 0.625-5 mg tab	3		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
Progestins [Progestinas]			
<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>	2	MEGACE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	2	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 50 mg/ml im oil</i>	2		
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	4		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
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	3		
<i>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1		
THYROLAR-1 60 (12.5-50) mg (mcg) tab	4		
THYROLAR-1/2 30 (6.25-25) mg (mcg) tab	4		
THYROLAR-1/4 15 (3.1-12.5) mg (mcg) tab	4		
THYROLAR-2 120 (25-100) mg (mcg) tab	4		
THYROLAR-3 180 (37.5-150) mg (mcg) tab	4		
UNITHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
UNITHROID DIRECT 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	4		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	4		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) [AGENTES HORMONALES, SUPRESORES (ADRENALES)]			
Hormonal Agents, Suppressant (Adrenal) [Agentes Hormonales, Supresores (Adrenales)]			
LYSODREN 500 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]			
Hormonal Agents, Suppressant (Pituitary) [Agentes Hormonales, Supresores (Pituitaria)]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	5	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit	4		PA
LUPRON DEPOT (1-MONTH) 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	5		PA
ORLISSA 150 mg tab, 200 mg tab	4		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	2		
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Immune Suppressants [Inmunosupresores]			
<i>azathioprine 50 mg tab</i>	2	IMURAN	SL
ENBREL 25 mg sc soln	5		PA
ENBREL 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	5		PA
ENBREL MINI 50 mg/ml sc soln cart	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		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	5		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit, 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA
INFLECTRA 100 mg iv soln	6		PA
<i>methotrexate 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	5		SL
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	5		SL
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 100 mg/4ml inj soln, 200 mg/8ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	5		SL
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	2	CELLCEPT	
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
REMICADE 100 mg iv soln	6		PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XELJANZ 10 mg tab, 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr	5		PA
Immunomodulators [Inmunomoduladores]			
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
RIDAURA 3 mg cap	4		PA
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates [Aminosalicilatos]			
ASACOL HD 800 mg tab dr	4		
<i>balsalazide disodium 750 mg cap</i>	2	COLAZAL	
CANASA 1000 mg rect supp	4		
LIALDA 1.2 gm tab dr	4		
<i>mesalamine 4 gm rect enema</i>	2		
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine-cleanser 4 gm rect kit</i>	2	ROWASA	
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids [Glucocorticoides]			
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
Sulfonamides [Sulfonamidas]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	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>	2	HECTOROL	PA
<i>etidronate disodium 200 mg tab, 400 mg tab</i>	1	DIDRONEL	
FORTEO 600 mcg/2.4ml sc soln	5		PA
FOSAMAX 70 mg tab	4		ST
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	ST
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	2	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	6		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	ST
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	4		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	5		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]			
Ophthalmic Agents (Combination Product) [Agentes Oftálmicos (Productos En Combinación)]			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	4		
COMBIGAN 0.2-0.5 % ophth soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
CYCLOMYDRIL 0.2-1 % ophth soln	4		
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<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-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
NEO-POLYCIN HC 1 % ophth oint	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	4		
TOBRADEX 0.3-0.1 % ophth susp	4		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
ALTACAINE 0.5 % ophth soln	2		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	2		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1		
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln</i>	1		
HOMATROPAIRE 5 % ophth soln	2		
<i>homatropine hbr 5 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	3		PA
RESTASIS MULTIDOSE 0.05 % ophth emul	3		PA
TETCAINE 0.5 % ophth soln	2		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
TETRAVISC 0.5 % ophth soln	2		
TETRAVISC FORTE 0.5 % ophth soln	2		
<i>tropicamide 0.5 % ophth soln, 1 % ophth soln</i>	1		
Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]			
ALOMIDE 0.1 % ophth soln	4		ST
<i>azelastine hcl 0.05 % ophth soln</i>	2	OPTIVAR	ST
<i>cromolyn sodium 4 % ophth soln</i>	2	OPTICROM	
EMADINE 0.05 % ophth soln	4		ST
<i>epinastine hcl 0.05 % ophth soln</i>	2	ELESTAT	ST
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	ST
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	ST
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
ALPHAGAN P 0.1 % ophth soln	3		
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
AZOPT 1 % ophth susp	4		
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
IOPIDINE 1 % ophth soln	4		
ISTALOL 0.5 % ophth soln	4		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	2	NEPTAZANE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>metipranolol 0.3 % ophth soln</i>	1	OPTIPRANOLOL	
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTOCARPINE	
<i>timolol maleate 0.5 % (daily) ophth soln</i>	2	ISTALOL	
<i>timolol maleate 0.25 % ophth gfs, 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	2	TIMOPTIC	
Ophthalmic Anti-Infectives [Antiinfecciosos Oftálmicos]			
<i>gatifloxacin 0.5 % ophth soln</i>	2	ZYMAXID	
Ophthalmic Anti-Inflammatories [Antiinflamatorios Oftálmicos]			
ALREX 0.2 % ophth susp	4		
<i>bromfenac sodium 0.09 % ophth soln</i>	1	XIBROM	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
DUREZOL 0.05 % ophth emul	4		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	4		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth susp	4		
LOTEMAX SM 0.38 % ophth gel	4		
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
NEVANAC 0.1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Ophthalmic Prostaglandin And Prostanoid Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
TRAVATAN Z 0.004 % ophth soln	3		
ZIOPTAN 0.0015 % ophth soln	4		
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents [Agentes Óticos]			
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	
Otic Agents (Combination Product) [Agentes Óticos (Productos En Combinación)]			
ACETASOL HC 2-1 % otic soln	1		
CIPRO HC 0.2-1 % otic susp	4		
CIPRODEX 0.3-0.1 % otic susp	3		
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	4		
CORTANE-B AQUEOUS 10-10-1 mg/ml otic soln	4		
CORTIC-ND 10-10-1 mg/ml otic soln	2		
CYOTIC 10-10-1 mg/ml otic soln	2		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	2		
<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>otomax-hc 10-10-1 mg/ml otic soln</i>	2		
PRAMOTIC 1-0.1 % otic liq	4		
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Antihistamines [Antihistamínicos]			
<i>azelastine hcl 0.1 % nasal soln</i>	2	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	2	ASTEPRO	
<i>brompheniramine tannate 12 mg tab chew</i>	1		
<i>carbinoxamine maleate 6 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln, 1 mg/ml syr</i>	1	ZYRTEC	
CLARINEX 0.5 mg/ml syr	4		ST
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	2	CLARINEX	ST
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Anti-Inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		
BECONASE AQ 42 mcg/spray nasal susp	4		ST
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(120 / 30)
<i>budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act	3		QL(120 / 30)
FLOVENT DISKUS 50 mcg/blist inh aer pwdr br act	3		QL(240 / 30)
FLOVENT HFA 44 mcg/act inh aer	3		QL(21.2 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(24 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	ST
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		
QNASL 80 mcg/act nasal aer soln	3		ST
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
QVAR 40 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		QL(26.1 / 30)
QVAR REDHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(26.1 / 30)
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	2	NASACORT	ST
Antileukotrienes [Antileucotrienos]			
<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>	2	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	4		
Antitussive [Antitusivos]			
<i>benzonatate 100 mg cap, 150 mg cap, 200 mg cap</i>	1		
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwr br act	3		QL(30 / 30)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
SPIRIVA HANDHALER 18 mcg inh cap	3		QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
ADRENALIN 0.1 % nasal soln	4		
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(540 / 30)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	VENTOLIN	QL(540 / 30)
<i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1		QL(36 / 30)
<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)
<i>EPIPEN 2-PAK 0.3 mg/0.3ml inj soln auto-inj</i>	4		QL(2 / 365)
<i>EPIPEN JR 2-PAK 0.15 mg/0.3ml inj soln auto-inj</i>	4		QL(2 / 365)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	QL(60 / 30)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	XOPENEX	QL(252 / 28)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30)
<i>metaproterenol sulfate 10 mg tab, 20 mg tab</i>	1	ALUPENT	
<i>metaproterenol sulfate 10 mg/5ml syr</i>	1	ALUPENT	
PERFOROMIST 20 mcg/2ml inh neb soln	4		QL(120 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	4		QL(30 / 30)
Cystic Fibrosis Agents [Agentes Para La Fibrosis Quística]			
KALYDECO 150 mg tab, 25 mg pckt, 50 mg pckt, 75 mg pckt	6		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	5	TOBI	PA
Mast Cell Stabilizers [Estabilizadores De Los Mastocitos]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
ELIXOPHYLLIN 80 mg/15ml oral elix	4		
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	4		
<i>theophylline 80 mg/15ml soln</i>	2		
<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 [Antihipertensivos Pulmonares]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	5		PA
OPSUMIT 10 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	6		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	5		PA
VELETRI 0.5 mg iv soln, 1.5 mg iv soln	6		PA
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	
ANORO ELLIPTA 62.5-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(8 / 30)
DIFIL-G FORTE 100-100 mg/5ml liq	1		
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	2	AIRDUO	
HYPERSAL 3.5 % inh neb soln	4		
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
NEBUSAL 3 % inh neb soln	2		
NEBUSAL 6 % inh neb soln	4		
PULMOSAL 7 % inh neb soln	2		
PULMOZYME 1 mg/ml inh soln	6		
<i>ribavirin 6 gm inh soln</i>	5	VIRAZOLE	PA
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln, 7 % inh neb soln</i>	1		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
Respiratory Tract/Pulmonary Agents (Combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		ST
DYMISTA 137-50 mcg/act nasal susp	3		
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1		
<i>hydromet 5-1.5 mg/5ml syr</i>	1		
<i>phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr</i>	1		AL
<i>phenylephrine-guaifenesin 1.5-20 mg/ml liq</i>	1		
<i>promethazine vc plain 6.25-5 mg/5ml soln</i>	1	PHENERGAN VC	
<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
<i>promethazine-dm 6.25-15 mg/5ml soln, 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	2		
SEMPREX-D 8-60 mg cap	4		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		
TUSSIONEX PENNKINETIC ER 10-8 mg/5ml susp er	4		
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
ARNUITY ELLIPTA 50 mcg/act inh aer pwdr br act	3		
Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
TRELEGY ELLIPTA 100-62.5-25 mcg/inh inh aer pwdr br act	3		
SEXUAL DISORDER AGENTS [AGENTES PARA DESÓRDENES SEXUALES]			
Sexual Disorder Agents [Agentes Para Desórdenes Sexuales]			
FEM PH 0.9-0.025 % vag gel	4		
RELAGARD 0.9-0.025 % vag gel	4		
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculoeskueléticos]			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	1		
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr</i>	1		PA
LORZONE 375 mg tab, 750 mg tab	4		
<i>metaxalone 800 mg tab</i>	2	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</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	
Skeletal Muscle Relaxants (Combination Product) [Relajantes Musculoeskueléticos (Productos En Combinación)]			
<i>carisoprodol-aspirin 200-325 mg tab</i>	1	SOMA	
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEINE	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits¹ [Requisitos/Límites]
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
DORAL 15 mg tab	4		
estazolam 1 mg tab, 2 mg tab	1	PROSOM	
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	2	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	
midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln	1		
quazepam 15 mg tab	1		
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	
triazolam 0.125 mg tab, 0.25 mg tab	1	HALCION	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
BUTISOL SODIUM 30 mg tab	4		
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	SL
SECONAL 100 mg cap	4		
XYREM 500 mg/ml soln	6		PA

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

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

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

Drugs (Medicamentos)		Requirements/Limits (Requisitos/Límites)
Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer (Uso de Aspirina para Prevenir Enfermedades Cardiovasculares y Cáncer Colorectal)		
Low-Dose Aspirin (Aspirina en Dosis Baja)		
aspirin chewable tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
aspirin delayed release oral tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)		
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)		
tamoxifen citrate oral tablet 10 mg, 20 mg		PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)		
raloxifene hcl oral tablet 60 mg		PA
Contraceptive Methods (Métodos Anticonceptivos)		
Cervical Cap (Cápsula Cervical)		
FEMCAP CERVICAL CAP 22MM, 26MM, 30MM		QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)		
PARAGARD INTRAUTERINE COPPER		QL (1EA per 3650 days)

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Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE ORAL TABLET 1.5MG	
MY WAY ORAL TABLET 1.5 MG	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
PREVENTEZA ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	

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Female Condom (Condón Femenino)	
FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 1825 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
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)

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drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)

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levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)

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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)
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)

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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)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZARAH ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) (Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo))	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
QUASENSE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipíldora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)

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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)
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)

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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)
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)	

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Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 MG (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	
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

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	(gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
SUPREP BOWEL PREP ORAL SOLUTION	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
<p>The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them.</p> <p>(Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)</p>	
ADAPALENE	Dermatólogo, Dermatólogo Pediátrico, Peditra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediátrico, Peditra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMITIZA	Gastroenterólogo, Medicina Interna / Gastroenterologist, Internal Medicine
AMPHETAMINE-DEXTROAMPHETAMINE / AMPHETAMINE-DEXTROAMPHET ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE HCL	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AZATHIOPRINE	Reumatólogo, Dermatólogo, Nefrólogo, Neumólogo, Gastroenterólogo / Rheumatologist, Dermatologist, Nephrologist, Pneumologist, Gastroenterologist
CLONIDINE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXMETHYLPHENIDATE HCL / DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXTROAMPHETAMINE SULFATE / DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DYANAVAL	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
EPIDUO FORTE	Dermatólogo, Dermatólogo Pediátrico, Peditra / Dermatologist, Pediatric Dermatologist, Pediatrician

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
GUANFACINE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METADATE ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHAMPHETAMINE HCL	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHOTREXATE SODIUM	Reumatólogo, Gastroenterólogo, Reumatólogo Pediátrico / Rheumatologist, Gastroenterologist, Peditatric Rheumatologist
METHYLPHENIDATE HCL / METHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
QUILLICHEW ER	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLIVANT XR	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
RITALIN LA	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
TADALAFIL	Urólogo / Urologist
TRETINOIN	Dermatólogo, Peditria / Dermatologist, Pediatrician
VIMPAT	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist
VYVANSE	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista, Peditra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician
ZENZEDI	Neurólogo, Neurólogo Pediátrico, Peditra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

A

<i>abacavir sulfate</i>	56
<i>abacavir sulfate-lamivudine</i>	56
<i>abacavir-lamivudine-zidovudine</i>	56
<i>abiraterone acetate</i>	46
<i>acamprosate calcium</i>	25
<i>acarbose</i>	59
<i>acebutolol hcl</i>	69
<i>acetaminophen-codeine</i>	19
<i>acetaminophen-codeine #2</i>	19
<i>acetaminophen-codeine #3</i>	19
<i>acetaminophen-codeine #4</i>	19
ACETASOL HC.....	116
<i>acetazolamide</i>	76
<i>acetazolamide er</i>	76
<i>acetic acid</i>	26
<i>acetylcysteine</i>	121
<i>acitretin</i>	82
<i>acyclovir</i>	55
ACZONE.....	85
<i>adapalene</i>	82, 83
<i>adapalene-benzoyl peroxide</i>	84
ADEMPAS.....	120
ADRENALIN.....	119
ADVATE.....	64
<i>adynovate</i>	64
AFEDITAB CR.....	70
AFINITOR.....	48
<i>ak-poly-bac</i>	112
<i>ala-cort</i>	98
<i>albendazole</i>	49
<i>albuterol sulfate</i>	119
<i>albuterol sulfate er</i>	119
<i>albuterol sulfate hfa</i>	119
Aldactazide.....	72
<i>alendronate sodium</i>	111
<i>alfuzosin hcl er</i>	97
ALINIA.....	49, 50
<i>aliskiren fumarate</i>	75
<i>allopurinol</i>	44
<i>almotriptan malate</i>	45
ALOMIDE.....	114
ALORA.....	104
<i>alosetron hcl</i>	95
ALPHAGAN P.....	114

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