

2021

LISTADO DE MEDICAMENTOS

Stand-Alone Pharmacy Plan Drug List



Lista de Medicamentos o Formulario PDP 2021

*Drug List or Formulary
PDP 2021*

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INTRODUCCIÓN / INTRODUCTION

Tu cubierta de farmacia utiliza una Lista de Medicamentos o Formulario 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 de Medicamentos o Formulario 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 drug 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.

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

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

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

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

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

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

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

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

- Nivel 1 –medicamentos genéricos 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 luego de su evaluación de seguridad, eficacia y costo.

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

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

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

¿Qué son medicamentos 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>
PA(*)	Preautorización B vs D	<i>Prior authorization B vs D</i>
QL	Medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar	<i>Medications associated to a quantity limit</i>
SL	Medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos	<i>Medications associated to a limit in the medical specialty that must manage the therapy with these products.</i>
ST	Terapia Escalonada	<i>Step Therapy</i>

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

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

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

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

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

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]	70
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]	70
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]	71
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) [AGENTES HORMONALES, SUPRESORES (ADRENALES)]	72
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA)]	72
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]	72
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]	73
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]	73
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]	74
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MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	76
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	76
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SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]	83
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THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]	83

PARTE III - LISTA DE MEDICAMENTOS / PART III DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS [ANALGÉSICOS]			
Analgesics (Combination Product) [Analgésicos (Productos En Combinación)]			
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	2	TYLENOL WITH CODEINE	QL(2700 / 30), AL
<i>acetaminophen-codeine #2 300-15 mg tab</i>	2	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #3 300-30 mg tab</i>	2	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #4 300-60 mg tab</i>	2	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	2	NORCO	QL(240 / 30)
<i>hydrocodone-acetaminophen 2.5-325 mg tab</i>	2	NORCO	QL(360 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	2	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	2	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	2	PERCOCET	QL(360 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	2	ULTRACET	QL(240 / 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	ST
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 3 % td gel</i>	2	SOLARAZE	QL(100 / 15)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
<i>etodolac 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac 200 mg cap, 300 mg cap</i>	2	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>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	2		QL(20 / 5)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 5)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	2	TORADOL	QL(40 / 5)
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr</i>	2	DURAGESIC	PA, QL(10 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>			
<i>morphine sulfate 30 mg tab</i>	2		QL(60 / 30)
<i>morphine sulfate 15 mg tab</i>	2		QL(120 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln</i>	2		QL(180 / 30)
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	QL(60 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	QL(60 / 30)
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
<i>meperidine hcl 50 mg/ml inj soln</i>	2	DEMEROL	PA, QL (2 / 30)
<i>tramadol hcl 50 mg tab</i>	2	ULTRAM	QL(240 / 30)
ANESTHETICS [ANESTÉSICOS]			
Anesthetics (Combination Product) [Anestésicos (Productos En Combinación)]			
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	2	EMLA	
Local Anesthetics [Anestésicos Locales]			
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 5 % patch</i>	2	LIDODERM	PA
<i>lidocaine hcl 1 % inj soln</i>	2		
<i>lidocaine hcl 2 % inj soln, 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % inj soln, 2 % inj soln</i>	2		
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe, 2 % gel</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>	2	ANTABUSE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
<i>buprenorphine hcl 2 mg tab subl</i>	2	SUBUTEX	PA, QL(60 / 30)
<i>buprenorphine hcl 8 mg tab subl</i>	2	SUBUTEX	PA, QL(240 / 30)
<i>buprenorphine hcl-naloxone hcl 8-2 mg subl film</i>	2	SUBOXONE	PA, QL(90 / 30)
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>	2	SUBOXONE	PA, QL(60 / 30)
<i>buprenorphine hcl-naloxone hcl 4-1 mg subl film</i>	2	SUBOXONE	PA, QL(180 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film</i>	2	SUBOXONE	PA, QL(360 / 30)
<i>naltrexone hcl 50 mg tab</i>	2		
Opioid Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>naloxone hcl 2 mg/2ml inj soln pfs</i>	2	NARCAN	
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	2	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml inj soln</i>	2	GENTAK	PA(*)
<i>neomycin sulfate 500 mg tab</i>	2		
<i>paramomycin sulfate 250 mg cap</i>	2	HUMATIN	
Antibacterials, Other [Antibacterianos, Otros]			
<i>CLEOCIN 100 mg vag supp</i>	4		QL(3 / 15)
<i>clindamycin hcl 150 mg cap, 300 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	QL(40 / 15)
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	2	CLEOCIN-T	QL(60 / 15)
<i>colistimethate sodium (cba) 150 mg inj soln</i>	6		
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mafenide acetate 5 % ext pckt</i>	2	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	QL(70 / 15)
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	BACTROBAN	
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	4		PA
SSD 1 % crm	2		
SULFAMYLON 85 mg/gm crm	4		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	4		PA
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	2	CECLOR	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	DURICEF	
<i>cefdinir 300 mg cap</i>	2	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	2	OMNICEF	
<i>cefepodoxime proxetil 100 mg tab, 200 mg tab</i>	2	VANTIN	
<i>cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	2	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	2	CEFZIL	
<i>ceftriaxone sodium 1 gm iv soln, 10 gm iv soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i>	2	ROCEPHIN	PA(*)
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	2	CEFTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Other [Beta-Lactámicos, Otros]			
<i>ertapenem sodium 1 gm inj soln</i>	5	INVANZ	PA(*)
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
<i>amoxicillin 250 mg cap, 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 125 mg tab chew, 250 mg tab chew</i>	2	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 250 mg cap, 500 mg cap</i>	1		
<i>ampicillin 125 mg/5ml susp, 250 mg/5ml susp</i>	2		
<i>ampicillin sodium 125 mg inj soln</i>	2		PA(*)
<i>ampicillin sodium 1 gm inj soln</i>	2	TOTACILLIN-N	PA(*)
BICILLIN C-R 1200000 unit/2ml im susp	4		PA(*)
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		PA(*)
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>	2	DYCILL	
<i>penicillin g procaine 600000 unit/ml im susp</i>	2		PA(*)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides [Macrólidos]			
<i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
<i>ery 2 % pad</i>	4		
<i>ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4		
<i>ERYTHROCIN STEARATE 250 mg tab</i>	4		
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 2 % gel</i>	2	ERYGEL	
<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>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	2	ERYPED	
<i>erythromycin ethylsuccinate 400 mg/5ml susp</i>	1	ERYPED 400	
<i>ZMAX 2 gm susp</i>	4		
Quinolones [Quinolonas]			
<i>CIPRO 250 MG/5ML (5%) susp</i>	4		
<i>ciprofloxacin 250 MG/5ML (5%) susp</i>	1	CIPRO	
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	2	CIPRO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>	2	CIPRO XR	QL(3 / 30)
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>	2	CIPRO XR	QL(14 / 30)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
Sulfonamides [Sulfonamidas]			
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
Tetracyclines [Tetraciclinas]			
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	2	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
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>	1	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	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>phenobarbital 20 mg/5ml oral elix</i>	2		
ROWEEPRA XR 500 mg tab er 24 hr	2		ST
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
<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	LYRICA	ST
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	QL(900 / 30), ST
Gamma-Aminobutyric Acid (GABA) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA)]			
<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</i>	2	KLONOPIN	QL(120 / 30)
<i>clonazepam 2 mg tab, 2 mg tab disint</i>	2	KLONOPIN	QL(300 / 30)
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr</i>	1	DEPAKOTE	
<i>divalproex sodium er 500 mg tab er 24 hr</i>	2	DEPAKOTE	
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	NEURONTIN	
<i>gabapentin 600 mg tab, 800 mg tab</i>	2	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	2	NEURONTIN	
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	2		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>valproate sodium 250 mg/5ml soln</i>	1	DEPAKENE	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>vigabatrin 500 mg tab</i>	5	Sabril	PA
<i>vigabatrin 500 mg pckt</i>	6	SABRIL	PA
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew</i>	1	LAMICTAL	
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
Sodium Channel Agents [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>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<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	4		
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
<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>	2	DILANTIN	
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		AL, SL
VIMPAT 10 mg/ml soln	4		AL, SL
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			
Antidementia Agents (Combination Product) [Agentes Antidemencia (Productos En Combinación)]			
NAMZARIC 14-10 mg cap er 24 hr, 28-10 mg cap er 24 hr	3		
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	ARICEPT	
<i>donepezil hcl 23 mg tab</i>	2	ARICEPT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2	EXELON	PA, QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (NMDA)]			
memantine hcl 10 mg tab, 5 mg tab	2	NAMENDA	
memantine hcl 2 mg/ml soln	2	NAMENDA	
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	QL(49 / 28)
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	2	NAMENDA XR	ST
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants (Combination Product) [Antidepresivos (Productos En Combinación)]			
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	2	TRIAVIL	
Antidepressants, Other [Antidepresivos, Otros]			
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	1	WELLBUTRIN XL	
mirtazapine 15 mg tab, 30 mg tab, 45 mg tab, 7.5 mg tab	1	REMERON	
mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	2	REMERON	
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminoxidasa]			
MARPLAN 10 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]
<i>phenelzine sulfate 15 mg tab</i>	2	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	2	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>	1	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	QL(30 / 30), ST
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	QL(30 / 30), ST
<i>duloxetine hcl 60 mg cap dr prt</i>	2	CYMBALTA	QL(30 / 30)
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt</i>	2	CYMBALTA	QL(60 / 30)
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	2	LUDIOMIL	
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	SERZONE	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	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>	2	ZOLOFT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg cap er 24 hr</i>	1	EFFEXOR XR	QL(30 / 30)
<i>venlafaxine hcl er 37.5 mg cap er 24 hr</i>	1	EFFEXOR XR	QL(60 / 30)
<i>venlafaxine hcl er 75 mg cap er 24 hr</i>	1	EFFEXOR XR	QL(90 / 30)
Tricyclics [Tricíclicos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	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>	2	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	2	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	2	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	2	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	2	ANTIVERT	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 6.25 mg/5ml soln</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp</i>	2	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln</i>	2	PHENERGAN	PA(*)
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	QL(24 / 365)
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
<i>aprepitant 125 mg cap</i>	2	EMEND	PA(*), QL(1 / 7)
<i>aprepitant 80 mg cap</i>	2	EMEND	PA(*), QL(2 / 7)
<i>aprepitant 80 & 125 mg cap</i>	2	EMEND	PA(*), QL(3 / 7)
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	QL(120 / 30)
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	PA(*)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN	PA(*)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	PA(*)
<i>ondansetron hcl 4 mg/5ml soln</i>	2	ZOFRAN	PA(*)
<i>ondansetron hcl 4 mg/2ml inj soln</i>	5	ZOFRAN	PA(*)
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
<i>ciclopirox 0.77 % gel</i>	2	LOPROX	
<i>ciclopirox 1 % shampoo</i>	2	LOPROX	QL(120 / 15)
<i>ciclopirox 8 % ext soln</i>	2	PENLAC	QL(6.6 / 90)
<i>ciclopirox olamine 0.77 % crm</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	2	LOPROX	QL(60 / 15)
<i>clotrimazole 1 % crm</i>	2	LOTRIMIN	
<i>clotrimazole 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	2	MYCELEX	QL(30 / 15)
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	2	LOTRISONE	
<i>econazole nitrate 1 % crm</i>	2	SPECTAZOLE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	2	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	2	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	2		
<i>griseofulvin microsize 125 mg/5ml susp</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	2	GRIS-PEG	
<i>itraconazole 100 mg cap</i>	2	SPORANOX	
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>ketoconazole 2 % crm</i>	2	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	2	NIZORAL	QL(120 / 15)
<i>NATACYN 5 % ophth susp</i>	4		QL(15 / 15)
<i>NOXAFIL 40 mg/ml susp</i>	4		SL
<i>nystatin 100000 unit/gm ext pwdr</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm oint</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	2	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
<i>NYSTOP 100000 unit/gm ext pwdr</i>	2		
<i>oxiconazole nitrate 1 % crm</i>	2	OXISTAT	
<i>OXISTAT 1 % lot</i>	4		
<i>posaconazole 100 mg tab dr</i>	1		SL
<i>posaconazole 40 mg/ml susp</i>	1		SL
<i>terbinafine hcl 250 mg tab</i>	2	LAMISIL	QL(84 / 365)
<i>terconazole 0.8 % vag crm</i>	2	TERAZOL	QL(20 / 15)
<i>terconazole 0.4 % vag crm</i>	2	TERAZOL	QL(45 / 15)
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	QL(3 / 15)
<i>voriconazole 200 mg tab, 50 mg tab</i>	2	VFEND	SL
<i>voriconazole 40 mg/ml susp</i>	2	VFEND	SL
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1		QL(30 / 30), ST
<i>probenecid 500 mg tab</i>	2	BENEMID	
ULORIC 40 mg tab, 80 mg tab	4		QL(30 / 30), ST
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Ergot Alkaloids [Alcaloides De Ergot]			
ERGOMAR 2 mg tab subl	4		
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>eletriptan hydrobromide 20 mg tab</i>	2	RELPAK	QL(6 / 30), ST
<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(12 / 30)
<i>rizatriptan benzoate 5 mg tab, 5 mg tab disint</i>	2	MAXALT	QL(24 / 30)
<i>sumatriptan succinate 100 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(18 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	2	IMITREX	QL(5 / 30)
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
<i>guanidine hcl 125 mg tab</i>	2		
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg tab</i>	2	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	MESTINON	
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
<i>dapsone 100 mg tab, 25 mg tab</i>	2		
<i>rifabutin 150 mg cap</i>	2	MYCOBUTIN	
Antituberculars [Antituberculosos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1		
<i>isoniazid 50 mg/5ml syr</i>	2		
PASER 4 gm pckt	4		
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	2		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
RIFATER 50-120-300 mg tab	4		
SIRTURO 100 mg tab	6		PA
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Alkylating Agents [Agentes Alquilantes]			
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap, 5 mg cap	5		
HEXALEN 50 mg cap	6		
LEUKERAN 2 mg tab	6		
MATULANE 50 mg cap	6		
Antiandrogens [Antiandrógenos]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	2	EULEXIN	
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
XTANDI 40 mg cap	6		PA
ZYTIGA 500 mg tab	6		PA
Antiangiogenic Agents [Agentes Antiangiogénicos]			
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	6		PA
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	6		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA

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<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Antimetabolites [Antimetabolitos]			
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
<i>fluorouracil 5 % crm</i>	2	EFUDEX	
<i>fluorouracil 2 % ext soln</i>	2	EFUDEX	QL(10 / 15)
<i>hydroxyurea 500 mg cap</i>	2	HYDREA	
<i>mercaptopurine 50 mg tab</i>	2	PURINETHOL	
TABLOID 40 mg tab	6		
Antineoplastics, Other [Antineoplásicos, Otros]			
COPIKTRA 15 mg cap, 25 mg cap	5		PA
<i>leucovorin calcium 10 mg tab, 5 mg tab</i>	2		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation [Inhibidores De La Aromatasa, 3Era Generación]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Molecular Target Inhibitors [Inhibidores Moleculares]			
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	6		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	6		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
CALQUENCE 100 mg cap	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	6		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	6		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	6		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	6		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	6	GLEEVEC	PA
IMBRUVICA 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	6		PA
INLYTA 1 mg tab, 5 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
LYNPARZA 100 mg tab, 50 mg cap	6		PA
MEKINIST 0.5 mg tab, 2 mg tab	6		PA
NEXAVAR 200 mg tab	6		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	5		PA
TAFINLAR 50 mg cap, 75 mg cap	6		PA
TALZENNA 0.25 mg cap, 1 mg cap	5		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
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
Retinoids [Retinoides]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	
PANRETIN 0.1 % gel	6		QL(60 / 15)
TARGRETIN 1 % gel	6		QL(60 / 15)
<i>tretinoin 10 mg cap</i>	5	VESANOID	
Treatment Adjuncts [Adjuntos De Tratamiento]			
MESNEX 400 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIPARASITICS [ANTIPARASITARIOS]			
Anthelmintics [Antihelmínticos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	2	STROMEKTOL	
Antiprotozoals [Antiprotozoarios]			
ALINIA 500 mg tab	4		QL(6 / 30)
ALINIA 100 mg/5ml susp	4		QL(60 / 30)
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	2	MALARONE	QL(12 / 365)
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	2	MALARONE	QL(48 / 365)
<i>chloroquine phosphate 250 mg tab</i>	2		PA
<i>chloroquine phosphate 500 mg tab</i>	2		PA
COARTEM 20-120 mg tab	4		QL(24 / 365)
DARAPRIM 25 mg tab	6		PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	PA
<i>mefloquine hcl 250 mg tab</i>	2		
NEBUPENT 300 mg inh soln	4		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM 300	PA(*)
<i>primaquine phosphate 26.3 mg tab</i>	2		
<i>pyrimethamine 25 mg tab</i>	5	DARAPRIM	PA
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	QL(42 / 365)
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	2	ARTANE	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Dopamine Agonists [Agonistas De Dopamina]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
<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>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	
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, 25-100 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa 25-250 mg tab</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	2	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	
Monoamine Oxidase B (MAO-B) Inhibitors [Inhibidores De La Monoaminoxidasa B (MAO-B)]			
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	QL(60 / 30)
ANTIPSYCHOTICS [ANTIPSIÓTICOS]			
1st Generation/Typical [1era Generación/Típicos]			
<i>chlorpromazine hcl 25 mg/ml inj soln</i>	2		PA(*)
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	PA(*)
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc</i>	2	PROLIXIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	2	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	2	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	2	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap</i>	2	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]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	6		
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
INVEGA SUSTENNA 39 mg/0.25ml im susp pfs	5		QL(0.25 / 28), ST
INVEGA SUSTENNA 78 mg/0.5ml im susp pfs	5		QL(0.5 / 28), ST
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs	5		QL(0.75 / 28), ST
INVEGA SUSTENNA 156 mg/ml im susp pfs	5		QL(1 / 28), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVEGA SUSTENNA 234 mg/1.5ml im susp pfs	5		QL(1.5 / 28), ST
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	4		ST
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	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	ST
<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	ST
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	RISPERDAL	
<i>risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint</i>	2	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	3		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	
Treatment-resistant [Resistentes A Tratamiento]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	2		
baclofen 10 mg tab, 20 mg tab	2	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	
tizanidine hcl 2 mg tab, 4 mg tab	2	ZANAFLEX	
ANTIVIRALS [ANTIVIRALES]			
Anti-cytomegalovirus (CMV) Agents [Agentes Anti Citomegalovirus (CMV)]			
FOSCAVIR 6000 mg/250ml iv soln	5		PA(*)
valganciclovir hcl 450 mg tab	6	VALCYTE	
Anti-hepatitis B (HBV) Agents [Agentes Contra La Hepatitis B (VHB)]			
BARACLUDE 0.05 mg/ml soln	5		PA
entecavir 0.5 mg tab, 1 mg tab	5	BARACLUDE	PA
Anti-hepatitis C (HCV) Agents, Other [Agentes Contra La Hepatitis C (VHC), Otros]			
MAVYRET 100-40 mg tab	5		PA
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA
Anti-hepatitis C (HCV) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (VHC)]			
PEGASYS 180 mcg/0.5ml sc soln, 180 mcg/ml sc soln	6		PA
PEGASYS PROCLICK 135 mcg/0.5ml sc soln	6		PA
PEGINTRON 50 mcg/0.5ml sc kit	6		PA
RIBASPHERE 400 mg tab, 600 mg tab	6		PA
RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack	6		PA
RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack	6		PA
ribavirin 200 mg tab	5	COPEGUS	PA
ribavirin 200 mg cap	5	REBETOL	PA
Antiherpetic Agents [Agentes Antiherpéticos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % crm</i>	1	ZOVIRAX	ST
<i>acyclovir 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	
DENAVIR 1 % crm	4		ST
<i>famciclovir 125 mg tab, 500 mg tab</i>	2	FAMVIR	QL(21 / 7)
<i>famciclovir 250 mg tab</i>	2	FAMVIR	QL(60 / 30)
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	QL(7.5 / 15)
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	QL(30 / 30)
Anti-HIV Agents, Integrase Inhibitors (INSTI) [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI)]			
BIKTARVY 50-200-25 mg tab	4		
DOVATO 50-300 mg tab	3		
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		
JULUCA 50-25 mg tab	4		
STRIBILD 150-150-200-300 mg tab	4		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		
TRIUMEQ 600-50-300 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>	2	SUSTIVA	
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	4		
<i>nevirapine 50 mg/5ml susp</i>	1	VIRAMUNE	
<i>nevirapine 200 mg tab</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/Limits ¹ [Requisitos/Límites]
RESCRIPTOR 100 mg tab, 200 mg tab	4		
SYMFI 600-300-300 mg tab	4		
SYMFI LO 400-300-300 mg tab	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 300 mg tab</i>	2	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</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	
CIMDUO 300-300 mg tab	3		
DESCOVY 200-25 mg tab	3		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	
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	2	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	VIREAD	
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	3		
TRUVADA 200-300 mg tab	3		PA
VIDEX 2 gm soln, 4 gm soln	4		
VIDEX EC 125 mg cap dr	4		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	4		
VIREAD 40 mg/gm oral pwdr	4		
ZERIT 1 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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	4		PA
SELZENTRY 20 mg/ml soln	4		PA
TROGARZO 200 mg/1.33ml iv soln	6		PA(*)
TYBOST 150 mg tab	4		
Anti-HIV Agents, Protease Inhibitors [Agentes Anti-VIH, Inhibidores De La Proteasa]			
APTIVUS 250 mg cap	4		
APTIVUS 100 mg/ml soln	4		
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	2	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	4		
EVOTAZ 300-150 mg tab	4		
fosamprenavir calcium 700 mg tab	2	LEXIVA	
INVIRASE 200 mg cap, 500 mg tab	4		
KALETRA 100-25 mg tab, 200-50 mg tab	4		
LEXIVA 50 mg/ml susp	4		
lopinavir-ritonavir 400-100 mg/5ml soln	2	KALETRA	
NORVIR 100 mg cap, 100 mg pckt	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 50 mg pckt	3		
ritonavir 100 mg tab	2	NORVIR	
SYMTUZA 800-150-200-10 mg tab	4		
VIRACEPT 250 mg tab, 625 mg tab	4		
Anti-influenza Agents [Agentes Contra La Influenza]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	2	TAMIFLU	
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	
RELENZA DISKHALER 5 mg/blister inh aer pwrdr br act	4		
rimantadine hcl 100 mg tab	2	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XOFLUZA (80 MG DOSE) 2 x 40 mg tab pack	3		
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
<i>bupirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	2	VISTARIL	
Benzodiazepines [Benzodiazepinas]			
<i>alprazolam 2 mg tab</i>	2	XANAX	QL(90 / 30)
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	XANAX	QL(120 / 30)
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	2	TRANXENE	QL(90 / 30)
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	QL(120 / 30)
<i>estazolam 1 mg tab, 2 mg tab</i>	2	PROSOM	QL(30 / 30)
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ATIVAN	QL(90 / 30)
<i>temazepam 22.5 mg cap</i>	2	RESTORIL	QL(30 / 30)
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
<i>lithium 8 meq/5ml soln</i>	2		
<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>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
ACTOPLUS MET XR 15-1000 mg tab er 24 hr, 30-1000 mg tab er 24 hr	4		ST
BYDUREON 2 mg sc pen-inj	3		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>chlorpropamide 100 mg tab, 250 mg tab</i>	2	DIABINESE	
FARXIGA 10 mg tab, 5 mg tab	3		
<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 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr</i>	2	GLUCOTROL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	2	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
JARDIANCE 10 mg tab, 25 mg tab	3		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE	
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	2	GLYSET	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	3		QL(1.5 / 28), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	3		QL(3 / 28), ST
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	2	ACTOS	ST
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	2	DUETACT	ST
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	2	ACTOPLUS MET	ST
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	2	PRANDIN	ST
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
TRADJENTA 5 mg tab	3		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	3		
VICTOZA 18 mg/3ml sc soln pen-inj	3		QL(9 / 30), ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		
Glycemic Agents [Agentes Glucémicos]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	3		
diazoxide 50 mg/ml susp	1	PROGLYCEM	
GLUCAGON EMERGENCY 1 mg inj kit	3		
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	4		
PROGLYCEM 50 mg/ml susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Insulins [Insulinas]			
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	3		QL(40 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(40 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(40 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(40 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(40 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(40 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(40 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(40 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(40 / 30)
HUMULIN N 100 unit/ml sc susp	3		QL(40 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(40 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(40 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(40 / 30)
LANTUS 100 unit/ml sc soln	3		QL(40 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(40 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	4		QL(40 / 30)
NOVOLIN N 100 unit/ml sc susp	4		QL(40 / 30)
NOVOLIN R 100 unit/ml inj soln	4		QL(40 / 30)
NOVOLOG 100 unit/ml sc soln	4		QL(40 / 30)
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	4		QL(40 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	4		QL(40 / 30)
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	4		QL(40 / 30)
NOVOLOG PENFILL 100 unit/ml sc soln cart	4		QL(40 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		
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 DVT/PE 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	
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	2		PA(*)
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	3		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
LEUKINE 250 mcg inj soln	6		PA(*)
NEULASTA 6 mg/0.6ml sc soln pfs	5		PA(*)
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		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(*)
PROCRIPT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA(*)
PROMACTA 12.5 mg pckt, 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	6		PA
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	2	AGGRENEX	
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	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	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>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
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>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>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>	2	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	2	PACERONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	2	NORPACE	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
MULTAQ 400 mg tab	4		ST
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	2	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		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	2	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	2	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	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	TOPROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 60 mg tab</i>	2	INDERAL	
<i>propranolol hcl 1 mg/ml iv soln, 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	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<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>	2		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	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>	2		
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr, 360 mg cap 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>	2	CARDIZEM	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	2	PLENDIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>isradipine 2.5 mg cap, 5 mg cap</i>	2	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	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>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<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 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	VERELAN	
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
ALDACTAZIDE 50-50 mg tab	4		ST
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	2	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	EXFORGE	ST
<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	ST
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	TENORETIC	
<i>atenolol-chlorthalidone 100-25 mg tab</i>	2	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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	3		PA
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	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>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	2	BENICAR HCT	ST
<i>pentoxifylline er 400 mg tab er</i>	2	TRENTAL	
<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>	2	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	PA
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	3		
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	ST
<i>trandolapril-verapamil hcl er 4-240 mg tab er</i>	1	TARKA	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 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	
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>methazolamide 25 mg tab, 50 mg tab</i>	2	NEPTAZANE	
Diuretics, Loop [Diuréticos, Asa De Henle]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln</i>	2	LASIX	PA(*)
<i>toremide 10 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
<i>toremide 100 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSpra	ST
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	2	ALDACTONE	
Diuretics, Thiazide [Diuréticos, Tiazidas]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
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	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ZOCOR	
<i>simvastatin 80 mg tab</i>	1	ZOCOR	PA, ST
Dyslipidemics, Other [Dislipidémicos, Otros]			
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	2	QUESTRAN LIGHT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>colesevelam hcl 625 mg tab</i>	2	WELCHOL	
<i>colestipol hcl 1 gm tab</i>	2	COLESTID	
<i>ezetimibe 10 mg tab</i>	2	ZETIA	ST
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	2	VYTORIN	ST
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	QL(120 / 30)
REPATHA 140 mg/ml sc soln pfs	3		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	3		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		PA
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>	2	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/Venous [Vasodilatadores Arteriovenosos De Acción Directa]			
<i>isosorbide dinitrate 30 mg tab</i>	1	ISORDIL	
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	ISORDIL	
<i>isosorbide dinitrate er 40 mg tab er</i>	2	ISORDIL	
<i>isosorbide mononitrate 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate 10 mg tab</i>	2	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
NITRO-BID 2 % td oint	4		
NITRO-DUR 0.3 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>	2	NITRO-DUR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nitroglycerin 0.3 mg tab sub, 0.4 mg tab sub, 0.6 mg tab sub</i>	2	NITROSTAT	
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	
<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	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXEDRINE	
<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	
DYANAVEL XR 2.5 mg/ml susp er	4		PA, QL(240 / 30), ST
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
<i>atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap</i>	2	STRATTERA	PA, QL(30 / 30), ST
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	2	STRATTERA	PA, QL(90 / 30), ST
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	2	KAPVAY	PA, QL(120 / 30), ST
<i>methylphenidate hcl 5 mg/5ml soln</i>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	RITALIN	
<i>methylphenidate hcl er 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er</i>	2	METADATE CD	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
<i>riluzole 50 mg tab</i>	5	RILUTEK	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
<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
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 0.25 mg tab pack	5		PA
OCREVUS 300 mg/10ml iv soln	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]			
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	QL(473 / 15)
<i>lidocaine viscous 2 % m/t soln</i>	2	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	2	XYLOCAINE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatological Agents [Agentes Dermatológicos]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	2	SORIATANE	
ACZONE 7.5 % gel	3		
<i>adapalene 0.1 % crm, 0.3 % gel</i>	2	DIFFERIN	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	PA, QL(45 / 15)
<i>ammonium lactate 12 % lot</i>	2	LAC-HYDRIN	
<i>azelaic acid 15 % gel</i>	1	FINACEA	QL(50 / 15)
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	QL(60 / 15)
<i>calcipotriene 0.005 % crm</i>	2	DOVONEX	QL(120 / 15)
CLARAVIS 40 mg cap	2		
CONDYLOX 0.5 % gel	4		QL(3.5 / 15)
<i>dapsone 7.5 % gel</i>	1	Aczone	
EUCRISA 2 % oint	3		
<i>imiquimod 5 % crm</i>	2	ALDARA	QL(24 / 15)
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	CLARAVIS	
<i>methoxsalen rapid 10 mg cap</i>	2	OXSORALEN-ULTRA	
<i>metronidazole 0.75 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
MYORISAN 20 mg cap	2		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	QL(3.5 / 15)
SANTYL 250 unit/gm oint	4		QL(30 / 15)
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	5		PA
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	QL(100 / 15), ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	5		PA
<i>tazarotene 0.1 % crm</i>	2	TAZORAC	PA, QL(60 / 15)
TAZORAC 0.05 % crm	4		PA, QL(60 / 15)
TAZORAC 0.05 % gel, 0.1 % gel	4		PA, QL(100 / 15)
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA, QL(45 / 15)
ZENATANE 10 mg cap, 30 mg cap	2		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Electrolyte/Mineral Replacement [Reemplazo De Electrolitos/Minerales]			
<i>lactated ringers iv soln</i>	1		PA(*)
<i>ringers iv soln</i>	1		PA(*)
<i>sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln</i>	2		PA(*)
Electrolyte/Mineral/Metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	5	EXJADE	PA
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
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		
CYSTADANE oral pwdr	6		PA
CYSTAGON 150 mg cap, 50 mg cap	6		PA
ELELYSO 200 unit iv soln	6		PA(*)
<i>miglustat 100 mg cap</i>	6	ZAVESCA	PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	5		PA
ORFADIN 20 mg cap	6		PA
ORFADIN 4 mg/ml susp	6		PA
PROLASTIN-C 1000 mg/20ml iv soln	6		PA(*)
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
<i>sodium phenylbutyrate 3 gm/tsp oral pwdr</i>	5	BUPHENYL	PA
VPRIV 400 unit iv soln	6		PA(*)
ZEMAIRA 1000 mg iv soln	6		PA(*)
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	2	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	ROBINUL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 5 mg/5ml soln</i>	1	REGLAN	
MYTESI 125 mg tab dr	6		PA, QL(60 / 30)
<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 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>ranitidine hcl 150 mg tab, 300 mg tab</i>	1	ZANTAC	
<i>ranitidine hcl 15 mg/ml syr, 150 mg/6ml inj soln</i>	2	ZANTAC	
Irritable Bowel Syndrome Agents [Agentes Para El Síndrome Del Colon Irritable]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	4		PA, QL(60 / 30)
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		PA, QL(30 / 30)
Laxatives [Laxantes]			
GAVILYTE-C 240 gm soln	4		
GAVILYTE-G 236 gm soln	2		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	2		
GOLYTELY 227.1 gm soln	4		
<i>lactulose 10 gm/15ml soln</i>	2	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	2		
<i>peg 3350/electrolytes 240 gm soln</i>	1		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	2	MIRALAX	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	4		
TRILYTE 420 gm soln	2		
Protectants [Protectores]			
CARAFATE 1 gm/10ml susp	4		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	2	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1		
<i>sucralfate 1 gm tab</i>	2	CARAFATE	
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
DEXILANT 30 mg cap dr, 60 mg cap dr	3		
<i>esomeprazole magnesium 20 mg cap dr</i>	1	NEXIUM	ST
<i>lansoprazole 15 mg cap dr</i>	2	PREVACID	
<i>lansoprazole 30 mg cap dr</i>	2	PREVACID	ST
<i>omeprazole 40 mg cap dr</i>	1	PRILOSEC	QL(30 / 30)
<i>omeprazole 10 mg cap dr, 20 mg cap dr</i>	1	PRILOSEC	QL(60 / 30)
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	ZEGERID	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
<i>oxybutynin chloride 5 mg tab</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>	2	DITROPAN	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	2	DETROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	4		
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	2	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other [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		
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
Phosphate Binders [Enlazadores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	PA
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	2	REVELA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Glucocorticoids/Mineralocorticoids Agents [Agentes Glucocorticoideos/Mineralocorticoideos]			
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	ACLOVATE	
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	DIPROLENE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<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 % gel</i>	2	TEMOVATE	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	2	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	2	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	2	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	2	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	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	QL(118.28 / 15)
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2		QL(118.28 / 15)
<i>fluocinonide 0.05 % gel, 0.05 % oint</i>	2	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	2	LIDEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinonide emulsified base 0.05 % crm</i>	2	LIDEX-E	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	2	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	2	ULTRAVATE	
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	2	HYTONE	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % crm</i>	2	LOCOID LIPOCREAM	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	2	WESTCORT	
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<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>prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	2		
SOLU-CORTEF 100 mg inj soln	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.5 % oint</i>	2	KENALOG	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm</i>	1	TRIDERM	
<i>triamcinolone acetonide 0.5 % crm</i>	2	TRIDERM	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	2		
<i>methylprednisolone sodium succ 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
SOLU-CORTEF 250 mg inj soln	4		
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	QL(15 / 30)
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	
<i>desmopressin acetate 4 mcg/ml inj soln</i>	2	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2		QL(15 / 30)
INCRELEX 40 mg/4ml sc soln	6		PA
STIMATE 1.5 mg/ml nasal soln	6		PA
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	
<i>testosterone 25 MG/2.5GM (1%) td gel</i>	2	ANDROGEL	PA, QL(75 / 30)
<i>testosterone 50 MG/5GM (1%) td gel</i>	2	ANDROGEL	PA, QL(150 / 30)
<i>testosterone 20.25 MG/ACT (1.62%) td gel</i>	1	ANDROGEL PUMP	PA, QL(75 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>testosterone cypionate 200 mg/ml inj soln</i>	2		PA(*)
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	2	DEPO-TESTOSTERONE	PA(*)
<i>testosterone enanthate 200 mg/ml im soln</i>	2	DELATESTRYL	PA(*)
Estrogens [Estrógenos]			
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	2	ESTRACE	QL(42.5 / 30)
<i>estradiol 10 mcg vag tab</i>	2	VAGIFEM	
<i>MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab</i>	4		
<i>PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab</i>	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	
<i>megestrol acetate 40 mg/ml susp</i>	2	MEGACE	PA
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	2	PROMETRIUM	
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [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		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) [AGENTES HORMONALES, SUPRESORES (ADRENALES)]			
Hormonal Agents, Suppressant (Adrenal) [Agentes Hormonales, Supresores (Adrenales)]			
LYSODREN 500 mg tab	6		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA)]			
Hormonal Agents, Suppressant (Parathyroid) [Agentes Hormonales, Supresores (Paratiroidea)]			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	PA
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	
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA(*)
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 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	5		PA(*)
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	5	SANDOSTATIN	PA(*)
ORILISSA 150 mg tab, 200 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SANDOSTATIN LAR DEPOT 10 mg im kit, 20 mg im kit, 30 mg im kit	6		PA(*)
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	6		PA(*)
SYNAREL 2 mg/ml nasal soln	6		
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>	1		
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Immune Suppressants [Inmunosupresores]			
AZASAN 100 mg tab, 75 mg tab	4		PA(*), SL
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA(*), 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
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	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	5		PA
HUMIRA PEN-CD/UC/HS STARTER 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,	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit			
INFLECTRA 100 mg iv soln	6		PA
<i>methotrexate 2.5 mg tab</i>	2		
<i>methotrexate sodium 50 mg/2ml inj soln</i>	5		SL
<i>methotrexate sodium (pf) 50 mg/2ml inj soln</i>	5		SL
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	PA(*), SL
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA 250 mg iv soln	5		PA(*)
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
REMICADE 100 mg iv soln	5		PA
RENFLEXIS 100 mg iv soln	6		PA
RINVOQ 15 mg tab er 24 hr	5		PA
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		
XOLAIR 150 mg sc soln	6		PA(*)
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates [Aminosalicilatos]			
APRISO 0.375 gm cap er 24 hr	3		
<i>balsalazide disodium 750 mg cap</i>	2	COLAZAL	
DIPENTUM 250 mg cap	4		
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1		
PENTASA 250 mg cap er, 500 mg cap er	4		
Glucocorticoids [Glucocorticoides]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
<i>hydrocortisone (perianal) 2.5 % crm</i>	2		
Sulfonamides [Sulfonamidas]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	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, 5 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	FOSAMAX	QL(4 / 28)
<i>alendronate sodium 40 mg tab</i>	2	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	2	FOSAMAX	ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	QL(3.7 / 30)
<i>calcitriol 1 mcg/ml iv soln</i>	2	CALCIJEX	PA(*)
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	
<i>FORTEO 600 mcg/2.4ml sc soln pen-inj</i>	5		PA
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	QL(1 / 28), ST
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA(*), ST
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
<i>PROLIA 60 mg/ml sc soln pfs</i>	6		PA(*), QL(1 / 180)
<i>risedronate sodium 30 mg tab, 5 mg tab</i>	2	ACTONEL	ST
<i>risedronate sodium 150 mg tab</i>	2	ACTONEL	QL(1 / 28), ST
<i>risedronate sodium 35 mg tab</i>	2	ACTONEL	QL(4 / 28), ST
<i>TYMLOS 3120 mcg/1.56ml sc soln pen-inj</i>	5		PA, QL(1.56 / 30)
<i>XGEVA 120 mg/1.7ml sc soln</i>	6		PA(*), QL(1.7 / 28)
<i>zoledronic acid 4 mg/100ml iv soln</i>	6		PA(*)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
zoledronic acid 5 mg/100ml iv soln	5	RECLAST	PA(*), QL(100 / 365)
zoledronic acid 4 mg/5ml iv conc	5	ZOMETA	PA(*)
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
levocarnitine 330 mg tab	2	CARNITOR	
levocarnitine 1 gm/10ml soln	2	CARNITOR	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	2	POLYSPORIN	
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	QL(3.5 / 15)
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	QL(10 / 15)
RESTASIS 0.05 % ophth emul	3		PA, QL(60 / 30)
RESTASIS MULTIDOSE 0.05 % ophth emul	3		PA, QL(5.5 / 28)
RESTASIS MULTIDOSE 0.05 % ophth emul	3		PA, QL(5.5 / 28)
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	QL(6 / 15), ST
cromolyn sodium 4 % ophth soln	1	OPTICROM	
olopatadine hcl 0.2 % ophth soln	2	PATADAY	QL(2.5 / 30), ST
olopatadine hcl 0.1 % ophth soln	1	PATANOL	QL(5 / 15)
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
bacitracin 500 unit/gm ophth oint	2	BACI-IM	
ciprofloxacin hcl 0.3 % ophth soln	2	CILOXAN	QL(10 / 15)
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	QL(15 / 15)
gentamicin sulfate 0.3 % ophth oint	1	GENTAK	
MOXEZA 0.5 % ophth soln	3		QL(3 / 15)
moxifloxacin hcl 0.5 % ophth soln	2	VIGAMOX	QL(3 / 15)
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	QL(10 / 15)
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	QL(5 / 15)
TOBEX 0.3 % ophth oint	4		
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
ALPHAGAN P 0.1 % ophth soln	3		QL(15 / 30)
AZOPT 1 % ophth susp	3		QL(15 / 30), ST
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	QL(15 / 30)
BETOPTIC-S 0.25 % ophth susp	4		QL(15 / 30)
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	QL(15 / 30)
<i>brimonidine tartrate 0.15 % ophth soln</i>	2	ALPHAGAN	QL(15 / 30)
COMBIGAN 0.2-0.5 % ophth soln	3		QL(15 / 30)
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	QL(10 / 30)
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	QL(10 / 30)
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	QL(15 / 30)
<i>metipranolol 0.3 % ophth soln</i>	2	OPTIPRANOLOL	QL(10 / 30)
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	QL(15 / 30)
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	2	TIMOPTIC	
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
ALREX 0.2 % ophth susp	4		QL(10 / 15)
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	QL(3.5 / 15)
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	QL(5 / 15)
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	QL(15 / 15)
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	QL(2.5 / 15)
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR	QL(5 / 15)
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	QL(10 / 15)
LOTEMAX SM 0.38 % ophth gel	4		QL(15 / 15)
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	QL(15 / 15)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	QL(7.5 / 15)
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	QL(15 / 15)
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		QL(10 / 15)
PROLENSA 0.07 % ophth soln	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	QL(10 / 15)
TOBRADEX 0.3-0.1 % ophth oint	4		
TOBRADEX ST 0.3-0.05 % ophth susp	4		QL(5 / 15)
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	QL(10 / 15)
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	QL(2.5 / 30)
LUMIGAN 0.01 % ophth soln	3		QL(7.5 / 30)
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN Z	QL(5 / 30)
ZIOPTAN 0.0015 % ophth soln	4		QL(30 / 30)
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents [Agentes Óticos]			
<i>acetic acid 2 % otic soln</i>	2	VOSOL	QL(15 / 15)
CIPRODEX 0.3-0.1 % otic susp	3		QL(7.5 / 15)
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	QL(20 / 15)
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	ACETASOL HC	QL(10 / 15)
<i>neomycin-polymyxin-hc 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	QL(10 / 15)
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	QL(20 / 15)
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Antihistamines [Antihistamínicos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>azelastine hcl 0.1 % nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
CLARINEX 0.5 mg/ml syr	4		ST
<i>cyproheptadine hcl 4 mg tab</i>	2	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	2	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>	2	BENADRYL	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	XYZAL	ST
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	2	XYZAL	ST
<i>olopatadine hcl 0.6 % nasal soln</i>	2	PATANASE	QL(30.5 / 30)
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
AEROSPAN 80 mcg/act inh aer soln	4		QL(8.9 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(60 / 30)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	2	PULMICORT	PA(*), QL(120 / 30), ST
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act	3		QL(60 / 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>	1	NASALIDE	QL(25 / 30)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	2	FLONASE	QL(16 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(17 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		QL(2 / 30)
QVAR 80 mcg/act inh aer soln	3		QL(8.7 / 30)
QVAR 40 mcg/act inh aer soln	3		QL(17.4 / 30)
QVAR REDHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(10.6 / 30)
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
Antileukotrienes [Antileucotrienos]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pkt</i>	2	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	2	ACCOLATE	
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA 17 mcg/act inh aer soln	3		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 30)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwr br act	3		QL(30 / 30)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	PA(*)
<i>ipratropium bromide 0.06 % nasal soln</i>	2	ATROVENT	QL(30 / 30)
<i>ipratropium bromide 0.03 % nasal soln</i>	2	ATROVENT	QL(60 / 30)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	PA(*)
SPIRIVA HANDHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	2	ACCUNEB	PA(*)
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	PA(*), QL(540 / 30)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	2	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	2	PROVENTIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	PA(*), QL(40 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	PA(*), QL(40 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	2	VENTOLIN	PA(*)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(13.4 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(17 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i>	2	ADRENALIN	QL(2 / 365)
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	2	EPIPEN JR	QL(2 / 365)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	PA(*)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln</i>	2	XOPENEX	PA(*)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	4		QL(60 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
Cystic Fibrosis Agents [Agentes Para La Fibrosis Quística]			
PULMOZYME 1 mg/ml inh soln	6		PA(*)
TOBI PODHALER 28 mg inh cap	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	PA(*), QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
ELIXOPHYLLIN 80 mg/15ml oral elix	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THEOCHRON 300 mg tab er 12 hr	1		
THEOCHRON 100 mg tab er 12 hr, 200 mg tab er 12 hr	4		
<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>	2	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>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	5	TRACLEER	PA
OPSUMIT 10 mg tab	5		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		PA(*)
Pulmonary Fibrosis Agents [Agentes Para La Fibrosis Pulmonar]			
ESBRIET 267 mg tab, 801 mg tab	6		PA
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
<i>acetylcysteine 20 % inh soln</i>	2	MUCOMYST	PA(*), QL(600 / 15)
<i>acetylcysteine 10 % inh soln</i>	2	MUCOMYST	PA(*), QL(1200 / 15)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(12 / 30)
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		QL(60 / 30)
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		ST
<i>fluticasone-salmeterol 100-50 mcg/dose inh aer pwdr br act, 250- 50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		QL(4 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
TRELEGY ELLIPTA 100-62.5-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30)
WIXELA INHUB 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	1		QL(60 / 30)
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculo-esqueléticos]			
<i>chlorzoxazone 500 mg tab</i>	2	PARAFON	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	2	ROBAXIN	
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
GABA Receptor Modulators [Moduladores Del Receptor De Gaba]			
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	LUNESTA	QL(30 / 30)
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	QL(30 / 30)
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	2	RESTORIL	QL(30 / 30)
<i>zaleplon 5 mg cap</i>	1	SONATA	QL(30 / 30)
<i>zaleplon 10 mg cap</i>	1	SONATA	QL(60 / 30)
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	QL(30 / 30)
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	QL(30 / 30), ST
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	PA
<i>ramelteon 8 mg tab</i>	1	ROZEREM	QL(30 / 30)
XYREM 500 mg/ml soln	6		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]			
Electrolyte/Mineral Replacement [Reemplazo De Electrolitos/Minerales]			
KLOR-CON M15 15 meq tab er	4		
<i>potassium chloride crys er 10 meq tab er</i>	2		
<i>potassium chloride crys er 20 meq tab er</i>	2	KLOR-CON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	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	
Electrolyte/Mineral/Metal Modifiers [Reemplazo De Electrolitos/Minerales]			
CHEMET 100 mg cap	4		
<i>deferasirox 360 mg tab</i>	5		PA
<i>deferasirox 180 mg tab, 90 mg tab</i>	5	JADENU	PA
FERRIPROX 500 mg tab	6		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	6		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	6		PA
<i>sodium polystyrene sulfonate oral powdr</i>	2	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	2	SPS	

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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)
Diaphragm (Diafragma)		

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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	
Female Condom (Condón Femenino)	

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FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 1825 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
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)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
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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desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol 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)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)

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levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)
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)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	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)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
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)

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JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
LYZA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYROC ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
TULANA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
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)	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	QL (1EA per 28 days)
EluRyng Vaginal Ring	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)

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FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
FLUORITAB ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	AL (patients less than or equal to 5 years)
LUDENT ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
TRUVADA ORAL TABLET 200-300 MG	PA
DESCOVY ORAL TABLET 200-25 MG	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)

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

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	(gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
SUPREP BOWEL PREP ORAL SOLUTION	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)
trilyte oral solution reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
ANTIVIRALS [ANTIVIRALES]	
Antiherpetic Agents [Agentes Antiherpéticos]	
ABREVA 10 % crm	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (Combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
NEXIUM 24HR 20 mg cap dr, 20 mg tab dr	
NEXIUM 24HR CLEAR MINIS 20 mg cap dr	
<i>omeprazole 20 mg tab dr</i>	
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	
PRILOSEC OTC 20 mg tab dr	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
<i>ketotifen fumarate 0.025 % ophth soln</i>	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
ALLEGRA ALLERGY CHILDRENS 30 mg tab, 30 mg tab disint	
<i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	ZYRTEC
<i>cetirizine hcl childrens 1 mg/ml soln</i>	ZYRTEC
CLARITIN 10 mg tab, 5 mg tab chew	
CLARITIN ALLERGY CHILDRENS 5 mg/5ml syr	
CLARITIN CHILDRENS 5 mg tab chew	
CLARITIN REDITABS 5 mg tab disint	
<i>fexofenadine hcl 180 mg tab, 60 mg tab</i>	
<i>fexofenadine hcl childrens 30 mg/5ml susp</i>	

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

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
<p>The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them.</p> <p>(Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)</p>	
AZASAN / AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo, Gastroenterologo Pediatrico, Reumatologo Pediatrico / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist, Pediatric Gastroenterologist, Pediatric Rheumatologist
METHOTREXATE SODIUM	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo / Rheumatologist, Pediatric Neurologist, Gastroenterologist
MYCOPHENOLATE MOFETIL	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo Pediátrico / Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist
NOXAFIL	Infectólogo, Hematólogo, Oncólogo /Infectologist, Hematologist, Oncologist
POSACONAZOLE	Infectólogo, Hematólogo, Oncólogo /Infectologist, Hematologist, Oncologist
VIMPAT	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista / Infectologist, Hematologist – Oncologist, Intensivist

A

<i>abacavir sulfate</i>	46	<i>amiloride hcl</i>	59
<i>abacavir sulfate-lamivudine</i>	46	<i>amiloride-hydrochlorothiazide</i>	57
<i>abacavir-lamivudine-zidovudine</i>	46	<i>amiodarone hcl</i>	54
ABILIFY MAINTENA.....	42	AMITIZA.....	66
<i>abiraterone acetate</i>	37	<i>amitriptyline hcl</i>	33
Abreva.....	97	<i>amlodipine besy-benazepril hcl</i>	57
<i>acamprosate calcium</i>	23	<i>amlodipine besylate</i>	56
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TTY (audioimpedidos)

Lunes a viernes 7:30 a.m. a 8:00 p.m.

Sábados 9:00 a.m. a 6:00 p.m.

Domingos 11:00 a.m. a 5:00 p.m.

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