

**2025**



**Formulario de  
Medicamentos Supreme**  
*Supreme Drug Formulary*



# **Formulario de Medicamentos Supreme 2025**

***Drug Formulary  
Supreme 2025***

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INTRODUCCIÓN / INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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# 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.*

|                                                                                                                                                                                                               |  |                     |
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## **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.*

|                                                                                                                                                                                                               |  |                     |
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- 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)*

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

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

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**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                         |

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

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

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|                                                                                                                                                                                                               |  |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
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Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]                                                                                                                                                     |                      |                                          |                                                          |
| Therapeutic Class [Clase Terapéutica]                                                                                                                                                            |                      |                                          |                                                          |
| <b>ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]</b> |                      |                                          |                                                          |
| <b>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]</b>                          |                      |                                          |                                                          |
| <i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>                                                                                                                                   | 1                    | CELEBREX                                 |                                                          |
| <i>diclofenac potassium 50 mg tab</i>                                                                                                                                                            | 1                    | CATAFLAM                                 |                                                          |
| <i>diclofenac sodium 3 % gel</i>                                                                                                                                                                 | 1                    | SOLARAZE                                 |                                                          |
| <i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>                                                                                                                                | 1                    | VOLTAREN                                 |                                                          |
| <i>diclofenac sodium 1 % gel</i>                                                                                                                                                                 | 1                    | VOLTAREN                                 |                                                          |
| <i>diclofenac sodium er 100 mg tab er 24 hr</i>                                                                                                                                                  | 1                    | VOLTAREN XR                              |                                                          |
| <i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>                                                                                                                                 | 1                    | ARTHROTEC                                |                                                          |
| <i>etodolac 400 mg tab, 500 mg tab</i>                                                                                                                                                           | 1                    | LODINE                                   |                                                          |
| <i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>                                                                                                                 | 1                    | LODINE XL                                |                                                          |
| <i>fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab</i>                                                                                                                                     | 1                    | NALFON                                   |                                                          |
| <i>flexipak 75 &amp; 0.025 mg-% cmb pack</i>                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>flurbiprofen 100 mg tab, 50 mg tab</i>                                                                                                                                                        | 1                    | ANSAID                                   |                                                          |
| <i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i>                                                                                                                                                    | 1                    |                                          |                                                          |
| <i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>                                                                                                                                              | 1                    | MOTRIN                                   |                                                          |
| <i>ibuprofen 100 mg/5ml susp</i>                                                                                                                                                                 | 1                    | MOTRIN CHILDRENS                         |                                                          |
| <i>INDOCIN 50 mg rect supp</i>                                                                                                                                                                   | 1                    |                                          |                                                          |
| <i>INDOCIN 25 mg/5ml susp</i>                                                                                                                                                                    | 3                    |                                          |                                                          |
| <i>indomethacin 50 mg rect supp</i>                                                                                                                                                              | 1                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>indomethacin 25 mg/5ml susp</i>                                                                                                         | 1                    |                                          |                                                          |
| <i>indomethacin 25 mg cap, 50 mg cap</i>                                                                                                   | 1                    | INDOCIN                                  |                                                          |
| <i>indomethacin er 75 mg cap er</i>                                                                                                        | 1                    | INDOCIN                                  |                                                          |
| <i>ketoprofen er 200 mg cap er 24 hr</i>                                                                                                   | 1                    | ORUVAIL                                  |                                                          |
| <i>ketorolac tromethamine 60 mg/2ml im soln</i>                                                                                            | 1                    |                                          |                                                          |
| <i>ketorolac tromethamine 10 mg tab</i>                                                                                                    | 1                    | TORADOL                                  |                                                          |
| <i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>                                                                         | 1                    | TORADOL                                  |                                                          |
| <i>meclofenamate sodium 100 mg cap, 50 mg cap</i>                                                                                          | 1                    | MECLOMEN                                 |                                                          |
| <i>mefenamic acid 250 mg cap</i>                                                                                                           | 1                    | PONSTEL                                  |                                                          |
| <i>meloxicam 15 mg tab, 7.5 mg tab</i>                                                                                                     | 1                    | MOBIC                                    |                                                          |
| <i>nabumetone 500 mg tab, 750 mg tab</i>                                                                                                   | 1                    | RELAFEN                                  |                                                          |
| <i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>                                                           | 1                    | NAPROSYN                                 |                                                          |
| <i>naproxen 125 mg/5ml susp</i>                                                                                                            | 1                    | NAPROSYN                                 |                                                          |
| <i>naproxen sodium 275 mg tab, 550 mg tab</i>                                                                                              | 1                    | ANAPROX                                  |                                                          |
| <i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>                                                                         | 1                    | NAPRELAN                                 |                                                          |
| <i>oxaprozin 600 mg tab</i>                                                                                                                | 1                    | DAYPRO                                   |                                                          |
| <i>piroxicam 10 mg cap, 20 mg cap</i>                                                                                                      | 1                    | FELDENE                                  |                                                          |
| <i>salsalate 500 mg tab, 750 mg tab</i>                                                                                                    | 1                    | DISALCID                                 |                                                          |
| <i>sulindac 150 mg tab, 200 mg tab</i>                                                                                                     | 1                    | CLINORIL                                 |                                                          |
| <i>tolmetin sodium 400 mg cap, 600 mg tab</i>                                                                                              | 1                    | TOLECTIN                                 |                                                          |
| <b>Opioid Analgesics, Long-Acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]</b>       |                      |                                          |                                                          |
| BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film | 2                    |                                          | PA, QL(60 / 30)                                          |
| <i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>          | 1                    | BUTRANS                                  | PA, QL(4 / 28)                                           |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>buprenorphine hcl 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film</i>                                                                                                              | 1                    | BELBUCA                                  | PA, QL(60 / 30)                                          |
| <i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr</i>                                    | 1                    | DURAGESIC                                | PA, QL(10 / 30)                                          |
| <i>hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr</i> | 1                    | HYSINGLA ER                              | PA, QL(30 / 30)                                          |
| <i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>                                                                                                                                                                        | 1                    | MS CONTIN                                | PA, QL(90 / 30)                                          |
| <i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>            | 1                    | OXYCONTIN                                | QL(60 / 30)                                              |
| <i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>                                                                                                                                                                                     | 1                    | ULTRAM ER                                | QL(30 / 30)                                              |
| <b>Opioid Analgesics, Short-Acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]</b>                                                                                                                                    |                      |                                          |                                                          |
| <i>acetaminophen-codeine 300-60 mg tab</i>                                                                                                                                                                                                                               | 1                    | TYLENOL WITH CODEINE                     | QL(180 / 30), AL                                         |
| <i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>                                                                                                                                                                                                                | 1                    | TYLENOL WITH CODEINE                     | QL(360 / 30), AL                                         |
| <i>acetaminophen-codeine 120-12 mg/5ml soln</i>                                                                                                                                                                                                                          | 1                    | TYLENOL WITH CODEINE                     | QL(4500 / 30), AL                                        |

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| Drug Name<br>[Nombre del Medicamento]                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i> | 1                    | FIORICET WITH CODEINE                    | QL(18 / 30), AL                                          |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>                   | 1                    | FIORINAL WITH CODEINE                    | QL(18 / 30), AL                                          |
| <i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>                    | 1                    | SOMA COMPOUND WITH CODEINE               | AL                                                       |
| <i>codeine sulfate 30 mg tab, 60 mg tab</i>                              | 1                    |                                          | QL(360 / 30), AL                                         |
| ENDOCET 2.5-325 mg tab                                                   | 1                    |                                          | QL(360 / 30)                                             |
| <i>endocet 10-325 mg tab</i>                                             | 1                    | PERCOCET                                 | QL(180 / 30)                                             |
| <i>endocet 7.5-325 mg tab</i>                                            | 1                    | PERCOCET                                 | QL(240 / 30)                                             |
| <i>endocet 5-325 mg tab</i>                                              | 1                    | PERCOCET                                 | QL(360 / 30)                                             |
| <i>fentanyl citrate (pf) 100 mcg/2ml inj soln cart</i>                   | 1                    |                                          | QL(8 / 30)                                               |
| <i>fentanyl citrate (pf) 250 mcg/5ml inj soln</i>                        | 1                    |                                          | QL(12 / 30)                                              |
| <i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>                        | 1                    |                                          | QL(60 / 30)                                              |
| <i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>           | 1                    | NORCO                                    | QL(180 / 30)                                             |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>                            | 1                    | NORCO                                    | QL(360 / 30)                                             |
| <i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>           | 1                    | VICODIN                                  | QL(180 / 30)                                             |
| <i>hydrocodone-acetaminophen 5-300 mg tab</i>                            | 1                    | VICODIN                                  | QL(360 / 30)                                             |
| <i>hydrocodone-ibuprofen 10-200 mg tab</i>                               | 1                    | REPREXAIN                                | QL(180 / 30)                                             |
| <i>hydrocodone-ibuprofen 5-200 mg tab</i>                                | 1                    | REPREXAIN                                | QL(360 / 30)                                             |
| <i>hydrocodone-ibuprofen 7.5-200 mg tab</i>                              | 1                    | VICOPROFEN                               | QL(180 / 30)                                             |
| <i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>                    | 1                    | DILAUDID                                 | QL(360 / 30)                                             |
| LORCET 5-325 mg tab                                                      | 1                    |                                          | QL(360 / 30)                                             |
| LORCET HD 10-325 mg tab                                                  | 1                    |                                          | QL(180 / 30)                                             |
| LORCET PLUS 7.5-325 mg tab                                               | 1                    |                                          | QL(180 / 30)                                             |
| <i>meperidine hcl 50 mg/ml inj soln</i>                                  | 1                    | DEMEROL                                  | QL(4 / 30)                                               |
| <i>morphine sulfate 15 mg tab, 30 mg tab</i>                             | 1                    |                                          | QL(180 / 30)                                             |

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| Drug Name<br>[Nombre del Medicamento]                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>                 | 1                    | ROXANOL                                  | QL(120 / 30)                                             |
| <i>oxycodone hcl 5 mg cap</i>                                                        | 1                    | OXYIR                                    | QL(360 / 30)                                             |
| <i>oxycodone hcl 30 mg tab</i>                                                       | 1                    | ROXICODONE                               | QL(80 / 30)                                              |
| <i>oxycodone hcl 20 mg tab</i>                                                       | 1                    | ROXICODONE                               | QL(120 / 30)                                             |
| <i>oxycodone hcl 100 mg/5ml oral conc</i>                                            | 1                    | ROXICODONE                               | QL(120 / 30)                                             |
| <i>oxycodone hcl 15 mg tab</i>                                                       | 1                    | ROXICODONE                               | QL(160 / 30)                                             |
| <i>oxycodone hcl 10 mg tab</i>                                                       | 1                    | ROXICODONE                               | QL(240 / 30)                                             |
| <i>oxycodone hcl 5 mg tab</i>                                                        | 1                    | ROXICODONE                               | QL(360 / 30)                                             |
| <i>oxycodone hcl 5 mg/5ml soln</i>                                                   | 1                    | ROXICODONE                               | QL(2000 / 30)                                            |
| <i>oxycodone-acetaminophen 10-325 mg tab</i>                                         | 1                    | PERCOCET                                 | QL(180 / 30)                                             |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i>                                        | 1                    | PERCOCET                                 | QL(240 / 30)                                             |
| <i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>                          | 1                    | PERCOCET                                 | QL(360 / 30)                                             |
| <i>oxymorphone hcl 10 mg tab, 5 mg tab</i>                                           | 1                    | OPANA                                    | QL(120 / 30)                                             |
| <i>tramadol hcl 50 mg tab</i>                                                        | 1                    | ULTRAM                                   | QL(240 / 30)                                             |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i>                                        | 1                    | ULTRACET                                 | QL(240 / 30)                                             |
| <b>Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]</b> |                      |                                          |                                                          |
| BAC 50-325-40 mg tab                                                                 | 1                    |                                          | QL(18 / 30)                                              |
| BUPAP 50-300 mg tab                                                                  | 1                    |                                          | QL(18 / 30)                                              |
| <i>butalbital-acetaminophen 50-300 mg tab</i>                                        | 1                    | ORBIVAN CF                               | QL(18 / 30)                                              |
| <i>butalbital-acetaminophen 25-325 mg tab</i>                                        | 1                    | PHRENILIN                                |                                                          |
| <i>butalbital-acetaminophen 50-325 mg tab</i>                                        | 1                    | PHRENILIN                                | QL(18 / 30)                                              |
| <i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>                    | 1                    | ESGIC                                    | QL(18 / 30)                                              |
| <i>butalbital-apap-cafeine 50-300-40 mg cap</i>                                      | 1                    | FIORICET                                 | QL(18 / 30)                                              |
| <i>butalbital-aspirin-cafeine 50-325-40 mg tab</i>                                   | 1                    |                                          | QL(18 / 30)                                              |
| <i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>                                   | 1                    | FIORINAL                                 | QL(18 / 30)                                              |
| <i>duraxin 300-200-20 mg cap</i>                                                     | 3                    |                                          |                                                          |
| ESGIC 50-325-40 mg cap                                                               | 1                    |                                          | QL(18 / 30)                                              |
| renovo 0.0375-5 % patch                                                              | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| TENCON 50-325 mg tab                                                                                                                                                                                    | 3                    |                                          |                                                          |
| VANATOL LQ 50-325-40 mg/15ml soln                                                                                                                                                                       | 1                    |                                          |                                                          |
| VANATOL S 50-325-40 mg/15ml soln                                                                                                                                                                        | 1                    |                                          |                                                          |
| ZEBUTAL 50-325-40 mg cap                                                                                                                                                                                | 1                    |                                          | QL(18 / 30)                                              |
| <b>ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]</b>                                                                                                                      |                      |                                          |                                                          |
| <b>Local Anesthetics [Anestésicos Locales]</b>                                                                                                                                                          |                      |                                          |                                                          |
| <i>lidocaine hcl 3 % crm</i>                                                                                                                                                                            | 1                    | LIDAMANTLE                               |                                                          |
| <i>lidocaine hcl 4 % ext soln</i>                                                                                                                                                                       | 1                    | XYLOCAINE                                |                                                          |
| <i>lidocaine-prilocaine 2.5-2.5 % crm</i>                                                                                                                                                               | 1                    | EMLA                                     |                                                          |
| <i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>                                                                                                                                                           | 1                    | EMLA/TEGADERM                            |                                                          |
| <b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]</b> |                      |                                          |                                                          |
| <b>Alcohol Deterrents/Anti-Craving - Antidotes/Deterrents/Protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]</b>                                                     |                      |                                          |                                                          |
| <i>acamprosate calcium 333 mg tab dr</i>                                                                                                                                                                | 1                    | CAMPRAL                                  |                                                          |
| <i>disulfiram 250 mg tab, 500 mg tab</i>                                                                                                                                                                | 1                    | ANTABUSE                                 |                                                          |
| <b>Opioid Antagonist- Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]</b>                                                            |                      |                                          |                                                          |
| BUNAVAIL 2.1-0.3 mg bucc film, 4.2-0.7 mg bucc film, 6.3-1 mg bucc film                                                                                                                                 | 3                    |                                          | PA                                                       |
| <i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>                                                                                                                                                   | 1                    | SUBUTEX                                  | PA                                                       |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl</i>                                                     | 1                    | SUBOXONE                                 | PA                                                       |
| ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl                                                                | 2                    |                                          | PA                                                       |
| <b>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]</b>                                                |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>                                                                                               | 1                    | SUBUTEX                                  | PA                                                       |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl</i> | 1                    | SUBOXONE                                 | PA                                                       |
| <i>naltrexone hcl 50 mg tab</i>                                                                                                                     | 1                    | REVIA                                    |                                                          |
| ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl            | 2                    |                                          | PA                                                       |
| <b>Opioid Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antidotos/Disuasivos/Protectores]</b>         |                      |                                          |                                                          |
| <i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>                                                                                             | 1                    | ROMAZICON                                |                                                          |
| <i>naloxone hcl 4 mg/0.1ml nasal liq</i>                                                                                                            | 1                    | NARCAN                                   |                                                          |
| <i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>                                          | 1                    | NARCAN                                   |                                                          |
| <b>ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]</b>                 |                      |                                          |                                                          |
| <b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>                                      |                      |                                          |                                                          |
| <i>anucort-hc 25 mg rect supp</i>                                                                                                                   | 1                    |                                          |                                                          |
| ANUSOL-HC 25 mg rect supp                                                                                                                           | 1                    |                                          |                                                          |
| EPIFOAM 1-1 % foam                                                                                                                                  | 3                    |                                          |                                                          |
| HEMMOREX-HC 25 mg rect supp                                                                                                                         | 1                    |                                          |                                                          |
| <i>hydrocortisone (perianal) 2.5 % crm</i>                                                                                                          | 1                    | ANUSOL HC                                |                                                          |
| <i>hydrocortisone (perianal) 1 % crm</i>                                                                                                            | 1                    | PROCTOCORT                               |                                                          |
| <i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>                                                                                                     | 1                    | PRAMOSONE                                |                                                          |
| <i>hydrocortisone acetate 25 mg rect supp</i>                                                                                                       | 1                    |                                          |                                                          |
| <i>hydrocortisone acetate 30 mg rect supp</i>                                                                                                       | 1                    | PROCTOCORT                               |                                                          |
| NOVACORT 1-2 % gel                                                                                                                                  | 3                    |                                          |                                                          |
| PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint                                                                                                       | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PRAMOSONE 1-1 % lot, 1-2.5 % lot                                                                                                                                        | 3                    |                                          |                                                          |
| PROCTO-MED HC 2.5 % crm                                                                                                                                                 | 1                    |                                          |                                                          |
| PROCTO-PAK 1 % crm                                                                                                                                                      | 1                    |                                          |                                                          |
| <b>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]</b> |                      |                                          |                                                          |
| <i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>                                                                                                          | 1                    | CELEBREX                                 |                                                          |
| <i>diclofenac potassium 50 mg tab</i>                                                                                                                                   | 1                    | CATAFLAM                                 |                                                          |
| <i>diclofenac sodium 3 % gel</i>                                                                                                                                        | 1                    | SOLARAZE                                 |                                                          |
| <i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>                                                                                                       | 1                    | VOLTAREN                                 |                                                          |
| <i>diclofenac sodium 1 % gel</i>                                                                                                                                        | 1                    | VOLTAREN                                 |                                                          |
| <i>diclofenac sodium er 100 mg tab er 24 hr</i>                                                                                                                         | 1                    | VOLTAREN XR                              |                                                          |
| <i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>                                                                                                        | 1                    | ARTHROTEC                                |                                                          |
| <i>etodolac 400 mg tab, 500 mg tab</i>                                                                                                                                  | 1                    | LODINE                                   |                                                          |
| <i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>                                                                                        | 1                    | LODINE XL                                |                                                          |
| <i>fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab</i>                                                                                                            | 1                    | NALFON                                   |                                                          |
| <i>flexipak 75 &amp; 0.025 mg-% cmb pack</i>                                                                                                                            | 1                    |                                          |                                                          |
| <i>flurbiprofen 100 mg tab, 50 mg tab</i>                                                                                                                               | 1                    | ANSAID                                   |                                                          |
| <i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i>                                                                                                                           | 1                    |                                          |                                                          |
| <i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>                                                                                                                     | 1                    | MOTRIN                                   |                                                          |
| <i>ibuprofen 100 mg/5ml susp</i>                                                                                                                                        | 1                    | MOTRIN CHILDRENS                         |                                                          |
| <i>INDOCIN 50 mg rect supp</i>                                                                                                                                          | 1                    |                                          |                                                          |
| <i>INDOCIN 25 mg/5ml susp</i>                                                                                                                                           | 3                    |                                          |                                                          |
| <i>indomethacin 50 mg rect supp</i>                                                                                                                                     | 1                    |                                          |                                                          |
| <i>indomethacin 25 mg/5ml susp</i>                                                                                                                                      | 1                    |                                          |                                                          |
| <i>indomethacin 25 mg cap, 50 mg cap</i>                                                                                                                                | 1                    | INDOCIN                                  |                                                          |
| <i>indomethacin er 75 mg cap er</i>                                                                                                                                     | 1                    | INDOCIN                                  |                                                          |
| <i>ketoprofen er 200 mg cap er 24 hr</i>                                                                                                                                | 1                    | ORUVAIL                                  |                                                          |

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|----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ketorolac tromethamine 60 mg/2ml im soln</i>                                                                                  | 1                    |                                          |                                                          |
| <i>ketorolac tromethamine 10 mg tab</i>                                                                                          | 1                    | TORADOL                                  |                                                          |
| <i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>                                                               | 1                    | TORADOL                                  |                                                          |
| <i>meclofenamate sodium 100 mg cap, 50 mg cap</i>                                                                                | 1                    | MECLOMEN                                 |                                                          |
| <i>mefenamic acid 250 mg cap</i>                                                                                                 | 1                    | PONSTEL                                  |                                                          |
| <i>meloxicam 15 mg tab, 7.5 mg tab</i>                                                                                           | 1                    | MOBIC                                    |                                                          |
| <i>nabumetone 500 mg tab, 750 mg tab</i>                                                                                         | 1                    | RELAFEN                                  |                                                          |
| <i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>                                                 | 1                    | NAPROSYN                                 |                                                          |
| <i>naproxen 125 mg/5ml susp</i>                                                                                                  | 1                    | NAPROSYN                                 |                                                          |
| <i>naproxen sodium 275 mg tab, 550 mg tab</i>                                                                                    | 1                    | ANAPROX                                  |                                                          |
| <i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>                                                               | 1                    | NAPRELAN                                 |                                                          |
| <i>oxaprozin 600 mg tab</i>                                                                                                      | 1                    | DAYPRO                                   |                                                          |
| <i>piroxicam 10 mg cap, 20 mg cap</i>                                                                                            | 1                    | FELDENE                                  |                                                          |
| <i>salsalate 500 mg tab, 750 mg tab</i>                                                                                          | 1                    | DISALCID                                 |                                                          |
| <i>sulindac 150 mg tab, 200 mg tab</i>                                                                                           | 1                    | CLINORIL                                 |                                                          |
| <i>tolmetin sodium 400 mg cap, 600 mg tab</i>                                                                                    | 1                    | TOLECTIN                                 |                                                          |
| <b>ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]</b> |                      |                                          |                                                          |
| <b>Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]</b>                                                            |                      |                                          |                                                          |
| <i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>                                                                                  | 1                    | GARAMYCIN                                |                                                          |
| <i>neomycin sulfate 500 mg tab</i>                                                                                               | 1                    |                                          |                                                          |
| <i>paromomycin sulfate 250 mg cap</i>                                                                                            | 1                    | HUMATIN                                  |                                                          |
| TOBRADEX 0.3-0.1 % ophth oint                                                                                                    | 3                    |                                          |                                                          |
| TOBRADEX ST 0.3-0.05 % ophth susp                                                                                                | 3                    |                                          |                                                          |
| <i>tobramycin 0.3 % ophth soln</i>                                                                                               | 1                    | TOBREX                                   |                                                          |
| <i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>                                                                             | 1                    | TOBRADEX                                 |                                                          |
| TOBREX 0.3 % ophth oint                                                                                                          | 3                    |                                          |                                                          |
| <b>Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]</b>                                               |                      |                                          |                                                          |
| CENTANY 2 % oint                                                                                                                 | 3                    |                                          |                                                          |
| CENTANY AT 2 % ext kit                                                                                                           | 3                    |                                          |                                                          |

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|--------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| CLEOCIN 100 mg vag supp                                      | 2                    |                                          |                                                          |
| CLINDACIN ETZ 1 % swab                                       | 1                    |                                          |                                                          |
| CLINDACIN-P 1 % swab                                         | 1                    |                                          |                                                          |
| clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap            | 1                    | CLEOCIN                                  |                                                          |
| clindamycin palmitate hcl 75 mg/5ml soln                     | 1                    | CLEOCIN                                  |                                                          |
| clindamycin phosphate 2 % vag crm                            | 1                    | CLEOCIN                                  |                                                          |
| clindamycin phosphate 1 % swab                               | 1                    | CLEOCIN-T                                |                                                          |
| clindamycin phosphate 1 % gel                                | 1                    | CLEOCIN-T                                |                                                          |
| clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot         | 1                    | CLEOCIN-T                                |                                                          |
| clindamycin phosphate 1 % foam                               | 1                    | EVOCLIN                                  |                                                          |
| CLINDESSE 2 % vag crm                                        | 3                    |                                          |                                                          |
| FEM PH 0.9-0.025 % vag gel                                   | 3                    |                                          |                                                          |
| fosfomycin tromethamine 3 gm pckt                            | 1                    | MONUROL                                  |                                                          |
| linezolid 600 mg tab                                         | 1                    | ZYVOX                                    | PA                                                       |
| linezolid 100 mg/5ml susp, 600 mg/300ml iv soln              | 1                    | ZYVOX                                    | PA                                                       |
| mafenide acetate 5 % ext pckt                                | 1                    | SULFAMYLON                               |                                                          |
| methenamine hippurate 1 gm tab                               | 1                    | HIPREX                                   |                                                          |
| methenamine mandelate 0.5 gm tab, 1 gm tab                   | 1                    |                                          |                                                          |
| metronidazole 250 mg tab, 375 mg cap, 500 mg tab             | 1                    | FLAGYL                                   |                                                          |
| metronidazole 0.75 % vag gel                                 | 1                    | METROGEL                                 |                                                          |
| mupirocin 2 % oint                                           | 1                    | BACTROBAN                                |                                                          |
| mupirocin calcium 2 % crm                                    | 1                    | BACTROBAN                                |                                                          |
| nitrofurantoin 25 mg/5ml susp                                | 1                    | FURADANTIN                               |                                                          |
| nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap | 1                    | MACRODANTIN                              |                                                          |
| nitrofurantoin monohyd macro 100 mg cap                      | 1                    | MACROBID                                 |                                                          |
| NUVESSA 1.3 % vag gel                                        | 3                    |                                          |                                                          |
| pentamidine isethionate 300 mg inh soln                      | 1                    | NEBUPENT                                 |                                                          |
| PRIMSOL 50 mg/5ml soln                                       | 3                    |                                          |                                                          |
| silver sulfadiazine 1 % crm                                  | 1                    | SILVADENE                                |                                                          |
| SIVEXTRO 200 mg tab                                          | 3                    |                                          | PA                                                       |
| SSD 1 % crm                                                  | 1                    |                                          |                                                          |

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|----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| SULFAMYLON 85 mg/gm crm                                                                            | 3                    |                                          |                                                          |
| vancomycin hcl 250 mg/5ml soln                                                                     | 1                    | FIRVANQ                                  | PA                                                       |
| vancomycin hcl 125 mg cap, 250 mg cap                                                              | 1                    | VANCOCIN                                 |                                                          |
| XIFAXAN 200 mg tab, 550 mg tab                                                                     | 3                    |                                          | PA                                                       |
| ZYVOX 200 mg/100ml iv soln                                                                         | 3                    |                                          | PA                                                       |
| <b>Beta-Lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]</b>  |                      |                                          |                                                          |
| cefaclor 250 mg cap, 500 mg cap                                                                    | 1                    | CECLOR                                   |                                                          |
| cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp                                         | 1                    | CECLOR                                   |                                                          |
| cefaclor er 500 mg tab er 12 hr                                                                    | 1                    | CECLOR CD                                |                                                          |
| cefadroxil 1 gm tab, 500 mg cap                                                                    | 1                    | DURICEF                                  |                                                          |
| cefadroxil 250 mg/5ml susp, 500 mg/5ml susp                                                        | 1                    | DURICEF                                  |                                                          |
| cefazolin sodium 2 gm inj soln, 3 gm inj soln                                                      | 1                    |                                          |                                                          |
| cefazolin sodium 1 gm inj soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln  | 1                    | ANCEF                                    |                                                          |
| cefdinir 300 mg cap                                                                                | 1                    | OMNICEF                                  |                                                          |
| cefdinir 125 mg/5ml susp, 250 mg/5ml susp                                                          | 1                    | OMNICEF                                  |                                                          |
| cefditoren pivoxil 200 mg tab, 400 mg tab                                                          | 1                    | SPECTRACEF                               |                                                          |
| cefixime 400 mg cap                                                                                | 1                    | SUPRAX                                   |                                                          |
| cefixime 100 mg/5ml susp, 200 mg/5ml susp                                                          | 1                    | SUPRAX                                   |                                                          |
| cefpodoxime proxetil 100 mg tab, 200 mg tab                                                        | 1                    | VANTIN                                   |                                                          |
| cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp                                               | 1                    | VANTIN                                   |                                                          |
| cefprozil 250 mg tab, 500 mg tab                                                                   | 1                    | CEFZIL                                   |                                                          |
| cefprozil 125 mg/5ml susp, 250 mg/5ml susp                                                         | 1                    | CEFZIL                                   |                                                          |
| ceftriaxone sodium 1 gm inj soln, 100 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln | 1                    | ROCEPHIN                                 |                                                          |
| cefuroxime axetil 250 mg tab, 500 mg tab                                                           | 1                    | CEFTIN                                   |                                                          |
| cephalexin 250 mg tab, 500 mg tab                                                                  | 1                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>cephalexin 250 mg cap, 500 mg cap, 750 mg cap</i>                                                                        | 1                    | KEFLEX                                   |                                                          |
| <i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>                                                                          | 1                    | KEFLEX                                   |                                                          |
| SUPRAX 100 mg tab chew, 200 mg tab chew                                                                                     | 3                    |                                          |                                                          |
| SUPRAX 500 mg/5ml susp                                                                                                      | 3                    |                                          |                                                          |
| <b>Beta-Lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]</b>                                             |                      |                                          |                                                          |
| <i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>                                    | 1                    | ROCEPHIN                                 |                                                          |
| <b>Beta-Lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]</b>                                 |                      |                                          |                                                          |
| <i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>                         | 1                    | AMOXIL                                   |                                                          |
| <i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>                                       | 1                    | AMOXIL                                   |                                                          |
| <i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i> | 1                    | AUGMENTIN                                |                                                          |
| <i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>     | 1                    | AUGMENTIN                                |                                                          |
| <i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>                                                             | 1                    | AUGMENTIN XR                             |                                                          |
| <i>ampicillin 500 mg cap</i>                                                                                                | 1                    |                                          |                                                          |
| AUGMENTIN 125-31.25 mg/5ml susp                                                                                             | 3                    |                                          |                                                          |
| BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs                         | 3                    |                                          |                                                          |
| <i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>                                                                          | 1                    | DYCILL                                   |                                                          |
| <i>penicillin g procaine 600000 unit/ml im susp</i>                                                                         | 1                    |                                          |                                                          |
| <i>penicillin v potassium 500 mg tab</i>                                                                                    | 1                    | PEN-VEE K                                |                                                          |
| <i>penicillin v potassium 250 mg tab</i>                                                                                    | 1                    | VEETIDS                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>                   | 1                    | VEETIDS                                  |                                                          |
| <b>Macrolides - Antibiotics [Macrólidos - Antibióticos]</b>                      |                      |                                          |                                                          |
| <i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>                | 1                    | ZITHROMAX                                |                                                          |
| <i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>                             | 1                    | ZITHROMAX                                |                                                          |
| <i>clarithromycin 250 mg tab, 500 mg tab</i>                                     | 1                    | BIAXIN                                   |                                                          |
| <i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>                           | 1                    | BIAXIN                                   |                                                          |
| <i>clarithromycin er 500 mg tab er 24 hr</i>                                     | 1                    | BIAXIN XL                                |                                                          |
| DIFICID 200 mg tab                                                               | 3                    |                                          |                                                          |
| DIFICID 40 mg/ml susp                                                            | 3                    |                                          |                                                          |
| E.E.S. 400 400 mg tab                                                            | 3                    |                                          |                                                          |
| <i>ery 2 % pad</i>                                                               | 3                    |                                          |                                                          |
| <i>ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>                       | 1                    |                                          |                                                          |
| ERYTHROCIN STEARATE 250 mg tab                                                   | 3                    |                                          |                                                          |
| <i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>                  | 1                    | ERY-TAB                                  |                                                          |
| <i>erythromycin 2 % ext soln</i>                                                 | 1                    | ERYDERM                                  |                                                          |
| <i>erythromycin 2 % gel</i>                                                      | 1                    | ERYGEL                                   |                                                          |
| <i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>                           | 1                    |                                          |                                                          |
| <i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i> | 1                    | ERY-TAB                                  |                                                          |
| <i>erythromycin ethylsuccinate 400 mg tab</i>                                    | 1                    | E.E.S.                                   |                                                          |
| <i>erythromycin ethylsuccinate 200 mg/5ml susp</i>                               | 1                    | ERYPED                                   |                                                          |
| <b>Quinolones - Antibiotics [Quinolonas - Antibióticos]</b>                      |                      |                                          |                                                          |
| CIPRO 250 MG/5ML (5%) susp                                                       | 3                    |                                          |                                                          |
| <i>ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp</i>                 | 1                    | CIPRO                                    |                                                          |
| <i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>          | 1                    | CIPRO                                    |                                                          |
| <i>gatifloxacin 0.5 % ophth soln</i>                                             | 1                    | ZYMAXID                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>                                             | 1                    | LEVAQUIN                                 |                                                          |
| <i>levofloxacin 25 mg/ml soln</i>                                                                  | 1                    | LEVAQUIN                                 |                                                          |
| <i>moxifloxacin hcl 400 mg tab</i>                                                                 | 1                    | AVELOX                                   |                                                          |
| <i>ofloxacin 300 mg tab, 400 mg tab</i>                                                            | 1                    | FLOXIN                                   |                                                          |
| <b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>                                    |                      |                                          |                                                          |
| <i>sulfacetamide sodium 10 % ophth soln</i>                                                        | 1                    | BLEPH-10                                 |                                                          |
| <i>sulfacetamide sodium 10 % ophth oint</i>                                                        | 1                    | SODIUM SULAMYD                           |                                                          |
| <i>sulfacetamide sodium (acne) 10 % lot</i>                                                        | 1                    | KLARON                                   |                                                          |
| <i>sulfadiazine 500 mg tab</i>                                                                     | 1                    |                                          |                                                          |
| <i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>                                 | 1                    | SEPTRA                                   |                                                          |
| <i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>                                            | 1                    | SEPTRA                                   |                                                          |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i>                                                     | 1                    | AZULFIDINE                               |                                                          |
| <i>SULFATRIM PEDIATRIC 200-40 mg/5ml susp</i>                                                      | 1                    |                                          |                                                          |
| <b>Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]</b>                                  |                      |                                          |                                                          |
| <i>avidoxy 100 mg tab</i>                                                                          | 1                    | ADOXA                                    |                                                          |
| <i>demeclocycline hcl 150 mg tab, 300 mg tab</i>                                                   | 1                    | DECLOMYCIN                               |                                                          |
| <i>doxycycline hyclate 50 mg tab</i>                                                               | 1                    |                                          |                                                          |
| <i>doxycycline hyclate 150 mg tab, 75 mg tab</i>                                                   | 1                    | ACTICLATE                                |                                                          |
| <i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i> | 1                    | DORYX                                    |                                                          |
| <i>doxycycline hyclate 20 mg tab</i>                                                               | 1                    | PERIOSTAT                                |                                                          |
| <i>doxycycline hyclate 100 mg tab</i>                                                              | 1                    | VIBRA-TABS                               |                                                          |
| <i>doxycycline hyclate 100 mg cap, 50 mg cap</i>                                                   | 1                    | VIBRAMYCIN                               |                                                          |
| <i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>            | 1                    | ADOXA                                    |                                                          |
| <i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>                                    | 1                    | MONODOX                                  |                                                          |
| <i>doxycycline monohydrate 25 mg/5ml susp</i>                                                      | 1                    | VIBRAMYCIN                               |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>                                                                                                         | 1                    | DYNACIN                                  |                                                          |
| <i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>                                                                                                         | 1                    | MINOCIN                                  |                                                          |
| <i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>              | 1                    | SOLODYN                                  |                                                          |
| <i>tetracycline hcl 250 mg cap</i>                                                                                                                              | 1                    |                                          |                                                          |
| VIBRAMYCIN 50 mg/5ml syr                                                                                                                                        | 3                    |                                          |                                                          |
| <b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]</b>                                                      |                      |                                          |                                                          |
| <b>Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]</b>                                   |                      |                                          |                                                          |
| BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab                                                                                                 | 3                    |                                          |                                                          |
| EPIDIOLEX 100 mg/ml soln                                                                                                                                        | 5                    |                                          | PA                                                       |
| <i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>                                                                                            | 1                    | KEPPRA                                   |                                                          |
| <i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>                                                                                                            | 1                    | KEPPRA                                   |                                                          |
| <i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                                                                                                | 1                    | KEPPRA XR                                |                                                          |
| <i>phenobarbital 20 mg/5ml oral elix</i>                                                                                                                        | 1                    |                                          |                                                          |
| ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab                                                                                                                    | 1                    |                                          |                                                          |
| ROWEEPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr                                                                                                            | 1                    |                                          |                                                          |
| SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol                                                             | 3                    |                                          |                                                          |
| <b>Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]</b> |                      |                                          |                                                          |
| CELONTIN 300 mg cap                                                                                                                                             | 3                    |                                          |                                                          |
| <i>ethosuximide 250 mg cap</i>                                                                                                                                  | 1                    | ZARONTIN                                 |                                                          |
| <i>ethosuximide 250 mg/5ml soln</i>                                                                                                                             | 1                    | ZARONTIN                                 |                                                          |
| <i>methsuximide 300 mg cap</i>                                                                                                                                  | 1                    | CELONTIN                                 |                                                          |
| <i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>                                                                                                              | 1                    | ZONEGRAN                                 |                                                          |
| <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<br>[Nombre del Medicamento]                                                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs<br/>[Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]</b> |                      |                                          |                                                          |
| <i>clobazam 10 mg tab, 20 mg tab</i>                                                                                                                                                          | 1                    | ONFI                                     | PA                                                       |
| <i>clobazam 2.5 mg/ml susp</i>                                                                                                                                                                | 1                    | ONFI                                     | PA                                                       |
| <i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>                                                | 1                    | KLONOPIN                                 |                                                          |
| <i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>                                                                                                                               | 1                    | DIASTAT                                  |                                                          |
| <i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>                                                                                                  | 1                    | DEPAKOTE                                 |                                                          |
| <i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>                                                                                                                          | 1                    | DEPAKOTE ER                              |                                                          |
| FANATREX FUSEPAQ 25 mg/ml susp                                                                                                                                                                | 3                    |                                          |                                                          |
| <i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>                                                                                                                  | 1                    | NEURONTIN                                |                                                          |
| <i>gabapentin 250 mg/5ml soln</i>                                                                                                                                                             | 1                    | NEURONTIN                                |                                                          |
| <i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>                                                                          | 1                    |                                          |                                                          |
| <i>primidone 250 mg tab, 50 mg tab</i>                                                                                                                                                        | 1                    | MYSOLINE                                 |                                                          |
| <i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>                                                                                                                                 | 1                    | GABITRIL                                 |                                                          |
| <i>valproic acid 250 mg cap</i>                                                                                                                                                               | 1                    | DEPAKENE                                 |                                                          |
| <i>valproic acid 250 mg/5ml soln</i>                                                                                                                                                          | 1                    | DEPAKENE                                 |                                                          |
| <b>Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]</b>                                                     |                      |                                          |                                                          |
| EPIDIOLEX 100 mg/ml soln                                                                                                                                                                      | 5                    |                                          | PA                                                       |
| <i>felbamate 400 mg tab, 600 mg tab</i>                                                                                                                                                       | 1                    | FELBATOL                                 |                                                          |
| <i>felbamate 600 mg/5ml susp</i>                                                                                                                                                              | 1                    | FELBATOL                                 |                                                          |
| FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab                                                                                                                          | 3                    |                                          |                                                          |
| FYCOMPA 0.5 mg/ml susp                                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg</i>                                                                                                                          | 1                    | LAMICTAL                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>                                                             |                      |                                          |                                                          |
| <i>lamotrigine 21 x 25 MG &amp; 7 x 50 mg oral kit, 25 &amp; 50 &amp; 100 mg oral kit, 42 x 50 MG &amp; 14x100 mg oral kit</i>                                          | 1                    | LAMICTAL ODT                             |                                                          |
| <i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>                        | 1                    | LAMICTAL                                 |                                                          |
| <i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>                                                                  | 1                    | TOPAMAX                                  |                                                          |
| <i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i> | 1                    | QUDEXY XR                                |                                                          |
| <b>Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]</b>                                   |                      |                                          |                                                          |
| <i>carbamazepine 100 mg tab chew, 200 mg tab</i>                                                                                                                        | 1                    | TEGRETOL                                 |                                                          |
| <i>carbamazepine 100 mg/5ml susp</i>                                                                                                                                    | 1                    | TEGRETOL                                 |                                                          |
| <i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>                                                                                   | 1                    | CARBATROL                                |                                                          |
| <i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>                                                                                   | 1                    | TEGRETOL XR                              |                                                          |
| DILANTIN 30 mg cap                                                                                                                                                      | 3                    |                                          |                                                          |
| EPITOL 200 mg tab                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>                                                                                                         | 1                    | VIMPAT                                   | SL                                                       |
| <i>lacosamide 10 mg/ml soln</i>                                                                                                                                         | 1                    | VIMPAT                                   | SL                                                       |
| <i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>                                                                                                                 | 1                    | TRILEPTAL                                |                                                          |
| <i>oxcarbazepine 300 mg/5ml susp</i>                                                                                                                                    | 1                    | TRILEPTAL                                |                                                          |
| PEGANONE 250 mg tab                                                                                                                                                     | 3                    |                                          |                                                          |
| <i>phenytoin 50 mg tab chew</i>                                                                                                                                         | 1                    | DILANTIN                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>phenytoin 125 mg/5ml susp</i>                                                                                                                                                                                 | 1                    | DILANTIN                                 |                                                          |
| PHENYTOIN INFATABS 50 mg tab chew                                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>                                                                                                                                              | 1                    | DILANTIN                                 |                                                          |
| <i>rufinamide 200 mg tab, 400 mg tab</i>                                                                                                                                                                         | 1                    | BANZEL                                   | PA                                                       |
| <i>rufinamide 40 mg/ml susp</i>                                                                                                                                                                                  | 1                    | BANZEL                                   | PA                                                       |
| <b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA<br/>[AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]</b>                                         |                      |                                          |                                                          |
| <b>Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>                                               |                      |                                          |                                                          |
| <i>ergoloid mesylates 1 mg tab</i>                                                                                                                                                                               | 1                    | HYDERGINE                                |                                                          |
| NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28-10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr                                                                     | 2                    |                                          |                                                          |
| <b>Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>                                            |                      |                                          |                                                          |
| <i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>                                                                                                                                                              | 1                    | ARICEPT                                  |                                                          |
| <i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>                                                                                                                                                           | 1                    | ARICEPT ODT                              |                                                          |
| <i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>                                                                                                                                                    | 1                    | RAZADYNE                                 |                                                          |
| <i>galantamine hydrobromide 4 mg/ml soln</i>                                                                                                                                                                     | 1                    | RAZADYNE                                 |                                                          |
| <i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>                                                                                                                     | 1                    | RAZADYNE ER                              |                                                          |
| <i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>                                                                                                             | 1                    | EXELON                                   |                                                          |
| <i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>                                                                                                                                          | 1                    | EXELON                                   |                                                          |
| <b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (NMDA) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b> |                      |                                          |                                                          |
| <i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>                                                                                                                                         | 1                    | NAMENDA                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>memantine hcl 2 mg/ml soln</i>                                                                                    | 1                    | NAMENDA                                  |                                                          |
| <i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>                | 1                    | NAMENDA XR                               |                                                          |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]</b>          |                      |                                          |                                                          |
| <b>Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]</b>                             |                      |                                          |                                                          |
| <i>aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                                             | 1                    | ABILIFY                                  | QL(30 / 30)                                              |
| <i>aripiprazole 2 mg tab</i>                                                                                         | 1                    | ABILIFY                                  | QL(60 / 30)                                              |
| <i>aripiprazole 1 mg/ml soln</i>                                                                                     | 1                    | ABILIFY                                  | QL(300 / 30)                                             |
| <i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>                                                               | 1                    | ABILIFY DISCMELT                         | QL(30 / 30)                                              |
| <i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>                                        | 3                    |                                          |                                                          |
| <i>bupropion hcl 100 mg tab, 75 mg tab</i>                                                                           | 1                    | WELLBUTRIN                               |                                                          |
| <i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>                           | 1                    | WELLBUTRIN SR                            |                                                          |
| <i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>                                                | 1                    | WELLBUTRIN XL                            |                                                          |
| <i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i> | 1                    | REMERON                                  |                                                          |
| <i>paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>                                       | 1                    | INVEGA                                   | QL(30 / 30)                                              |
| <i>paliperidone er 1.5 mg tab er 24 hr</i>                                                                           | 1                    | INVEGA                                   | QL(60 / 30)                                              |
| <i>quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>                                            | 1                    | SEROQUEL                                 | QL(60 / 30)                                              |
| <i>quetiapine fumarate 25 mg tab, 50 mg tab</i>                                                                      | 1                    | SEROQUEL                                 | QL(90 / 30)                                              |
| <i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr</i>     | 1                    | SEROQUEL XR                              | QL(30 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>quetiapine fumarate er 50 mg tab er 24 hr</i>                                                                                                                                                                                                                                   | 1                    | SEROQUEL XR                              | QL(90 / 30)                                              |
| <i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>                                                                                                                                                                                                                 | 1                    | DESYREL                                  |                                                          |
| <i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>                                                                                                                                                                                                                  | 1                    | GEODON                                   | QL(60 / 30)                                              |
| <i>ziprasidone mesylate 20 mg im soln</i>                                                                                                                                                                                                                                          | 1                    | GEODON                                   | QL(60 / 30)                                              |
| <b>Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]</b>                                                                                                                                                                        |                      |                                          |                                                          |
| EMSAM 12 mg/24hr td patch<br>24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr                                                                                                                                                                                                | 3                    |                                          |                                                          |
| MARPLAN 10 mg tab                                                                                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>phenelzine sulfate 15 mg tab</i>                                                                                                                                                                                                                                                | 1                    | NARDIL                                   |                                                          |
| <i>tranylcypromine sulfate 10 mg tab</i>                                                                                                                                                                                                                                           | 1                    | PARNATE                                  |                                                          |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [SSRIs/SNRIs (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]</b> |                      |                                          |                                                          |
| <i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>                                                                                                                                                                                                                     | 1                    | CELEXA                                   |                                                          |
| <i>citalopram hydrobromide 10 mg/5ml soln</i>                                                                                                                                                                                                                                      | 1                    | CELEXA                                   |                                                          |
| <i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>                                                                                                                                                                                                                   | 1                    | KHEDEZLA                                 |                                                          |
| <i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>                                                                                                                                                                                     | 1                    | PRISTIQ                                  |                                                          |
| <i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>                                                                                                                                                                                                         | 1                    | CYMBALTA                                 |                                                          |
| <i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>                                                                                                                                                                                                                         | 1                    | LEXAPRO                                  |                                                          |
| <i>escitalopram oxalate 5 mg/5ml soln</i>                                                                                                                                                                                                                                          | 1                    | LEXAPRO                                  |                                                          |
| FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr                                                                                                                                                                                            | 3                    |                                          |                                                          |
| FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack                                                                                                                                                                                                                                     | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr</i>         | 1                    | PROZAC                                   |                                                          |
| <i>fluoxetine hcl 20 mg/5ml soln</i>                                                                         | 1                    | PROZAC                                   |                                                          |
| <i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>                                                            | 1                    | SARAFEM                                  |                                                          |
| <i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>                                                  | 1                    | LUVOX                                    |                                                          |
| <i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>                                       | 1                    | LUVOX CR                                 |                                                          |
| <i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>                                                       | 1                    | LUDIOMIL                                 |                                                          |
| <i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>                              | 1                    | SERZONE                                  |                                                          |
| <i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 6-50 mg cap</i>                                     | 1                    | SYMBYAX                                  | QL(30 / 30)                                              |
| <i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>                                                    | 1                    | SYMBYAX                                  | QL(90 / 30)                                              |
| <i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>                                             | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl 10 mg/5ml susp</i>                                                                         | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>                      | 1                    | PAXIL CR                                 |                                                          |
| <i>paroxetine mesylate 7.5 mg cap</i>                                                                        | 1                    | BRISDELLE                                |                                                          |
| <i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>                                                       | 1                    | ZOLOFT                                   |                                                          |
| <i>sertraline hcl 20 mg/ml oral conc</i>                                                                     | 1                    | ZOLOFT                                   |                                                          |
| <i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>                                           | 1                    | DESYREL                                  |                                                          |
| <i>TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab</i>                                                             | 3                    |                                          |                                                          |
| <i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>                              | 1                    | EFFEXOR                                  |                                                          |
| <i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i> | 1                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>                           | 1                    | EFFEXOR XR                               |                                                          |
| VIIBRYD STARTER PACK 10 & 20 mg oral kit                                                                          | 3                    |                                          |                                                          |
| <i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>                                                             | 1                    | VIIBRYD                                  |                                                          |
| <b>Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]</b>                                                |                      |                                          |                                                          |
| <i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>                       | 1                    | ELAVIL                                   |                                                          |
| <i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>                                                     | 1                    | ASENDIN                                  |                                                          |
| <i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>                                                 | 1                    | LIMBITROL                                |                                                          |
| <i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>                                                           | 1                    | ANAFRANIL                                |                                                          |
| <i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>                         | 1                    | NORPRAMIN                                |                                                          |
| <i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>                             | 1                    | SINEQUAN                                 |                                                          |
| <i>doxepin hcl 10 mg/ml oral conc</i>                                                                             | 1                    | SINEQUAN                                 |                                                          |
| <i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>                                                             | 1                    | TOFRANIL                                 |                                                          |
| <i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>                                           | 1                    | TOFRANIL-PM                              |                                                          |
| <i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>                                               | 1                    | PAMELOR                                  |                                                          |
| <i>nortriptyline hcl 10 mg/5ml soln</i>                                                                           | 1                    | PAMELOR                                  |                                                          |
| <i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>                 | 1                    | TRIAVIL                                  |                                                          |
| <i>protriptyline hcl 10 mg tab, 5 mg tab</i>                                                                      | 1                    | VIVACTIL                                 |                                                          |
| <i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>                                                      | 1                    | SURMONTIL                                |                                                          |
| <b>ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]</b> |                      |                                          |                                                          |

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

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| Drug Name<br>[Nombre del Medicamento]                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]</b> |                      |                                          |                                                          |
| ANZEMET 100 mg tab, 50 mg tab                                                                                                         | 3                    |                                          |                                                          |
| <i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 mg cap</i>                                                               | 1                    | EMEND                                    | PA                                                       |
| <i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>                                                                                     | 1                    | MARINOL                                  |                                                          |
| <i>granisetron hcl 1 mg tab</i>                                                                                                       | 1                    | KYTRIL                                   |                                                          |
| <i>ondansetron 4 mg tab disint, 8 mg tab disint</i>                                                                                   | 1                    | ZOFRAN ODT                               |                                                          |
| <i>ondansetron hcl 4 mg/2ml inj soln pfs</i>                                                                                          | 4                    |                                          |                                                          |
| <i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>                                                                                  | 1                    | ZOFRAN                                   |                                                          |
| <i>ondansetron hcl 4 mg/5ml soln</i>                                                                                                  | 1                    | ZOFRAN                                   |                                                          |
| <i>ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln</i>                                                                         | 4                    | ZOFRAN                                   |                                                          |
| SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe                                                                                     | 5                    |                                          |                                                          |
| VARUBI (180 MG DOSE) 2 x 90 mg tab pack                                                                                               | 3                    |                                          |                                                          |
| ZUPLENZ 4 mg oral film, 8 mg oral film                                                                                                | 3                    |                                          |                                                          |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]</b>                  |                      |                                          |                                                          |
| <b>Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]</b>                                      |                      |                                          |                                                          |
| CICLODAN 8 % ext soln                                                                                                                 | 1                    |                                          |                                                          |
| <i>ciclopirox 0.77 % gel</i>                                                                                                          | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox 1 % shampoo</i>                                                                                                         | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox 8 % ext soln</i>                                                                                                        | 1                    | PENLAC                                   |                                                          |
| <i>ciclopirox olamine 0.77 % crm</i>                                                                                                  | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox olamine 0.77 % ext susp</i>                                                                                             | 1                    | LOPROX                                   |                                                          |
| <i>clotrimazole 1 % crm</i>                                                                                                           | 1                    | LOTRIMIN                                 |                                                          |
| <i>clotrimazole 10 mg m/t troche</i>                                                                                                  | 1                    | MYCELEX                                  |                                                          |
| <i>clotrimazole 1 % ext soln</i>                                                                                                      | 1                    | MYCELEX                                  |                                                          |
| <i>clotrimazole-betamethasone 1-0.05 % crm</i>                                                                                        | 1                    | LOTRISONE                                |                                                          |
| <i>clotrimazole-betamethasone 1-0.05 % lot</i>                                                                                        | 1                    | LOTRISONE                                |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| CRESEMBA 186 mg cap, 74.5 mg cap                                          | 3                    |                                          | PA, SL                                                   |
| econazole nitrate 1 % crm                                                 | 1                    | SPECTAZOLE                               |                                                          |
| EXODERM 25-1 % lot                                                        | 3                    |                                          |                                                          |
| fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab                 | 1                    | DIFLUCAN                                 |                                                          |
| fluconazole 10 mg/ml susp, 40 mg/ml susp                                  | 1                    | DIFLUCAN                                 |                                                          |
| flucytosine 250 mg cap, 500 mg cap                                        | 1                    | ANCOBON                                  |                                                          |
| griseofulvin microsize 500 mg tab                                         | 1                    | GRIFULVIN V                              |                                                          |
| griseofulvin microsize 125 mg/5ml susp                                    | 1                    | GRIFULVIN V                              |                                                          |
| griseofulvin ultramicrosize 125 mg tab, 250 mg tab                        | 1                    | GRIS-PEG                                 |                                                          |
| GYNAZOLE-1 2 % vag crm                                                    | 3                    |                                          |                                                          |
| iodoquinol-hc-aloe polysacch 1-2-1 % gel                                  | 1                    | ALCORTIN A                               |                                                          |
| iodoquinol-hydrocortisone-aloe 1-1.9 % crm                                | 1                    | VYTONE                                   |                                                          |
| itraconazole 100 mg cap                                                   | 1                    | SPORANOX                                 |                                                          |
| itraconazole 10 mg/ml soln                                                | 1                    | SPORANOX                                 |                                                          |
| ketoconazole 2 % foam                                                     | 1                    | EXTINA                                   |                                                          |
| ketoconazole 200 mg tab                                                   | 1                    | NIZORAL                                  |                                                          |
| ketoconazole 2 % crm                                                      | 1                    | NIZORAL                                  |                                                          |
| ketoconazole 2 % shampoo                                                  | 1                    | NIZORAL                                  |                                                          |
| MENTAX 1 % crm                                                            | 3                    |                                          |                                                          |
| miconazole 3 200 mg vag supp                                              | 3                    | MONISTAT                                 |                                                          |
| miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint                       | 1                    | VUSION                                   |                                                          |
| naftifine hcl 2 % gel                                                     | 1                    |                                          |                                                          |
| naftifine hcl 1 % crm, 1 % gel, 2 % crm                                   | 1                    | NAFTIN                                   |                                                          |
| NAFTIN 2 % gel                                                            | 3                    |                                          |                                                          |
| NATACYN 5 % ophth susp                                                    | 2                    |                                          |                                                          |
| NYAMYC 100000 unit/gm ext pwdr                                            | 1                    |                                          |                                                          |
| nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint | 1                    | MYCOSTATIN                               |                                                          |
| nystatin 100000 unit/ml m/t susp                                          | 1                    | MYCOSTATIN                               |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>                                 | 1                    | MYCOLOG                                  |                                                          |
| NYSTOP 100000 unit/gm ext powdr                                                                                   | 1                    |                                          |                                                          |
| ORAVIG 50 mg bucc tab                                                                                             | 3                    |                                          |                                                          |
| <i>oxiconazole nitrate 1 % crm</i>                                                                                | 1                    | OXISTAT                                  |                                                          |
| OXISTAT 1 % lot                                                                                                   | 3                    |                                          |                                                          |
| <i>sulconazole nitrate 1 % crm</i>                                                                                | 1                    | EXELDERM                                 |                                                          |
| <i>sulconazole nitrate 1 % ext soln</i>                                                                           | 1                    | EXELDERM                                 |                                                          |
| <i>tavaborole 5 % ext soln</i>                                                                                    | 1                    | KERYDIN                                  |                                                          |
| <i>terbinafine hcl 250 mg tab</i>                                                                                 | 1                    | LAMISIL                                  | QL(90 / 180)                                             |
| <i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>                                                                   | 1                    | TERAZOL                                  |                                                          |
| <i>terconazole 80 mg vag supp</i>                                                                                 | 1                    | TERAZOL 3                                |                                                          |
| <i>voriconazole 200 mg tab, 50 mg tab</i>                                                                         | 1                    | VFEND                                    | SL                                                       |
| <i>voriconazole 40 mg/ml susp</i>                                                                                 | 1                    | VFEND                                    | SL                                                       |
| XOLEGEL 2 % gel                                                                                                   | 3                    |                                          |                                                          |
| XOLEGEL DUO/XOLEX 2 & 1 % ext kit                                                                                 | 3                    |                                          |                                                          |
| <b>ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]</b>          |                      |                                          |                                                          |
| <b>Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]</b>                          |                      |                                          |                                                          |
| <i>allopurinol 100 mg tab, 300 mg tab</i>                                                                         | 1                    | ZYLOPRIM                                 |                                                          |
| <i>colchicine 0.6 mg tab</i>                                                                                      | 1                    | COLCRYS                                  |                                                          |
| <i>colchicine-probenecid 0.5-500 mg tab</i>                                                                       | 1                    | COLBENEMID                               |                                                          |
| <i>febuxostat 40 mg tab, 80 mg tab</i>                                                                            | 1                    | ULORIC                                   |                                                          |
| <i>probenecid 500 mg tab</i>                                                                                      | 1                    | BENEMID                                  |                                                          |
| <b>ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]</b> |                      |                                          |                                                          |
| <b>Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]</b>                         |                      |                                          |                                                          |
| <i>dihydroergotamine mesylate 1 mg/ml inj soln</i>                                                                | 1                    | D.H.E. 45                                | QL(24 / 30)                                              |
| <i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>                                                              | 1                    | MIGRANAL                                 | QL(24 / 30)                                              |
| <i>ergotamine-caffeine 1-100 mg tab</i>                                                                           | 1                    | CAFERGOT                                 | QL(30 / 30)                                              |
| <b>Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]</b>                                     |                      |                                          |                                                          |
| AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs                                                     | 2                    |                                          | PA, QL(4.5 / 90)                                         |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs                                                                                     | 2                    |                                          | PA, QL(1 / 30)                                           |
| EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs                                                                                                   | 2                    |                                          | PA, QL(3 / 30)                                           |
| NURTEC 75 mg tab disint                                                                                                                        | 2                    |                                          | PA, QL(18 / 30)                                          |
| <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                                  |                                                          |
| <b>Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]</b> |                      |                                          |                                                          |
| <i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>                                                                                             | 1                    | AXERT                                    | QL(6 / 30)                                               |
| <i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>                                                                                            | 1                    | RELPAK                                   | QL(6 / 30)                                               |
| <i>frovatriptan succinate 2.5 mg tab</i>                                                                                                       | 1                    | FROVA                                    | QL(9 / 30)                                               |
| <i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>                                                                                                    | 1                    | AMERGE                                   | QL(9 / 30)                                               |
| <i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>                                                                                                | 1                    | MAXALT                                   | QL(9 / 30)                                               |
| <i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>                                                                                  | 1                    | MAXALT MLT                               | QL(9 / 30)                                               |
| <i>sumatriptan 20 mg/act nasal soln</i>                                                                                                        | 1                    | IMITREX                                  | QL(6 / 30)                                               |
| <i>sumatriptan 5 mg/act nasal soln</i>                                                                                                         | 1                    | IMITREX                                  | QL(12 / 30)                                              |
| <i>sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs</i>                                                                        | 1                    | IMITREX                                  | QL(2 / 30)                                               |
| <i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                  | 1                    | IMITREX                                  | QL(9 / 30)                                               |
| <i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>                                                          | 1                    | IMITREX STATDOSE                         | QL(2 / 30)                                               |
| <i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>                                                           | 1                    | IMITREX STATDOSE                         | QL(2 / 30)                                               |
| <i>sumatriptan-naproxen sodium 85-500 mg tab</i>                                                                                               | 1                    | TREXIMET                                 | QL(9 / 30)                                               |
| <i>zolmitriptan 5 mg tab, 5 mg tab disint</i>                                                                                                  | 1                    | ZOMIG                                    | QL(3 / 30)                                               |
| <i>zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>                                                          | 1                    | ZOMIG                                    | QL(6 / 30)                                               |
| <b>ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]</b>        |                      |                                          |                                                          |

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|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]</b>            |                      |                                          |                                                          |
| <i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>                                                       | 1                    | URECHOLINE                               |                                                          |
| <i>guanidine hcl 125 mg tab</i>                                                                                             | 1                    |                                          |                                                          |
| <i>pyridostigmine bromide 60 mg tab</i>                                                                                     | 1                    | MESTINON                                 |                                                          |
| <i>pyridostigmine bromide er 180 mg tab er</i>                                                                              | 1                    | MESTINON                                 |                                                          |
| <b>ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]</b>          |                      |                                          |                                                          |
| <b>Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]</b> |                      |                                          |                                                          |
| <i>dapsone 100 mg tab, 25 mg tab</i>                                                                                        | 1                    |                                          |                                                          |
| <i>rifabutin 150 mg cap</i>                                                                                                 | 1                    | MYCOBUTIN                                |                                                          |
| <b>Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]</b>                             |                      |                                          |                                                          |
| <i>cycloserine 250 mg cap</i>                                                                                               | 1                    |                                          |                                                          |
| <i>ethambutol hcl 100 mg tab, 400 mg tab</i>                                                                                | 1                    | MYAMBUTOL                                |                                                          |
| <i>isoniazid 100 mg tab, 300 mg tab</i>                                                                                     | 1                    |                                          |                                                          |
| <i>isoniazid 50 mg/5ml syr</i>                                                                                              | 1                    |                                          |                                                          |
| <i>moxifloxacin hcl 400 mg tab</i>                                                                                          | 1                    | AVELOX                                   |                                                          |
| PASER 4 gm pckt                                                                                                             | 3                    |                                          |                                                          |
| PRIFTIN 150 mg tab                                                                                                          | 3                    |                                          |                                                          |
| <i>pyrazinamide 500 mg tab</i>                                                                                              | 1                    |                                          |                                                          |
| RIFAMATE 150-300 mg cap                                                                                                     | 3                    |                                          |                                                          |
| <i>rifampin 150 mg cap, 300 mg cap</i>                                                                                      | 1                    | RIFADIN                                  |                                                          |
| RIFATER 50-120-300 mg tab                                                                                                   | 3                    |                                          |                                                          |
| SIRTURO 100 mg tab, 20 mg tab                                                                                               | 5                    |                                          | PA                                                       |
| TRECTOR 250 mg tab                                                                                                          | 3                    |                                          |                                                          |
| <b>ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]</b>                       |                      |                                          |                                                          |
| <b>Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]</b>                             |                      |                                          |                                                          |
| <i>cyclophosphamide 25 mg cap, 50 mg cap</i>                                                                                | 1                    |                                          |                                                          |
| GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap                                                                                  | 4                    |                                          | PA                                                       |
| LEUKERAN 2 mg tab                                                                                                           | 4                    |                                          |                                                          |
| MATULANE 50 mg cap                                                                                                          | 5                    |                                          |                                                          |
| <i>melphalan 2 mg tab</i>                                                                                                   | 4                    | ALKERAN                                  |                                                          |
| MYLERAN 2 mg tab                                                                                                            | 2                    |                                          |                                                          |

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|----------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>                        | 4                    | TEMODAR                                  | PA                                                       |
| <b>Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]</b>       |                      |                                          |                                                          |
| <i>lenalidomide 25 mg cap</i>                                                                                  | 4                    | REVLIMID                                 | PA                                                       |
| <i>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap</i>                                      | 4                    | REVLIMID                                 | PA                                                       |
| THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap                                                         | 5                    |                                          | PA                                                       |
| <b>Antiestrogens/Modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]</b> |                      |                                          |                                                          |
| EMCYT 140 mg cap                                                                                               | 4                    |                                          |                                                          |
| <i>tamoxifen citrate 10 mg tab, 20 mg tab</i>                                                                  | 1                    | NOLVADEX                                 | PA                                                       |
| <i>toremifene citrate 60 mg tab</i>                                                                            | 1                    | FARESTON                                 |                                                          |
| <b>Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]</b>                      |                      |                                          |                                                          |
| <i>capecitabine 150 mg tab, 500 mg tab</i>                                                                     | 4                    | XELODA                                   | PA                                                       |
| DROXIA 200 mg cap, 300 mg cap, 400 mg cap                                                                      | 3                    |                                          |                                                          |
| FLUOROPLEX 1 % crm                                                                                             | 3                    |                                          |                                                          |
| <i>fluorouracil 0.5 % crm</i>                                                                                  | 1                    | CARAC                                    |                                                          |
| <i>fluorouracil 5 % crm</i>                                                                                    | 1                    | EFUDEX                                   |                                                          |
| <i>fluorouracil 2 % ext soln, 5 % ext soln</i>                                                                 | 1                    | EFUDEX                                   |                                                          |
| <i>hydroxyurea 500 mg cap</i>                                                                                  | 1                    | HYDREA                                   |                                                          |
| <i>mercaptopurine 50 mg tab</i>                                                                                | 1                    | PURINETHOL                               |                                                          |
| TABLOID 40 mg tab                                                                                              | 4                    |                                          |                                                          |
| <b>Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]</b>        |                      |                                          |                                                          |
| KISQALI (200 MG DOSE) 200 mg tab pack                                                                          | 5                    |                                          | PA                                                       |
| KISQALI (400 MG DOSE) 200 mg tab pack                                                                          | 5                    |                                          | PA                                                       |
| KISQALI (600 MG DOSE) 200 mg tab pack                                                                          | 5                    |                                          | PA                                                       |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack                                                             | 5                    |                                          | PA                                                       |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack                                                             | 5                    |                                          | PA                                                       |

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|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack                                                                                           | 5                    |                                          | PA                                                       |
| KOSELUGO 10 mg cap, 25 mg cap                                                                                                               | 4                    |                                          | PA                                                       |
| <i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>                                                                         | 1                    |                                          |                                                          |
| ORSERDU 345 mg tab, 86 mg tab                                                                                                               | 5                    |                                          | PA                                                       |
| TABRECTA 150 mg tab, 200 mg tab                                                                                                             | 4                    |                                          | PA                                                       |
| VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab                                                                                      | 4                    |                                          | PA                                                       |
| ZOLINZA 100 mg cap                                                                                                                          | 5                    |                                          | PA                                                       |
| <b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]</b> |                      |                                          |                                                          |
| <i>anastrozole 1 mg tab</i>                                                                                                                 | 1                    | ARIMIDEX                                 |                                                          |
| <i>exemestane 25 mg tab</i>                                                                                                                 | 1                    | AROMASIN                                 |                                                          |
| <i>letrozole 2.5 mg tab</i>                                                                                                                 | 1                    | FEMARA                                   |                                                          |
| <i>toremifene citrate 60 mg tab</i>                                                                                                         | 1                    | FARESTON                                 |                                                          |
| <b>Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]</b>                                          |                      |                                          |                                                          |
| <i>etoposide 50 mg cap</i>                                                                                                                  | 4                    |                                          |                                                          |
| HYCAMTIN 0.25 mg cap, 1 mg cap                                                                                                              | 5                    |                                          |                                                          |
| PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab                                                                                                  | 4                    |                                          | PA                                                       |
| ZYDELIG 150 mg tab                                                                                                                          | 5                    |                                          | PA                                                       |
| <b>Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]</b>                               |                      |                                          |                                                          |
| ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab                                                                             | 4                    |                                          | PA                                                       |
| BOSULIF 100 mg tab, 400 mg tab, 500 mg tab                                                                                                  | 5                    |                                          | PA                                                       |
| CALQUENCE 100 mg cap, 100 mg tab                                                                                                            | 5                    |                                          | PA                                                       |
| ERIVEDGE 150 mg cap                                                                                                                         | 5                    |                                          | PA                                                       |
| <i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>                                                                                      | 4                    | TARCEVA                                  | PA                                                       |
| <i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>                                                                               | 5                    | AFINITOR                                 | PA                                                       |

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|--------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| FARYDAK 10 mg cap, 15 mg cap, 20 mg cap                                        | 5                    |                                          | PA                                                       |
| <i>gefitinib 250 mg tab</i>                                                    | 5                    | IRESSA                                   | PA                                                       |
| IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab   | 4                    |                                          | PA                                                       |
| IDHIFA 100 mg tab, 50 mg tab                                                   | 4                    |                                          | PA                                                       |
| <i>imatinib mesylate 100 mg tab, 400 mg tab</i>                                | 4                    | GLEEVEC                                  | PA                                                       |
| INLYTA 1 mg tab, 5 mg tab                                                      | 5                    |                                          | PA                                                       |
| INQOVI 35-100 mg tab                                                           | 4                    |                                          | PA                                                       |
| IRESSA 250 mg tab                                                              | 5                    |                                          | PA                                                       |
| JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab                    | 5                    |                                          | PA                                                       |
| KOSELUGO 10 mg cap, 25 mg cap                                                  | 4                    |                                          | PA                                                       |
| <i>lapatinib ditosylate 250 mg tab</i>                                         | 4                    | TYKERB                                   | PA                                                       |
| LYNPARZA 100 mg tab, 150 mg tab                                                | 4                    |                                          | PA                                                       |
| NERLYNX 40 mg tab                                                              | 5                    |                                          | PA                                                       |
| <i>pazopanib hcl 200 mg tab</i>                                                | 5                    | VOTRIENT                                 | PA                                                       |
| PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab                                     | 4                    |                                          | PA                                                       |
| RYDAPT 25 mg cap                                                               | 4                    |                                          | PA                                                       |
| <i>sorafenib tosylate 200 mg tab</i>                                           | 5                    | NEXAVAR                                  | PA                                                       |
| SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab     | 4                    |                                          | PA                                                       |
| STIVARGA 40 mg tab                                                             | 5                    |                                          | PA                                                       |
| <i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>         | 4                    | SUTENT                                   | PA                                                       |
| TABRECTA 150 mg tab, 200 mg tab                                                | 4                    |                                          | PA                                                       |
| TASIGNA 150 mg cap, 200 mg cap, 50 mg cap                                      | 5                    |                                          | PA                                                       |
| XALKORI 200 mg cap, 250 mg cap                                                 | 5                    |                                          | PA                                                       |
| ZELBORAF 240 mg tab                                                            | 5                    |                                          | PA                                                       |
| ZYDELIG 100 mg tab                                                             | 5                    |                                          | PA                                                       |
| <b>Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]</b> |                      |                                          |                                                          |
| <i>bexarotene 75 mg cap</i>                                                    | 4                    | TARGRETIN                                |                                                          |
| <i>bexarotene 1 % gel</i>                                                      | 5                    | TARGRETIN                                |                                                          |

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|------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PANRETIN 0.1 % gel                                                                                                                 | 5                    |                                          |                                                          |
| <b>Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]</b>     |                      |                                          |                                                          |
| MESNEX 400 mg tab                                                                                                                  | 5                    |                                          |                                                          |
| <b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]</b> |                      |                                          |                                                          |
| <b>Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]</b>                            |                      |                                          |                                                          |
| <i>albendazole 200 mg tab</i>                                                                                                      | 1                    | ALBENZA                                  |                                                          |
| <i>benznidazole 100 mg tab, 12.5 mg tab</i>                                                                                        | 1                    |                                          |                                                          |
| EMVERM 100 mg tab chew                                                                                                             | 2                    |                                          |                                                          |
| <i>ivermectin 3 mg tab</i>                                                                                                         | 1                    | STROMEKTOL                               |                                                          |
| <i>praziquantel 600 mg tab</i>                                                                                                     | 1                    | BILTRICIDE                               |                                                          |
| <b>Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]</b>                     |                      |                                          |                                                          |
| ALINIA 100 mg/5ml susp                                                                                                             | 2                    |                                          |                                                          |
| <i>atovaquone 750 mg/5ml susp</i>                                                                                                  | 1                    | MEPRON                                   |                                                          |
| <i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>                                                                     | 1                    | MALARONE                                 |                                                          |
| <i>chloroquine phosphate 250 mg tab</i>                                                                                            | 1                    |                                          | PA                                                       |
| <i>chloroquine phosphate 500 mg tab</i>                                                                                            | 1                    | ARALEN                                   | PA                                                       |
| COARTEM 20-120 mg tab                                                                                                              | 3                    |                                          |                                                          |
| <i>hydroxychloroquine sulfate 200 mg tab</i>                                                                                       | 1                    | PLAQUENIL                                | PA                                                       |
| <i>mefloquine hcl 250 mg tab</i>                                                                                                   | 1                    |                                          |                                                          |
| <i>nitazoxanide 500 mg tab</i>                                                                                                     | 1                    | ALINIA                                   |                                                          |
| <i>pentamidine isethionate 300 mg inh soln</i>                                                                                     | 1                    | NEBUPENT                                 |                                                          |
| <i>primaquine phosphate 26.3 (15 Base) mg tab</i>                                                                                  | 1                    |                                          |                                                          |
| <i>pyrimethamine 25 mg tab</i>                                                                                                     | 4                    | DARAPRIM                                 | PA                                                       |
| <i>quinine sulfate 324 mg cap</i>                                                                                                  | 1                    | QUALAQUIN                                |                                                          |
| SOLOSEC 2 gm pckt                                                                                                                  | 3                    |                                          |                                                          |
| <i>tinidazole 250 mg tab, 500 mg tab</i>                                                                                           | 1                    | TINDAMAX                                 |                                                          |
| <b>Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]</b>              |                      |                                          |                                                          |
| <i>lindane 1 % shampoo</i>                                                                                                         | 1                    |                                          |                                                          |
| <i>permethrin 5 % crm</i>                                                                                                          | 1                    | ELIMITE                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]</b>                                             |                      |                                          |                                                          |
| <b>Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]</b>                                                                      |                      |                                          |                                                          |
| <i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                                                                                 | 1                    | COGENTIN                                 |                                                          |
| <i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>                                                                                                                        | 1                    | BENADRYL                                 |                                                          |
| <i>trihexyphenidyl hcl 0.4 mg/ml soln</i>                                                                                                                                                  | 1                    |                                          |                                                          |
| <i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>                                                                                                                                              | 1                    | ARTANE                                   |                                                          |
| <b>Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]</b>                                               |                      |                                          |                                                          |
| <i>amantadine hcl 50 mg/5ml soln</i>                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>amantadine hcl 100 mg cap, 100 mg tab</i>                                                                                                                                               | 1                    | SYMMETREL                                |                                                          |
| <i>entacapone 200 mg tab</i>                                                                                                                                                               | 1                    | COMTAN                                   |                                                          |
| <i>tolcapone 100 mg tab</i>                                                                                                                                                                | 1                    | TASMAR                                   |                                                          |
| <b>Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]</b>                                                                |                      |                                          |                                                          |
| <i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>                                                                                                                                         | 1                    | PARLODEL                                 |                                                          |
| KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film                                                                                                | 4                    |                                          | PA                                                       |
| KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit                                                                                                                                     | 4                    |                                          | PA                                                       |
| NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr                                | 3                    |                                          |                                                          |
| <i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>                                                                                | 1                    | MIRAPEX                                  |                                                          |
| <i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i> | 1                    | MIRAPEX ER                               |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>                                                                                                                     | 1                    | REQUIP                                   |                                                          |
| <i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>                                                                                             | 1                    | REQUIP XL                                |                                                          |
| <b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]</b> |                      |                                          |                                                          |
| <i>carbidopa 25 mg tab</i>                                                                                                                                                                                          | 1                    | LODOSYN                                  |                                                          |
| <i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>                                                                                                                          | 1                    | PARCOPA                                  |                                                          |
| <i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>                                                                                                                                               | 1                    | SINEMET                                  |                                                          |
| <i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>                                                                                                                                                     | 1                    | SINEMET CR                               |                                                          |
| <i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>                                                       | 1                    | STALEVO                                  |                                                          |
| <i>RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er</i>                                                                                                                     | 3                    |                                          |                                                          |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson]</b>                                             |                      |                                          |                                                          |
| <i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>                                                                                                                                                                     | 1                    | AZILECT                                  |                                                          |
| <i>selegiline hcl 5 mg tab</i>                                                                                                                                                                                      | 1                    |                                          |                                                          |
| <i>selegiline hcl 5 mg cap</i>                                                                                                                                                                                      | 1                    | ELDEPRYL                                 |                                                          |
| <i>ZELAPAR 1.25 mg tab disint</i>                                                                                                                                                                                   | 3                    |                                          |                                                          |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>                                                                                     |                      |                                          |                                                          |
| <b>1st Generation/Typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>                                                                                    |                      |                                          |                                                          |
| <i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>                                                                                                                                                     | 1                    |                                          | QL(240 / 30)                                             |
| <i>chlorpromazine hcl 200 mg tab</i>                                                                                                                                                                                | 1                    | THORAZINE                                | QL(60 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>chlorpromazine hcl 100 mg tab, 50 mg tab</i>                     | 1                    | THORAZINE                                | QL(120 / 30)                                             |
| <i>chlorpromazine hcl 10 mg tab, 25 mg tab</i>                      | 1                    | THORAZINE                                | QL(180 / 30)                                             |
| <i>fluphenazine decanoate 25 mg/ml inj soln</i>                     | 1                    | PROLIXIN                                 | QL(120 / 30)                                             |
| <i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>   | 1                    | PROLIXIN                                 | QL(120 / 30)                                             |
| <i>fluphenazine hcl 5 mg/ml oral conc</i>                           | 1                    | PROLIXIN                                 | QL(120 / 30)                                             |
| <i>fluphenazine hcl 2.5 mg/ml inj soln</i>                          | 1                    | PROLIXIN                                 | QL(150 / 30)                                             |
| <i>fluphenazine hcl 2.5 mg/5ml oral elix</i>                        | 1                    | PROLIXIN                                 | QL(600 / 30)                                             |
| <i>haloperidol 20 mg tab</i>                                        | 1                    | HALDOL                                   | QL(30 / 30)                                              |
| <i>haloperidol 5 mg tab</i>                                         | 1                    | HALDOL                                   | QL(60 / 30)                                              |
| <i>haloperidol 10 mg tab</i>                                        | 1                    | HALDOL                                   | QL(90 / 30)                                              |
| <i>haloperidol 1 mg tab, 2 mg tab</i>                               | 1                    | HALDOL                                   | QL(120 / 30)                                             |
| <i>haloperidol 0.5 mg tab</i>                                       | 1                    | HALDOL                                   | QL(240 / 30)                                             |
| <i>haloperidol decanoate 100 mg/ml im soln</i>                      | 1                    | HALDOL                                   | QL(4 / 30)                                               |
| <i>haloperidol decanoate 50 mg/ml im soln</i>                       | 1                    | HALDOL                                   | QL(9 / 30)                                               |
| <i>haloperidol lactate 2 mg/ml oral conc</i>                        | 1                    | HALDOL                                   | QL(240 / 30)                                             |
| <i>molindone hcl 25 mg tab</i>                                      | 1                    | MOBAN                                    | QL(120 / 30)                                             |
| <i>molindone hcl 10 mg tab, 5 mg tab</i>                            | 1                    | MOBAN                                    | QL(240 / 30)                                             |
| <i>perphenazine 16 mg tab</i>                                       | 1                    | TRILAFON                                 | QL(60 / 30)                                              |
| <i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab</i>                    | 1                    | TRILAFON                                 | QL(120 / 30)                                             |
| <i>pimozide 1 mg tab, 2 mg tab</i>                                  | 1                    | ORAP                                     | QL(60 / 30)                                              |
| <i>prochlorperazine 25 mg rect supp</i>                             | 1                    | COMPRO                                   | QL(60 / 30)                                              |
| <i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>                 | 1                    | COMPAZINE                                | QL(90 / 30)                                              |
| <i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i> | 1                    | MELLARIL                                 | QL(240 / 30)                                             |
| <i>thiothixene 10 mg cap, 5 mg cap</i>                              | 1                    | NAVANE                                   | QL(60 / 30)                                              |
| <i>thiothixene 2 mg cap</i>                                         | 1                    | NAVANE                                   | QL(90 / 30)                                              |
| <i>thiothixene 1 mg cap</i>                                         | 1                    | NAVANE                                   | QL(180 / 30)                                             |
| <i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>  | 1                    | STELAZINE                                | QL(60 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>2nd Generation/Atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b> |                      |                                          |                                                          |
| <i>aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                                                          | 1                    | ABILIFY                                  | QL(30 / 30)                                              |
| <i>aripiprazole 2 mg tab</i>                                                                                                      | 1                    | ABILIFY                                  | QL(60 / 30)                                              |
| <i>aripiprazole 1 mg/ml soln</i>                                                                                                  | 1                    | ABILIFY                                  | QL(300 / 30)                                             |
| <i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>                                                                            | 1                    | ABILIFY DISCMELT                         | QL(30 / 30)                                              |
| INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs                                                                 | 5                    |                                          | QL(3.5 / 180)                                            |
| INVEGA SUSTENNA 39 mg/0.25ml im susp pfs                                                                                          | 5                    |                                          | QL(0.25 / 30)                                            |
| INVEGA SUSTENNA 78 mg/0.5ml im susp pfs                                                                                           | 5                    |                                          | QL(0.5 / 30)                                             |
| INVEGA SUSTENNA 117 mg/0.75ml im susp pfs                                                                                         | 5                    |                                          | QL(0.75 / 30)                                            |
| INVEGA SUSTENNA 156 mg/ml im susp pfs                                                                                             | 5                    |                                          | QL(1 / 30)                                               |
| INVEGA SUSTENNA 234 mg/1.5ml im susp pfs                                                                                          | 5                    |                                          | QL(1.5 / 30)                                             |
| INVEGA TRINZA 273 mg/0.88ml im susp pfs                                                                                           | 5                    |                                          | QL(0.88 / 90)                                            |
| INVEGA TRINZA 410 mg/1.32ml im susp pfs                                                                                           | 5                    |                                          | QL(1.32 / 90)                                            |
| INVEGA TRINZA 546 mg/1.75ml im susp pfs                                                                                           | 5                    |                                          | QL(1.75 / 90)                                            |
| INVEGA TRINZA 819 mg/2.63ml im susp pfs                                                                                           | 5                    |                                          | QL(2.63 / 90)                                            |
| <i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab</i>                                                                 | 1                    | LATUDA                                   | QL(30 / 30)                                              |
| <i>lurasidone hcl 80 mg tab</i>                                                                                                   | 1                    | LATUDA                                   | QL(60 / 30)                                              |
| <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                                  | QL(30 / 30)                                              |
| <i>olanzapine 10 mg im soln</i>                                                                                                   | 1                    | ZYPREXA                                  | QL(90 / 30)                                              |
| <i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>                                           | 1                    | ZYPREXA ZYDIS                            | QL(30 / 30)                                              |
| <i>paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>                                                    | 1                    | INVEGA                                   | QL(30 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>paliperidone er 1.5 mg tab er 24 hr</i>                                                                                                                                                                                                | 1                    | INVEGA                                   | QL(60 / 30)                                              |
| <i>quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>                                                                                                                                                                 | 1                    | SEROQUEL                                 | QL(60 / 30)                                              |
| <i>quetiapine fumarate 25 mg tab, 50 mg tab</i>                                                                                                                                                                                           | 1                    | SEROQUEL                                 | QL(90 / 30)                                              |
| <i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr</i>                                                                                                                          | 1                    | SEROQUEL XR                              | QL(30 / 30)                                              |
| <i>quetiapine fumarate er 50 mg tab er 24 hr</i>                                                                                                                                                                                          | 1                    | SEROQUEL XR                              | QL(90 / 30)                                              |
| <i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>                                                                                                   | 1                    | RISPERDAL                                | QL(60 / 30)                                              |
| <i>risperidone 4 mg tab, 4 mg tab disint</i>                                                                                                                                                                                              | 1                    | RISPERDAL                                | QL(120 / 30)                                             |
| <i>risperidone 3 mg tab, 3 mg tab disint</i>                                                                                                                                                                                              | 1                    | RISPERDAL                                | QL(150 / 30)                                             |
| <i>risperidone 1 mg/ml soln</i>                                                                                                                                                                                                           | 1                    | RISPERDAL                                | QL(240 / 30)                                             |
| <i>risperidone microspheres er 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</i> | 5                    | RISPERDAL CONSTA                         | QL(2 / 30)                                               |
| <i>VRAYLAR 1.5 &amp; 3 mg cap pack</i>                                                                                                                                                                                                    | 3                    |                                          | QL(7 / 365), ST                                          |
| <i>VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>                                                                                                                                                                                 | 3                    |                                          | QL(30 / 30), ST                                          |
| <i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>                                                                                                                                                                         | 1                    | GEODON                                   | QL(60 / 30)                                              |
| <i>ziprasidone mesylate 20 mg im soln</i>                                                                                                                                                                                                 | 1                    | GEODON                                   | QL(60 / 30)                                              |
| <b>Treatment-Resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]</b>                                                                                                           |                      |                                          |                                                          |
| <i>clozapine 200 mg tab</i>                                                                                                                                                                                                               | 1                    | CLOZARIL                                 | QL(120 / 30)                                             |
| <i>clozapine 50 mg tab</i>                                                                                                                                                                                                                | 1                    | CLOZARIL                                 | QL(180 / 30)                                             |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>clozapine 100 mg tab, 25 mg tab</i>                                                                                                                                                                 | 1                    | CLOZARIL                                 | QL(270 / 30)                                             |
| <i>clozapine 150 mg tab disint, 200 mg tab disint</i>                                                                                                                                                  | 1                    | FAZACLO                                  | QL(120 / 30)                                             |
| <i>clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint</i>                                                                                                                               | 1                    | FAZACLO                                  | QL(270 / 30)                                             |
| <b>ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]</b>                                                                                                                                          |                      |                                          |                                                          |
| <b>Antispasticity Agents [Agentes Contra La Espasticidad]</b>                                                                                                                                          |                      |                                          |                                                          |
| <i>baclofen 5 mg tab</i>                                                                                                                                                                               | 1                    |                                          |                                                          |
| <i>baclofen 10 mg tab, 20 mg tab</i>                                                                                                                                                                   | 1                    | LIORESAL                                 |                                                          |
| <i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>                                                                                                                                              | 1                    | DANTRIUM                                 |                                                          |
| <i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>                                                                                                                                 | 1                    | ZANAFLEX                                 |                                                          |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]</b>                                                                                       |                      |                                          |                                                          |
| <b>Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (CMV) - Medicamentos Antivirales Misceláneos]</b>                                                   |                      |                                          |                                                          |
| <i>foscarnet sodium 6000 mg/250ml iv soln</i>                                                                                                                                                          | 5                    | FOSCAVIR                                 |                                                          |
| <i>valganciclovir hcl 450 mg tab</i>                                                                                                                                                                   | 4                    | VALCYTE                                  |                                                          |
| <i>valganciclovir hcl 50 mg/ml soln</i>                                                                                                                                                                | 4                    | VALCYTE                                  |                                                          |
| <b>Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (NNRTI) - Medicamentos Para VIH]</b> |                      |                                          |                                                          |
| COMPLERA 200-25-300 mg tab                                                                                                                                                                             | 2                    |                                          |                                                          |
| EDURANT 25 mg tab                                                                                                                                                                                      | 2                    |                                          |                                                          |
| <i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>                                                                                                                                                     | 1                    | SUSTIVA                                  |                                                          |
| <i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>                                                                                                                                               | 1                    | SYMFI                                    |                                                          |
| <i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>                                                                                                                                               | 1                    | SYMFI LO                                 |                                                          |
| <i>etravirine 100 mg tab, 200 mg tab</i>                                                                                                                                                               | 1                    | INTELENCE                                |                                                          |
| INTELENCE 25 mg tab                                                                                                                                                                                    | 2                    |                                          |                                                          |
| <i>nevirapine 200 mg tab</i>                                                                                                                                                                           | 1                    | VIRAMUNE                                 |                                                          |
| <i>nevirapine 50 mg/5ml susp</i>                                                                                                                                                                       | 1                    | VIRAMUNE                                 |                                                          |
| <i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>                                                                                                                                          | 1                    | VIRAMUNE XR                              |                                                          |
| ODEFSEY 200-25-25 mg tab                                                                                                                                                                               | 3                    |                                          |                                                          |
| RESCRIPTOR 200 mg tab                                                                                                                                                                                  | 2                    |                                          |                                                          |
| SYMITUZA 800-150-200-10 mg tab                                                                                                                                                                         | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (NRTI) - Medicamentos Para VIH]</b> |                      |                                          |                                                          |
| <i>abacavir sulfate 300 mg tab</i>                                                                                                                                                                                         | 1                    | ZIAGEN                                   |                                                          |
| <i>abacavir sulfate 20 mg/ml soln</i>                                                                                                                                                                                      | 1                    | ZIAGEN                                   |                                                          |
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i>                                                                                                                                                                          | 1                    | EPZICOM                                  |                                                          |
| <i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>                                                                                                                                                                   | 1                    | TRIZIVIR                                 |                                                          |
| CIMDUO 300-300 mg tab                                                                                                                                                                                                      | 2                    |                                          |                                                          |
| <i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>                                                                                                                                                              | 1                    | VIDEX                                    |                                                          |
| <i>emtricitabine 200 mg cap</i>                                                                                                                                                                                            | 1                    | EMTRIVA                                  |                                                          |
| <i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab</i>                                                                                                                                           | 1                    | TRUVADA                                  |                                                          |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i>                                                                                                                                                                           | 1                    | TRUVADA                                  | PA                                                       |
| EMTRIVA 10 mg/ml soln                                                                                                                                                                                                      | 2                    |                                          |                                                          |
| <i>lamivudine 150 mg tab, 300 mg tab</i>                                                                                                                                                                                   | 1                    | EPIVIR                                   |                                                          |
| <i>lamivudine 10 mg/ml soln</i>                                                                                                                                                                                            | 1                    | EPIVIR                                   |                                                          |
| <i>lamivudine-zidovudine 150-300 mg tab</i>                                                                                                                                                                                | 1                    | COMBIVIR                                 |                                                          |
| RETROVIR 10 mg/ml iv soln                                                                                                                                                                                                  | 2                    |                                          |                                                          |
| <i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>                                                                                                                                                                | 1                    | ZERIT                                    |                                                          |
| <i>tenofovir disoproxil fumarate 300 mg tab</i>                                                                                                                                                                            | 1                    | VIREAD                                   | PA                                                       |
| VIDEX 2 gm soln                                                                                                                                                                                                            | 2                    |                                          |                                                          |
| VIDEX EC 125 mg cap dr                                                                                                                                                                                                     | 3                    |                                          |                                                          |
| VIREAD 150 mg tab, 200 mg tab, 250 mg tab                                                                                                                                                                                  | 2                    |                                          |                                                          |
| VIREAD 40 mg/gm oral pwdr                                                                                                                                                                                                  | 2                    |                                          |                                                          |
| <i>zidovudine 100 mg cap, 300 mg tab</i>                                                                                                                                                                                   | 1                    | RETROVIR                                 |                                                          |
| <i>zidovudine 50 mg/5ml syr</i>                                                                                                                                                                                            | 1                    | RETROVIR                                 |                                                          |
| <b>Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]</b>                                                                                                                                |                      |                                          |                                                          |
| FUZEON 90 mg sc soln                                                                                                                                                                                                       | 4                    |                                          | PA                                                       |
| <i>maraviroc 150 mg tab, 300 mg tab</i>                                                                                                                                                                                    | 1                    | SELZENTRY                                | PA                                                       |
| SELZENTRY 25 mg tab, 75 mg tab                                                                                                                                                                                             | 2                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| SELZENTRY 20 mg/ml soln                                                                                                                          | 2                    |                                          | PA                                                       |
| TROGARZO 200 mg/1.33ml iv soln                                                                                                                   | 5                    |                                          | PA                                                       |
| TYBOST 150 mg tab                                                                                                                                | 2                    |                                          |                                                          |
| <b>Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH]</b>                   |                      |                                          |                                                          |
| APTIVUS 250 mg cap                                                                                                                               | 2                    |                                          |                                                          |
| APTIVUS 100 mg/ml soln                                                                                                                           | 2                    |                                          |                                                          |
| <i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>                                                                                     | 1                    | REYATAZ                                  |                                                          |
| CRIXIVAN 200 mg cap, 400 mg cap                                                                                                                  | 2                    |                                          |                                                          |
| <i>darunavir 600 mg tab, 800 mg tab</i>                                                                                                          | 1                    | PREZISTA                                 |                                                          |
| EVOTAZ 300-150 mg tab                                                                                                                            | 2                    |                                          |                                                          |
| <i>fosamprenavir calcium 700 mg tab</i>                                                                                                          | 1                    | LEXIVA                                   |                                                          |
| INVIRASE 500 mg tab                                                                                                                              | 2                    |                                          |                                                          |
| LEXIVA 50 mg/ml susp                                                                                                                             | 2                    |                                          |                                                          |
| <i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>                                                                                          | 1                    | KALETRA                                  |                                                          |
| <i>lopinavir-ritonavir 400-100 mg/5ml soln</i>                                                                                                   | 1                    | KALETRA                                  |                                                          |
| NORVIR 100 mg pckt                                                                                                                               | 2                    |                                          |                                                          |
| NORVIR 80 mg/ml soln                                                                                                                             | 2                    |                                          |                                                          |
| PREZCOBIX 800-150 mg tab                                                                                                                         | 2                    |                                          |                                                          |
| PREZISTA 150 mg tab, 75 mg tab                                                                                                                   | 2                    |                                          |                                                          |
| PREZISTA 100 mg/ml susp                                                                                                                          | 2                    |                                          |                                                          |
| REYATAZ 50 mg pckt                                                                                                                               | 2                    |                                          |                                                          |
| <i>ritonavir 100 mg tab</i>                                                                                                                      | 1                    | NORVIR                                   |                                                          |
| SYMTUZA 800-150-200-10 mg tab                                                                                                                    | 3                    |                                          |                                                          |
| VIRACEPT 250 mg tab, 625 mg tab                                                                                                                  | 2                    |                                          |                                                          |
| <b>Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI) - Medicamentos Para VIH]</b> |                      |                                          |                                                          |
| BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab                                                                                                      | 3                    |                                          |                                                          |
| DOVATO 50-300 mg tab                                                                                                                             | 2                    |                                          |                                                          |
| GENVOYA 150-150-200-10 mg tab                                                                                                                    | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab                                                              | 2                    |                                          |                                                          |
| ISENTRESS HD 600 mg tab                                                                                                         | 2                    |                                          |                                                          |
| JULUCA 50-25 mg tab                                                                                                             | 2                    |                                          |                                                          |
| STRIBILD 150-150-200-300 mg tab                                                                                                 | 3                    |                                          |                                                          |
| TIVICAY 10 mg tab, 25 mg tab, 50 mg tab                                                                                         | 2                    |                                          |                                                          |
| TIVICAY PD 5 mg tab sol                                                                                                         | 2                    |                                          |                                                          |
| TRIUMEQ 600-50-300 mg tab                                                                                                       | 2                    |                                          |                                                          |
| TRIUMEQ PD 60-5-30 mg tab sol                                                                                                   | 2                    |                                          |                                                          |
| <b>Anti-Influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]</b>                                |                      |                                          |                                                          |
| <i>amantadine hcl 50 mg/5ml soln</i>                                                                                            | 1                    |                                          |                                                          |
| <i>amantadine hcl 100 mg cap, 100 mg tab</i>                                                                                    | 1                    | SYMMETREL                                |                                                          |
| <i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>                                                                               | 1                    | TAMIFLU                                  | QL(10 / 180)                                             |
| <i>oseltamivir phosphate 30 mg cap</i>                                                                                          | 1                    | TAMIFLU                                  | QL(20 / 180)                                             |
| <i>oseltamivir phosphate 6 mg/ml susp</i>                                                                                       | 1                    | TAMIFLU                                  | QL(120 / 180)                                            |
| RELENZA DISKHALER 5 mg/act inh aer pwdr br act                                                                                  | 3                    |                                          |                                                          |
| <i>rimantadine hcl 100 mg tab</i>                                                                                               | 1                    | FLUMADINE                                |                                                          |
| <b>Antivirals, Others - Drugs To Treat Viral Infections [Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]</b> |                      |                                          |                                                          |
| LAGEVRIO 200 mg cap                                                                                                             | 3                    |                                          | QL(40 / 5), AL                                           |
| PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack                                                                            | 3                    |                                          | QL(20 / 5), AL                                           |
| PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack                                                                            | 3                    |                                          | QL(30 / 5), AL                                           |
| <b>Anti-Hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]</b>  |                      |                                          |                                                          |
| <i>adefovir dipivoxil 10 mg tab</i>                                                                                             | 4                    | HEPSERA                                  | PA                                                       |
| BARACLUDE 0.05 mg/ml soln                                                                                                       | 5                    |                                          | PA                                                       |
| <i>entecavir 0.5 mg tab, 1 mg tab</i>                                                                                           | 4                    | BARACLUDE                                | PA                                                       |
| EPIVIR HBV 5 mg/ml soln                                                                                                         | 4                    |                                          | PA                                                       |
| <i>lamivudine 100 mg tab</i>                                                                                                    | 4                    | EPIVIR HBV                               | PA                                                       |
| VEMLIDY 25 mg tab                                                                                                               | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Anti-Hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Agentes De Acción Directa - Medicamentos Para Hepatitis C]</b> |                      |                                          |                                                          |
| MAVYRET 100-40 mg tab                                                                                                                                                           | 4                    |                                          | PA                                                       |
| sofosbuvir-velpatasvir 400-100 mg tab                                                                                                                                           | 4                    | EPCLUSA                                  | PA                                                       |
| <b>Anti-Hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C]</b>                                    |                      |                                          |                                                          |
| PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln                                                                                                                           | 5                    |                                          | PA                                                       |
| PEGINTRON 50 mcg/0.5ml sc kit                                                                                                                                                   | 5                    |                                          | PA                                                       |
| ribavirin 200 mg tab                                                                                                                                                            | 4                    | COPEGUS                                  | PA                                                       |
| ribavirin 200 mg cap                                                                                                                                                            | 4                    | REBETOL                                  | PA                                                       |
| <b>Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]</b>                                                                                   |                      |                                          |                                                          |
| acyclovir 200 mg cap, 400 mg tab, 800 mg tab                                                                                                                                    | 1                    | ZOVIRAX                                  |                                                          |
| acyclovir 5 % oint                                                                                                                                                              | 1                    | ZOVIRAX                                  |                                                          |
| acyclovir 200 mg/5ml susp                                                                                                                                                       | 1                    | ZOVIRAX                                  |                                                          |
| famciclovir 125 mg tab, 250 mg tab, 500 mg tab                                                                                                                                  | 1                    | FAMVIR                                   |                                                          |
| penciclovir 1 % crm                                                                                                                                                             | 1                    | DENAVIR                                  |                                                          |
| trifluridine 1 % ophth soln                                                                                                                                                     | 1                    | VIROPTIC                                 |                                                          |
| valacyclovir hcl 1 gm tab, 500 mg tab                                                                                                                                           | 1                    | VALTREX                                  |                                                          |
| XERESE 5-1 % crm                                                                                                                                                                | 3                    |                                          |                                                          |
| <b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]</b>                                                                               |                      |                                          |                                                          |
| <b>Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]</b>                                                                                    |                      |                                          |                                                          |
| buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab                                                                                                             | 1                    | BUSPAR                                   |                                                          |
| doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap                                                                                                  | 1                    | SINEQUAN                                 |                                                          |
| hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap                                                                                                                            | 1                    | VISTARIL                                 |                                                          |
| meprobamate 200 mg tab, 400 mg tab                                                                                                                                              | 1                    |                                          |                                                          |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [SSRIs/SNRIs (Inhibidores Selectivos De La</b>       |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]</b> |                      |                                          |                                                          |
| <i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>                                                  | 1                    | CELEXA                                   |                                                          |
| <i>citalopram hydrobromide 10 mg/5ml soln</i>                                                                   | 1                    | CELEXA                                   |                                                          |
| <i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>                                                | 1                    | KHEDEZLA                                 |                                                          |
| <i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>                  | 1                    | PRISTIQ                                  |                                                          |
| <i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>                                      | 1                    | CYMBALTA                                 |                                                          |
| <i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>                                                      | 1                    | LEXAPRO                                  |                                                          |
| <i>escitalopram oxalate 5 mg/5ml soln</i>                                                                       | 1                    | LEXAPRO                                  |                                                          |
| FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr                         | 3                    |                                          |                                                          |
| FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack                                                                  | 3                    |                                          |                                                          |
| <i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr</i>            | 1                    | PROZAC                                   |                                                          |
| <i>fluoxetine hcl 20 mg/5ml soln</i>                                                                            | 1                    | PROZAC                                   |                                                          |
| <i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>                                                               | 1                    | SARAFEM                                  |                                                          |
| <i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>                                                     | 1                    | LUVOX                                    |                                                          |
| <i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>                                          | 1                    | LUVOX CR                                 |                                                          |
| <i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>                                                          | 1                    | LUDIOMIL                                 |                                                          |
| <i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>                                 | 1                    | SERZONE                                  |                                                          |
| <i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 6-50 mg cap</i>                                        | 1                    | SYMBYAX                                  | QL(30 / 30)                                              |
| <i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>                                                       | 1                    | SYMBYAX                                  | QL(90 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>                                             | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl 10 mg/5ml susp</i>                                                                         | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>                      | 1                    | PAXIL CR                                 |                                                          |
| <i>paroxetine mesylate 7.5 mg cap</i>                                                                        | 1                    | BRISDELLE                                |                                                          |
| <i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>                                                       | 1                    | ZOLOFT                                   |                                                          |
| <i>sertraline hcl 20 mg/ml oral conc</i>                                                                     | 1                    | ZOLOFT                                   |                                                          |
| <i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>                                           | 1                    | DESYREL                                  |                                                          |
| TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab                                                                    | 3                    |                                          |                                                          |
| <i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>                              | 1                    | EFFEXOR                                  |                                                          |
| <i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i> | 1                    |                                          |                                                          |
| <i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>                      | 1                    | EFFEXOR XR                               |                                                          |
| VIIBRYD STARTER PACK 10 & 20 mg oral kit                                                                     | 3                    |                                          |                                                          |
| <i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>                                                        | 1                    | VIIBRYD                                  |                                                          |
| <b>Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]</b>                        |                      |                                          |                                                          |
| <i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                | 1                    | XANAX                                    |                                                          |
| <i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>            | 1                    | XANAX XR                                 |                                                          |
| <i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>            | 1                    | XANAX XR                                 |                                                          |
| <i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>                                                   | 1                    | LIBRIUM                                  |                                                          |
| <i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>                                            | 1                    | TRANXENE                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>                                                                                              | 1                    | VALIUM                                   |                                                          |
| <i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                                            | 1                    | ATIVAN                                   |                                                          |
| <i>midazolam hcl 10 mg/2ml inj soln, 2 mg/ml syr, 5 mg/ml inj soln</i>                                                                     | 1                    |                                          |                                                          |
| <i>midazolam hcl (pf) 10 mg/2ml inj soln, 5 mg/ml inj soln</i>                                                                             | 1                    |                                          |                                                          |
| <i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>                                                                                            | 1                    | SERAX                                    |                                                          |
| <b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b> |                      |                                          |                                                          |
| <b>Bipolar Agents, Other [Agentes para la Bipolaridad, Otros]</b>                                                                          |                      |                                          |                                                          |
| <i>aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                                                                   | 1                    | ABILIFY                                  | QL(30 / 30)                                              |
| <i>aripiprazole 2 mg tab</i>                                                                                                               | 1                    | ABILIFY                                  | QL(60 / 30)                                              |
| <i>aripiprazole 1 mg/ml soln</i>                                                                                                           | 1                    | ABILIFY                                  | QL(300 / 30)                                             |
| <i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>                                                                                     | 1                    | ABILIFY DISCMELT                         | QL(30 / 30)                                              |
| <i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab</i>                                                                          | 1                    | LATUDA                                   | QL(30 / 30)                                              |
| <i>lurasidone hcl 80 mg tab</i>                                                                                                            | 1                    | LATUDA                                   | QL(60 / 30)                                              |
| <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                                  | QL(30 / 30)                                              |
| <i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>                                                    | 1                    | ZYPREXA ZYDIS                            | QL(30 / 30)                                              |
| <i>paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>                                                             | 1                    | INVEGA                                   | QL(30 / 30)                                              |
| <i>paliperidone er 1.5 mg tab er 24 hr</i>                                                                                                 | 1                    | INVEGA                                   | QL(60 / 30)                                              |
| <i>quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>                                                                  | 1                    | SEROQUEL                                 | QL(60 / 30)                                              |
| <i>quetiapine fumarate 25 mg tab, 50 mg tab</i>                                                                                            | 1                    | SEROQUEL                                 | QL(90 / 30)                                              |
| <i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr,</i>                                                                    | 1                    | SEROQUEL XR                              | QL(30 / 30)                                              |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 300 mg tab er 24 hr, 400 mg tab er 24 hr                                                                                                                           |                      |                                          |                                                          |
| quetiapine fumarate er 50 mg tab er 24 hr                                                                                                                          | 1                    | SEROQUEL XR                              | QL(90 / 30)                                              |
| risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint                                   | 1                    | RISPERDAL                                | QL(60 / 30)                                              |
| risperidone 4 mg tab, 4 mg tab disint                                                                                                                              | 1                    | RISPERDAL                                | QL(120 / 30)                                             |
| risperidone 3 mg tab, 3 mg tab disint                                                                                                                              | 1                    | RISPERDAL                                | QL(150 / 30)                                             |
| risperidone 1 mg/ml soln                                                                                                                                           | 1                    | RISPERDAL                                | QL(240 / 30)                                             |
| VRAYLAR 1.5 & 3 mg cap pack                                                                                                                                        | 3                    |                                          | QL(7 / 365), ST                                          |
| VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap                                                                                                                 | 3                    |                                          | QL(30 / 30), ST                                          |
| ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap                                                                                                         | 1                    | GEODON                                   | QL(60 / 30)                                              |
| <b>Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]</b>                                       |                      |                                          |                                                          |
| carbamazepine 100 mg tab chew, 200 mg tab                                                                                                                          | 1                    | TEGRETOL                                 |                                                          |
| carbamazepine 100 mg/5ml susp                                                                                                                                      | 1                    | TEGRETOL                                 |                                                          |
| carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr                                                                                     | 1                    | CARBATROL                                |                                                          |
| carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr                                                                                     | 1                    | TEGRETOL XR                              |                                                          |
| divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr                                                                              | 1                    | DEPAKOTE                                 |                                                          |
| divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr                                                                                                      | 1                    | DEPAKOTE ER                              |                                                          |
| lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint | 1                    | LAMICTAL                                 |                                                          |
| lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300                                                              | 1                    | LAMICTAL                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>mg tab er 24 hr, 50 mg tab er 24 hr</i>                                                                                                                |                      |                                          |                                                          |
| <i>lithium 8 meq/5ml soln</i>                                                                                                                             | 1                    |                                          |                                                          |
| <i>lithium carbonate 150 mg cap, 600 mg cap</i>                                                                                                           | 1                    |                                          |                                                          |
| <i>lithium carbonate 300 mg cap</i>                                                                                                                       | 1                    | ESKALITH                                 |                                                          |
| <i>lithium carbonate 300 mg tab</i>                                                                                                                       | 1                    | LITHOBID                                 |                                                          |
| <i>lithium carbonate er 450 mg tab er</i>                                                                                                                 | 1                    | ESKALITH CR                              |                                                          |
| <i>lithium carbonate er 300 mg tab er</i>                                                                                                                 | 1                    | LITHOBID                                 |                                                          |
| <i>valproic acid 250 mg cap</i>                                                                                                                           | 1                    | DEPAKENE                                 |                                                          |
| <i>valproic acid 250 mg/5ml soln</i>                                                                                                                      | 1                    | DEPAKENE                                 |                                                          |
| <b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR<br/>[REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]</b> |                      |                                          |                                                          |
| <b>Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]</b>                                                      |                      |                                          |                                                          |
| <i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                                          | 1                    | PRECOSE                                  |                                                          |
| AVANDIA 2 mg tab, 4 mg tab                                                                                                                                | 3                    |                                          |                                                          |
| BYDUREON 2 mg sc pen-inj                                                                                                                                  | 2                    |                                          | PA, QL(4 / 30)                                           |
| BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector                                                                                                     | 2                    |                                          | PA, QL(3.4 / 30)                                         |
| BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj                                                                                                           | 2                    |                                          | PA, QL(2.4 / 30)                                         |
| BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj                                                                                                             | 2                    |                                          | PA, QL(1.2 / 30)                                         |
| FARXIGA 10 mg tab, 5 mg tab                                                                                                                               | 2                    |                                          | QL(30 / 30), ST                                          |
| <i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>                                                                                                           | 1                    | AMARYL                                   |                                                          |
| <i>glipizide 10 mg tab, 5 mg tab</i>                                                                                                                      | 1                    | GLUCOTROL                                |                                                          |
| <i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>                                                                            | 1                    | GLUCOTROL XL                             |                                                          |
| <i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>                                                                            | 1                    | GLUCOTROL XL                             |                                                          |
| <i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>                                                                               | 1                    | METAGLIP                                 |                                                          |
| <i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                                                        | 1                    | DIABETA                                  |                                                          |
| <i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>                                                                                                | 1                    | GLYNASE                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>                                                                                                                 | 1                    | GLUCOVANCE                               |                                                          |
| GLYXAMBI 10-5 mg tab, 25-5 mg tab                                                                                                                                                        | 2                    |                                          | QL(30 / 30), ST                                          |
| JANUMET 50-1000 mg tab, 50-500 mg tab                                                                                                                                                    | 2                    |                                          | QL(60 / 30), ST                                          |
| JANUMET XR 100-1000 mg tab er 24 hr                                                                                                                                                      | 2                    |                                          | QL(30 / 30), ST                                          |
| JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr                                                                                                                               | 2                    |                                          | QL(60 / 30), ST                                          |
| JANUVIA 100 mg tab, 25 mg tab, 50 mg tab                                                                                                                                                 | 2                    |                                          | QL(30 / 30), ST                                          |
| JARDIANCE 10 mg tab, 25 mg tab                                                                                                                                                           | 2                    |                                          | QL(30 / 30), ST                                          |
| <i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>                                                                                                                                 | 1                    | GLUCOPHAGE                               |                                                          |
| <i>metformin hcl 500 mg/5ml soln</i>                                                                                                                                                     | 1                    | RIOMET                                   |                                                          |
| <i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                                                                                                                         | 1                    | GLUCOPHAGE XR                            |                                                          |
| <i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                                                                         | 1                    | GLYSET                                   |                                                          |
| MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj | 2                    |                                          | PA, QL(2 / 28)                                           |
| <i>nateglinide 120 mg tab, 60 mg tab</i>                                                                                                                                                 | 1                    | STARLIX                                  |                                                          |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 2 mg/3ml sc soln pen-inj                                                                                                       | 2                    |                                          | PA, QL(3 / 28)                                           |
| OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 4 mg/3ml sc soln pen-inj                                                                                                                 | 2                    |                                          | PA, QL(3 / 28)                                           |
| OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj                                                                                                                                             | 2                    |                                          | PA, QL(3 / 28)                                           |
| <i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>                                                                                                                                  | 1                    | ACTOS                                    |                                                          |
| <i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>                                                                                                                             | 1                    | DUETACT                                  |                                                          |
| <i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>                                                                                                                       | 1                    | ACTOPLUS MET                             |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                               | 1                    | PRANDIN                                  |                                                          |
| RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab                                                                                          | 2                    |                                          | PA, QL(30 / 30)                                          |
| <i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>                                                                                     | 1                    |                                          | QL(30 / 30)                                              |
| <i>saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>                                                   | 1                    |                                          | QL(30 / 30)                                              |
| <i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr</i>                                                                        | 1                    |                                          | QL(60 / 30)                                              |
| SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj                                                                                    | 3                    |                                          |                                                          |
| SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj                                                                                     | 3                    |                                          |                                                          |
| SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab                                                         | 2                    |                                          | QL(60 / 30), ST                                          |
| SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr                 | 2                    |                                          | QL(60 / 30), ST                                          |
| <i>tolbutamide 500 mg tab</i>                                                                                                   | 1                    | ORINASE                                  |                                                          |
| TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr                                                                | 2                    |                                          | QL(30 / 30), ST                                          |
| TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr                                                           | 2                    |                                          | QL(60 / 30), ST                                          |
| TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj | 2                    |                                          | PA, QL(2 / 28)                                           |
| XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr                                                                       | 2                    |                                          | QL(30 / 30), ST                                          |
| XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr                                               | 2                    |                                          | QL(60 / 30), ST                                          |
| <b>Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]</b>                                    |                      |                                          |                                                          |
| BAQSIMI ONE PACK 3 mg/dose nasal pwdr                                                                                           | 2                    |                                          |                                                          |

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

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| Drug Name<br>[Nombre del Medicamento]                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj                        | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj                 | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN N RELION 100 unit/ml sc susp                                 | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN R 100 unit/ml inj soln                                       | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector        | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLIN R RELION 100 unit/ml inj soln                                | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG 100 unit/ml inj soln                                         | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj     | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj                          | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj                   | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp                        | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj        | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp                 | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG PENFILL 100 unit/ml sc soln cart                             | 3                    |                                          | QL(120 / 90), ST                                         |
| NOVOLOG RELION 100 unit/ml inj soln                                  | 3                    |                                          | QL(120 / 90), ST                                         |
| REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj                        | 2                    |                                          | QL(120 / 90)                                             |
| SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj                            | 2                    |                                          | QL(60 / 90)                                              |
| TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj                      | 2                    |                                          | QL(120 / 90)                                             |
| TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj                          | 2                    |                                          | QL(120 / 90)                                             |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]</b>                                           |                      |                                          |                                                          |
| <b>Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]</b>                                                                                                                                                            |                      |                                          |                                                          |
| BEVYXXA 40 mg cap, 80 mg cap                                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>dabigatran etexilate mesylate 110 mg cap</i>                                                                                                                                                                                               | 1                    |                                          |                                                          |
| <i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>                                                                                                                                                                                    | 1                    | PRADAXA                                  |                                                          |
| ELIQUIS 2.5 mg tab, 5 mg tab                                                                                                                                                                                                                  | 2                    |                                          |                                                          |
| ELIQUIS DVT/PE STARTER PACK 5 mg tab pack                                                                                                                                                                                                     | 2                    |                                          |                                                          |
| <i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>               | 1                    | LOVENOX                                  |                                                          |
| <i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>                                                                                                                                | 1                    | ARIXTRA                                  |                                                          |
| FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln | 3                    |                                          |                                                          |
| <i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>                                                                                                                  | 1                    |                                          |                                                          |
| <i>heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln</i>                                                                                                                                                            | 1                    |                                          |                                                          |
| JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab                                                                                                                                        | 1                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PRADAXA 110 mg cap                                                                                                                                  | 2                    |                                          |                                                          |
| SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab                                                                                                             | 3                    |                                          |                                                          |
| <i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>                                | 1                    | COUMADIN                                 |                                                          |
| XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab                                                                                                 | 2                    |                                          |                                                          |
| XARELTO 1 mg/ml susp                                                                                                                                | 2                    |                                          |                                                          |
| XARELTO STARTER PACK 15 & 20 mg tab pack                                                                                                            | 2                    |                                          |                                                          |
| <b>Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]</b> |                      |                                          |                                                          |
| <i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>                                                                                                          | 1                    | AGRYLIN                                  |                                                          |
| <i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>                                                                                               | 1                    | AGGRENOX                                 |                                                          |
| <i>cilostazol 100 mg tab, 50 mg tab</i>                                                                                                             | 1                    | PLETAL                                   |                                                          |
| <i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>                                                                                                  | 1                    | PLAVIX                                   |                                                          |
| <i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>                                                                                                 | 1                    | PERSANTINE                               |                                                          |
| <i>prasugrel hcl 10 mg tab, 5 mg tab</i>                                                                                                            | 1                    | EFFIENT                                  |                                                          |
| <b>Coagulants - Blood Clotting Agents [Coagulantes – Agentes Para La Coagulación De La Sangre]</b>                                                  |                      |                                          |                                                          |
| DDAVP RHINAL TUBE 0.01 % nasal soln                                                                                                                 | 2                    |                                          |                                                          |
| <i>desmopressin ace spray refrig 0.01 % nasal soln</i>                                                                                              | 1                    | MINIRIN                                  |                                                          |
| <i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>                                                                                                  | 1                    | DDAVP                                    |                                                          |
| <i>desmopressin acetate 4 mcg/ml inj soln</i>                                                                                                       | 1                    | DDAVP                                    |                                                          |
| <i>desmopressin acetate pf 4 mcg/ml inj soln</i>                                                                                                    | 1                    | DDAVP                                    |                                                          |
| <i>desmopressin acetate spray 0.01 % nasal soln</i>                                                                                                 | 1                    | DDAVP                                    |                                                          |
| STIMATE 1.5 mg/ml nasal soln                                                                                                                        | 5                    |                                          |                                                          |
| <b>Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]</b>          |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>                                                                                                        | 1                    | AGRYLIN                                  |                                                          |
| <i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>                                                                                             | 1                    | AGGRENEX                                 |                                                          |
| BRILINTA 60 mg tab, 90 mg tab                                                                                                                     | 2                    |                                          |                                                          |
| <i>cilostazol 100 mg tab, 50 mg tab</i>                                                                                                           | 1                    | PLETAL                                   |                                                          |
| <i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>                                                                                                | 1                    | PLAVIX                                   |                                                          |
| <i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>                                                                                               | 1                    | PERSANTINE                               |                                                          |
| <i>prasugrel hcl 10 mg tab, 5 mg tab</i>                                                                                                          | 1                    | EFFIENT                                  |                                                          |
| <b>Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]</b>                            |                      |                                          |                                                          |
| ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln          | 5                    |                                          | PA                                                       |
| <i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i> | 5                    |                                          | PA                                                       |
| ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln                                             | 5                    |                                          | PA                                                       |
| ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln                           | 5                    |                                          | PA                                                       |
| ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln                                                                               | 5                    |                                          | PA                                                       |
| ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln                           | 5                    |                                          | PA                                                       |
| <i>aminocaproic acid 1000 mg tab, 500 mg tab</i>                                                                                                  | 1                    | AMICAR                                   |                                                          |
| <i>aminocaproic acid 0.25 gm/ml soln</i>                                                                                                          | 1                    | AMICAR                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit                                                                                                     | 5                    |                                          | PA                                                       |
| COAGADEX 250 unit iv soln, 500 unit iv soln                                                                                                                                                        | 5                    |                                          | PA                                                       |
| ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln | 5                    |                                          | PA                                                       |
| FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln                                                                                                                                       | 5                    |                                          | PA                                                       |
| HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln                                                                                                            | 5                    |                                          | PA                                                       |
| HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln                                                                                                                 | 5                    |                                          | PA                                                       |
| HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln                                                                                                                       | 5                    |                                          | PA                                                       |
| IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln                                                                             | 5                    |                                          | PA                                                       |
| JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln                                                                                                                     | 4                    |                                          | PA                                                       |
| KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln                                                                                                                                        | 5                    |                                          | PA                                                       |
| KOATE-DVI 1000 unit iv soln, 500 unit iv soln                                                                                                                                                      | 5                    |                                          | PA                                                       |
| KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit                                                                                                 | 5                    |                                          | PA                                                       |
| KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln                                                                                               | 5                    |                                          | PA                                                       |
| MONONINE 1000 unit iv soln                                                                                                                                                                         | 5                    |                                          | PA                                                       |
| NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv                                                                                                                                       | 5                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln                                                                                                                                                                                                                            |                      |                                          |                                                          |
| NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln                                                                                                                                                                                                                    | 5                    |                                          | PA                                                       |
| NUWIQ 1000 unit iv kit, 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln | 5                    |                                          | PA                                                       |
| PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln                                                                                                                                                                                                                      | 5                    |                                          | PA                                                       |
| RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln                                                                                                                                                          | 5                    |                                          | PA                                                       |
| <i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>                                                                                                                                                                             | 5                    |                                          | PA                                                       |
| <i>tranexamic acid 650 mg tab</i>                                                                                                                                                                                                                                                      | 1                    | LYSTEDA                                  |                                                          |
| WILATE 1000-1000 unit iv kit, 500-500 unit iv kit                                                                                                                                                                                                                                      | 4                    |                                          | PA                                                       |
| XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit                                                                                                                                                                                                            | 5                    |                                          | PA                                                       |
| XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit                                                                                                                                                                                 | 5                    |                                          | PA                                                       |
| <b>CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]</b>                                                                                                          |                      |                                          |                                                          |
| <b>Alpha-Adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>                                                                                                                                                         |                      |                                          |                                                          |
| <i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>                                                                                                                                                                                                | 1                    | CATAPRES-TTS                             |                                                          |
| <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                                    |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>methyldopa 250 mg tab, 500 mg tab</i>                                                                                                                                            | 1                    | ALDOMET                                  |                                                          |
| <i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                                                                                | 1                    | PROAMATINE                               |                                                          |
| <b>Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>                                    |                      |                                          |                                                          |
| <i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>                                                                                                                    | 1                    | CARDURA                                  |                                                          |
| <i>phenoxybenzamine hcl 10 mg cap</i>                                                                                                                                               | 1                    | DIBENZYLINE                              |                                                          |
| <i>phentolamine mesylate 5 mg inj soln</i>                                                                                                                                          | 1                    |                                          |                                                          |
| <i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>                                                                                                                                    | 1                    | MINIPRESS                                |                                                          |
| <b>Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]</b>                           |                      |                                          |                                                          |
| <i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>                                                                                                               | 1                    | ATACAND                                  |                                                          |
| <i>EDARBI 40 mg tab, 80 mg tab</i>                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>eprosartan mesylate 600 mg tab</i>                                                                                                                                               | 1                    | TEVETEN                                  |                                                          |
| <i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>                                                                                                                                 | 1                    | AVAPRO                                   |                                                          |
| <i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                                                          | 1                    | COZAAR                                   |                                                          |
| <i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>                                                                                                                          | 1                    | BENICAR                                  |                                                          |
| <i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>                                                                                                                                  | 1                    | MICARDIS                                 |                                                          |
| <i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>                                                                                                                       | 1                    | DIOVAN                                   |                                                          |
| <b>Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (ECA) - Medicamentos Para La Presión Sanguínea]</b> |                      |                                          |                                                          |
| <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                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>                             | 1                    | ZESTRIL                                  |                                                          |
| <i>moexipril hcl 15 mg tab, 7.5 mg tab</i>                                                                     | 1                    | UNIVASC                                  |                                                          |
| <i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>                                                       | 1                    | ACEON                                    |                                                          |
| <i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>                                                 | 1                    | ACCUPRIL                                 |                                                          |
| <i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>                                                   | 1                    | ALTACE                                   |                                                          |
| <i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>                                                               | 1                    | MAVIK                                    |                                                          |
| <b>Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]</b> |                      |                                          |                                                          |
| <i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>                                                       | 1                    | CORDARONE                                |                                                          |
| <i>disopyramide phosphate 100 mg cap, 150 mg cap</i>                                                           | 1                    | NORPACE                                  |                                                          |
| <i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>                                                        | 1                    | TIKOSYN                                  |                                                          |
| <i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>                                                    | 1                    | TAMBOCOR                                 |                                                          |
| <i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>                                                       | 1                    | MEXITIL                                  |                                                          |
| MULTAQ 400 mg tab                                                                                              | 3                    |                                          |                                                          |
| NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr                                                            | 2                    |                                          |                                                          |
| PACERONE 100 mg tab, 200 mg tab, 400 mg tab                                                                    | 1                    |                                          |                                                          |
| <i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>                                                      | 1                    | RYTHMOL                                  |                                                          |
| <i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>                        | 1                    | RYTHMOL SR                               |                                                          |
| <i>quinidine gluconate er 324 mg tab er</i>                                                                    | 1                    |                                          |                                                          |
| <i>quinidine sulfate 200 mg tab, 300 mg tab</i>                                                                | 1                    |                                          |                                                          |
| <i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>                                               | 1                    | BETAPACE                                 |                                                          |

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

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

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>nicardipine hcl 20 mg cap, 30 mg cap</i>                                                                                                                               | 1                    | CARDENE                                  |                                                          |
| <i>nifedipine 10 mg cap, 20 mg cap</i>                                                                                                                                    | 1                    | PROCARDIA                                |                                                          |
| <i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                                                                           | 1                    | ADALAT CC                                |                                                          |
| <i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                                                           | 1                    | PROCARDIA XL                             |                                                          |
| <i>nimodipine 30 mg cap</i>                                                                                                                                               | 1                    | NIMOTOP                                  |                                                          |
| <i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>       | 1                    | SULAR                                    |                                                          |
| <i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>                                                  | 1                    |                                          |                                                          |
| <i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>                                                                                                                     | 1                    | CALAN                                    |                                                          |
| <i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>                                                                                                       | 1                    | CALAN                                    |                                                          |
| <i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i> | 1                    | VERELAN                                  |                                                          |
| <b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]</b>                                  |                      |                                          |                                                          |
| <i>ALDACTAZIDE 50-50 mg tab</i>                                                                                                                                           | 3                    |                                          |                                                          |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i>                                                                                                                          | 1                    | MODURETIC                                |                                                          |
| <i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>                                                    | 1                    | LOTREL                                   |                                                          |
| <i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>                                                                             | 1                    | EXFORGE                                  |                                                          |
| <i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab,</i>                                                                                                  | 1                    | CADUET                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab        |                      |                                          |                                                          |
| amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab                                           | 1                    | AZOR                                     |                                                          |
| amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab | 1                    | EXFORGE HCT                              |                                                          |
| atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab                                                                  | 1                    | TENORETIC                                |                                                          |
| benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab                           | 1                    | LOTENSIN HCT                             |                                                          |
| bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab                                        | 1                    | ZIAC                                     |                                                          |
| candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab                                              | 1                    | ATACAND HCT                              |                                                          |
| captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab                                 | 1                    | CAPOZIDE                                 |                                                          |
| CORLANOR 5 mg tab, 7.5 mg tab                                                                                        | 3                    |                                          |                                                          |
| DIGITEK 125 mcg tab, 250 mcg tab                                                                                     | 1                    |                                          |                                                          |
| digox 125 mcg tab, 250 mcg tab                                                                                       | 1                    | LANOXIN                                  |                                                          |
| digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab                                                                       | 1                    | LANOXIN                                  |                                                          |
| digoxin 0.05 mg/ml soln                                                                                              | 1                    | LANOXIN                                  |                                                          |
| EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab                                                                              | 3                    |                                          |                                                          |
| enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab                                                            | 1                    | VASERETIC                                |                                                          |
| ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab                                                                   | 2                    |                                          | SL                                                       |
| fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab                                                                | 1                    | MONOPRIL-HCT                             |                                                          |
| irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab                                                      | 1                    | AVALIDE                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>isoxsuprine hcl 10 mg tab, 20 mg tab</i>                                                                              | 1                    |                                          |                                                          |
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>                                       | 1                    | ZESTORETIC                               |                                                          |
| <i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>                                            | 1                    | HYZAAR                                   |                                                          |
| <i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>                                                       | 1                    | ALDORIL                                  |                                                          |
| <i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>                                         | 1                    | LOPRESSOR HCT                            |                                                          |
| <i>metyrosine 250 mg cap</i>                                                                                             | 1                    | DEMSEER                                  |                                                          |
| <i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>                                            | 1                    | BENICAR HCT                              |                                                          |
| <i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i> | 1                    | TRIBENZOR                                |                                                          |
| <i>pentoxifylline er 400 mg tab er</i>                                                                                   | 1                    | TRENTAL                                  |                                                          |
| <i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>                                                                       | 1                    | INDERIDE                                 |                                                          |
| <i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>                                        | 1                    | ACCURETIC                                |                                                          |
| <i>spironolactone-hctz 25-25 mg tab</i>                                                                                  | 1                    | ALDACTAZIDE                              |                                                          |
| TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab                                              | 2                    |                                          |                                                          |
| <i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>                                       | 1                    | TWYNSTA                                  |                                                          |
| <i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>                                                     | 1                    | MICARDIS-HCT                             |                                                          |
| <i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>                  | 1                    | TARKA                                    |                                                          |
| <i>triamterene-hctz 37.5-25 mg cap</i>                                                                                   | 1                    | DYAZIDE                                  |                                                          |
| <i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>                                                                     | 1                    | MAXZIDE                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                               |                                                          |
| VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab                                                                                                    | 3                    |                                          | PA                                                       |
| <b>Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]</b> |                      |                                          |                                                          |
| <i>acetazolamide 125 mg tab, 250 mg tab</i>                                                                                                | 1                    | DIAMOX                                   |                                                          |
| <i>acetazolamide er 500 mg cap er 12 hr</i>                                                                                                | 1                    | DIAMOX                                   |                                                          |
| <i>methazolamide 25 mg tab, 50 mg tab</i>                                                                                                  | 1                    | NEPTAZANE                                |                                                          |
| <b>Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]</b>                                                 |                      |                                          |                                                          |
| <i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                                           | 1                    | BUMEX                                    |                                                          |
| <i>ethacrynic acid 25 mg tab</i>                                                                                                           | 1                    | EDECRIN                                  |                                                          |
| <i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>                                                                                          | 1                    | LASIX                                    |                                                          |
| <i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>                                                                                              | 1                    | LASIX                                    |                                                          |
| <i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>                                                                                | 1                    | DEMADEX                                  |                                                          |
| <b>Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]</b>                        |                      |                                          |                                                          |
| <i>amiloride hcl 5 mg tab</i>                                                                                                              | 1                    | MIDAMOR                                  |                                                          |
| <i>eplerenone 25 mg tab, 50 mg tab</i>                                                                                                     | 1                    | INSpra                                   |                                                          |
| <i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                     | 1                    | ALDACTONE                                |                                                          |
| <i>triamterene 100 mg cap, 50 mg cap</i>                                                                                                   | 1                    | DYRENIUM                                 |                                                          |
| <b>Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]</b>                                                 |                      |                                          |                                                          |
| ALDACTAZIDE 50-50 mg tab                                                                                                                   | 3                    |                                          |                                                          |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i>                                                                                           | 1                    | MODURETIC                                |                                                          |
| <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>                | 1                    | EXFORGE HCT                              |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i> | 1                    | LOTENSIN HCT                             |                                                          |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>              | 1                    | ZIAC                                     |                                                          |
| <i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>                    | 1                    | ATACAND HCT                              |                                                          |
| <i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>       | 1                    | CAPOZIDE                                 |                                                          |
| <i>chlorthalidone 25 mg tab, 50 mg tab</i>                                                        | 1                    | HYGROTON                                 |                                                          |
| DIURIL 250 mg/5ml susp                                                                            | 3                    |                                          |                                                          |
| EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab                                                           | 3                    |                                          |                                                          |
| <i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>                                  | 1                    | VASERETIC                                |                                                          |
| <i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>                                      | 1                    | MONOPRIL-HCT                             |                                                          |
| <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>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>                            | 1                    | AVALIDE                                  |                                                          |
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>                | 1                    | ZESTORETIC                               |                                                          |
| <i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>                     | 1                    | HYZAAR                                   |                                                          |
| <i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>                                | 1                    | ALDORIL                                  |                                                          |
| <i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                 | 1                    | ZAROXOLYN                                |                                                          |
| <i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>                  | 1                    | LOPRESSOR HCT                            |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>                                                                                        | 1                    | BENICAR HCT                              |                                                          |
| <i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>                                             | 1                    | TRIBENZOR                                |                                                          |
| <i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>                                                                                        | 1                    | BENICAR HCT                              |                                                          |
| <i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>                                             | 1                    | TRIBENZOR                                |                                                          |
| <i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>                                                                                                                   | 1                    | INDERIDE                                 |                                                          |
| <i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>                                                                                    | 1                    | ACCURETIC                                |                                                          |
| <i>spironolactone-hctz 25-25 mg tab</i>                                                                                                                              | 1                    | ALDACTAZIDE                              |                                                          |
| TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab                                                                                          | 2                    |                                          |                                                          |
| <i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>                                                                                                 | 1                    | MICARDIS-HCT                             |                                                          |
| <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                               |                                                          |
| <b>Dyslipidemics, Fibrin Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fibrinico - Medicamentos Para Control Del Colesterol]</b> |                      |                                          |                                                          |
| ANTARA 30 mg cap, 90 mg cap                                                                                                                                          | 3                    |                                          |                                                          |
| <i>fenofibrate 120 mg tab, 40 mg tab</i>                                                                                                                             | 1                    | FENOGLIDE                                |                                                          |
| <i>fenofibrate 150 mg cap, 50 mg cap</i>                                                                                                                             | 1                    | LIPOFEN                                  |                                                          |
| <i>fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap</i>                                                                   | 1                    | TRICOR                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>fenofibrate micronized 130 mg cap, 43 mg cap</i>                                                                                                                             | 1                    | ANTARA                                   |                                                          |
| <i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>                                                                                                                 | 1                    | TRICOR                                   |                                                          |
| <i>fenofibric acid 105 mg tab, 35 mg tab</i>                                                                                                                                    | 1                    | FIBRICOR                                 |                                                          |
| <i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>                                                                                                                              | 1                    | TRILIPIX                                 |                                                          |
| <i>gemfibrozil 600 mg tab</i>                                                                                                                                                   | 1                    | LOPID                                    |                                                          |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol]</b> |                      |                                          |                                                          |
| <i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>                                                                                                          | 1                    | LIPITOR                                  |                                                          |
| <i>fluvastatin sodium 20 mg cap, 40 mg cap</i>                                                                                                                                  | 1                    | LESCOL                                   |                                                          |
| <i>fluvastatin sodium er 80 mg tab er 24 hr</i>                                                                                                                                 | 1                    | LESCOL XL                                |                                                          |
| <i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>                                                                                                                               | 1                    | MEVACOR                                  |                                                          |
| <i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>                                                                                                            | 1                    | PRAVACHOL                                |                                                          |
| <i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>                                                                                                           | 1                    | CRESTOR                                  |                                                          |
| <i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>                                                                                                         | 1                    | ZOCOR                                    |                                                          |
| <b>Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]</b>                            |                      |                                          |                                                          |
| <i>cholestyramine 4 gm pckt</i>                                                                                                                                                 | 1                    | QUESTRAN                                 |                                                          |
| <i>cholestyramine 4 gm/dose oral pwdr</i>                                                                                                                                       | 1                    | QUESTRAN                                 |                                                          |
| <i>cholestyramine light 4 gm pckt</i>                                                                                                                                           | 1                    | QUESTRAN LIGHT                           |                                                          |
| <i>cholestyramine light 4 gm/dose oral pwdr</i>                                                                                                                                 | 1                    | QUESTRAN LIGHT                           |                                                          |
| <i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>                                                                                                                                 | 1                    | WELCHOL                                  |                                                          |
| <i>colestipol hcl 1 gm tab, 5 gm pckt</i>                                                                                                                                       | 1                    | COLESTID                                 |                                                          |
| <i>colestipol hcl 5 gm oral gr</i>                                                                                                                                              | 1                    | COLESTID                                 |                                                          |
| <i>ezetimibe 10 mg tab</i>                                                                                                                                                      | 1                    | ZETIA                                    |                                                          |
| <i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>                                                                                             | 1                    | VYTORIN                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>icosapent ethyl 0.5 gm cap, 1 gm cap</i>                                                                                                                 | 1                    | VASCEPA                                  |                                                          |
| <i>niacin (antihyperlipidemic) 500 mg tab</i>                                                                                                               | 1                    | NIACOR                                   |                                                          |
| <i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>                                                                          | 1                    | NIASPAN                                  |                                                          |
| <i>omega-3-acid ethyl esters 1 gm cap</i>                                                                                                                   | 1                    | LOVAZA                                   |                                                          |
| PREVALITE 4 gm pckt                                                                                                                                         | 1                    |                                          |                                                          |
| PREVALITE 4 gm/dose oral pwdr                                                                                                                               | 1                    |                                          |                                                          |
| REPATHA 140 mg/ml sc soln pfs                                                                                                                               | 2                    |                                          | PA                                                       |
| REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart                                                                                                         | 2                    |                                          | PA                                                       |
| REPATHA SURECLICK 140 mg/ml sc soln auto-inj                                                                                                                | 2                    |                                          | PA                                                       |
| <b>Vasodilators, Direct-Acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]</b>            |                      |                                          |                                                          |
| <i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                          | 1                    | APRESOLINE                               |                                                          |
| <i>minoxidil 10 mg tab, 2.5 mg tab</i>                                                                                                                      | 1                    | LONITEN                                  |                                                          |
| <b>Vasodilators, Direct-Acting Arterial/Venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]</b> |                      |                                          |                                                          |
| DILATRATE-SR 40 mg cap er                                                                                                                                   | 3                    |                                          |                                                          |
| GONITRO 400 mcg Sublingual Packet                                                                                                                           | 3                    |                                          |                                                          |
| <i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>                                                                            | 1                    | ISORDIL<br>TITRADOSE                     |                                                          |
| <i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>                                                                                                          | 1                    | MONOKET                                  |                                                          |
| <i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>                                                                | 1                    | IMDUR                                    |                                                          |
| MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr                                                 | 1                    |                                          |                                                          |
| NITRO-BID 2 % td oint                                                                                                                                       | 3                    |                                          |                                                          |
| NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr                                                                                                  | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>                                                                           | 1                    | NITRO-DUR                                |                                                          |
| <i>nitroglycerin 0.4 mg/spray tl soln</i>                                                                                                                                                         | 1                    | NITROLINGUAL                             |                                                          |
| <i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>                                                                                                                            | 1                    | NITROSTAT                                |                                                          |
| <b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS<br/>[AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]</b>                           |                      |                                          |                                                          |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para ADHD]</b>        |                      |                                          |                                                          |
| <i>amphetamine er 1.25 mg/ml susp er</i>                                                                                                                                                          | 1                    | ADZENYS ER                               | SL                                                       |
| <i>amphetamine sulfate 10 mg tab, 5 mg tab</i>                                                                                                                                                    | 1                    |                                          | SL                                                       |
| <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>                                          | 1                    | ADDERALL XR                              | SL                                                       |
| <i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>                                                                                | 1                    | ADDERALL                                 | SL                                                       |
| <i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>                                                                                                                                              | 1                    | DEXTROSTAT                               | SL                                                       |
| <i>dextroamphetamine sulfate 5 mg/5ml soln</i>                                                                                                                                                    | 1                    | PROCENTRA                                | SL                                                       |
| <i>dextroamphetamine sulfate 15 mg tab, 20 mg tab, 30 mg tab</i>                                                                                                                                  | 1                    | ZENZEDI                                  | SL                                                       |
| <i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>                                                                                                     | 1                    | DEXEDRINE                                | SL                                                       |
| <i>methamphetamine hcl 5 mg tab</i>                                                                                                                                                               | 1                    | DESOXYN                                  | SL                                                       |
| ZENZEDI 10 mg tab, 5 mg tab                                                                                                                                                                       | 1                    |                                          | SL                                                       |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para ADHD]</b> |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>                                                                                            | 1                    | STRATTERA                                | SL                                                       |
| <i>clonidine hcl er 0.1 mg tab er 12 hr</i>                                                                                                                                                    | 1                    | KAPVAY                                   | SL                                                       |
| <i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                                                                                  | 1                    | FOCALIN                                  | SL                                                       |
| <i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i> | 1                    | FOCALIN XR                               | SL                                                       |
| <i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>                                                                                            | 1                    | INTUNIV                                  | SL                                                       |
| <i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>                                                                                                                      | 1                    | METHYLIN                                 | SL                                                       |
| <i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>                                                                                                                                       | 1                    | METHYLIN                                 | SL                                                       |
| <i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>                                                                                                                                      | 1                    | RITALIN                                  | SL                                                       |
| <i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>                                                                                   | 1                    |                                          | SL                                                       |
| <i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>                                                                                                                                       | 1                    | RITALIN SR                               | SL                                                       |
| <i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>                                                                          | 1                    | METADATE CD                              | SL                                                       |
| <i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>                                                          | 1                    | RITALIN LA                               | SL                                                       |
| <i>methylphenidate hcl er (osm) 72 mg tab er</i>                                                                                                                                               | 1                    |                                          | SL                                                       |
| <i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>                                                                                                     | 1                    | CONCERTA                                 | SL                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>       | 1                    | APTENSIO XR                              | SL                                                       |
| QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er                                                                                                               | 3                    |                                          | SL                                                       |
| QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER                                                                                                                            | 3                    |                                          | SL                                                       |
| <b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs<br/>[Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]</b> |                      |                                          |                                                          |
| <i>gabapentin (once-daily) 300 mg tab, 600 mg tab</i>                                                                                                                               | 1                    | GRALISE                                  |                                                          |
| HORIZANT 300 mg tab er, 600 mg tab er                                                                                                                                               | 3                    |                                          |                                                          |
| NUDEXTA 20-10 mg cap                                                                                                                                                                | 5                    |                                          |                                                          |
| <i>riluzole 50 mg tab</i>                                                                                                                                                           | 4                    | RILUTEK                                  | PA                                                       |
| <i>tetrabenazine 12.5 mg tab, 25 mg tab</i>                                                                                                                                         | 4                    | XENAZINE                                 | PA                                                       |
| <b>Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]</b>                    |                      |                                          |                                                          |
| <i>duloxetine hcl 40 mg cap dr prt</i>                                                                                                                                              | 1                    | IRENKA                                   |                                                          |
| <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                                   |                                                          |
| <i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>                                                                                                 | 1                    | LYRICA CR                                |                                                          |
| SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab                                                                                                                               | 3                    |                                          |                                                          |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc                                                                                                                                  | 3                    |                                          |                                                          |
| <b>Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]</b>                                           |                      |                                          |                                                          |
| AVONEX PEN 30 mcg/0.5ml im auto-inj kit                                                                                                                                             | 4                    |                                          | PA                                                       |
| AVONEX PEN 30 mcg/0.5ml im auto-inj kit                                                                                                                                             | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit                             | 4                    |                                          | PA                                                       |
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit                             | 4                    |                                          | PA                                                       |
| BETASERON 0.3 mg sc kit                                              | 4                    |                                          | PA                                                       |
| <i>dalfampridine er 10 mg tab er 12 hr</i>                           | 4                    | AMPYRA                                   | PA                                                       |
| <i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>                | 4                    | TECFIDERA                                | PA                                                       |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg cap dr pack</i>   | 4                    | TECFIDERA STARTER PACK                   | PA                                                       |
| <i>fingolimod hcl 0.5 mg cap</i>                                     | 4                    | GILENYA                                  | PA                                                       |
| <i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i> | 4                    | COPAXONE                                 | PA                                                       |
| MAVENCLAD (10 TABS) 10 mg tab pack                                   | 5                    |                                          | PA                                                       |
| MAVENCLAD (4 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAVENCLAD (5 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAVENCLAD (6 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAVENCLAD (7 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAVENCLAD (8 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAVENCLAD (9 TABS) 10 mg tab pack                                    | 5                    |                                          | PA                                                       |
| MAYZENT 1 mg tab                                                     | 4                    |                                          | PA                                                       |
| MAYZENT 0.25 mg tab, 2 mg tab                                        | 4                    |                                          | PA                                                       |
| MAYZENT STARTER PACK 0.25 mg tab pack                                | 4                    |                                          | PA                                                       |
| MAYZENT STARTER PACK 12 x 0.25 mg tab pack                           | 4                    |                                          | PA                                                       |
| OCREVUS 300 mg/10ml iv soln                                          | 4                    |                                          | PA                                                       |
| <i>teriflunomide 14 mg tab, 7 mg tab</i>                             | 4                    | AUBAGIO                                  | PA                                                       |
| ZEPOSIA 0.92 mg cap                                                  | 4                    |                                          | PA                                                       |
| ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack          | 4                    |                                          | PA                                                       |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack,               | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 0.23MG & 0.46MG 0.92mg(21)<br>cap pack                                                                                                                                  |                      |                                          |                                                          |
| <b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS<br/>[AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]</b> |                      |                                          |                                                          |
| <b>Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]</b>     |                      |                                          |                                                          |
| <i>cevimeline hcl 30 mg cap</i>                                                                                                                                         | 1                    | EVOXAC                                   |                                                          |
| <i>chlorhexidine gluconate 0.12 %<br/>m/t soln</i>                                                                                                                      | 1                    | PERIDEX                                  |                                                          |
| <i>lidocaine hcl 4 % m/t soln</i>                                                                                                                                       | 1                    | XYLOCAINE                                |                                                          |
| <i>lidocaine viscous hcl 2 % m/t soln</i>                                                                                                                               | 1                    | XYLOCAINE                                |                                                          |
| ORALONE 0.1 % m/t paste                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>pilocarpine hcl 5 mg tab, 7.5 mg<br/>tab</i>                                                                                                                         | 1                    | SALAGEN                                  |                                                          |
| <i>triamcinolone acetonide 0.1 % m/t<br/>paste</i>                                                                                                                      | 1                    | KENALOG IN<br>ORABASE                    |                                                          |
| <b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]</b>                                |                      |                                          |                                                          |
| <b>Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]</b>                                |                      |                                          |                                                          |
| ACCUTANE 10 mg cap, 20 mg<br>cap, 30 mg cap, 40 mg cap                                                                                                                  | 1                    |                                          |                                                          |
| <i>acitretin 10 mg cap, 17.5 mg cap,<br/>25 mg cap</i>                                                                                                                  | 1                    | SORIATANE                                | PA                                                       |
| <i>adapalene 0.1 % ext soln</i>                                                                                                                                         | 1                    |                                          | SL                                                       |
| <i>adapalene 0.1 % crm, 0.1 % gel,<br/>0.3 % gel</i>                                                                                                                    | 1                    | DIFFERIN                                 | SL                                                       |
| <i>adapalene-benzoyl peroxide 0.1-<br/>2.5 % gel, 0.3-2.5 % gel</i>                                                                                                     | 1                    | EPIDUO                                   | SL                                                       |
| AMELUZ 10 % gel                                                                                                                                                         | 3                    |                                          |                                                          |
| <i>ammonium lactate 12 % crm, 12<br/>% lot</i>                                                                                                                          | 1                    | LAC-HYDRIN                               |                                                          |
| AMNESTEEM 10 mg cap, 20 mg<br>cap, 40 mg cap                                                                                                                            | 1                    |                                          |                                                          |
| ANA-LEX 2-2 % rect kit                                                                                                                                                  | 1                    |                                          |                                                          |
| ANALPRAM-HC 2.5-1 % lot                                                                                                                                                 | 3                    |                                          |                                                          |
| AVAR CLEANSER 10-5 % ext liq                                                                                                                                            | 1                    |                                          |                                                          |
| AVAR-E EMOLLIENT 10-5 % crm                                                                                                                                             | 1                    |                                          |                                                          |
| AVAR-E GREEN 10-5 % crm                                                                                                                                                 | 1                    |                                          |                                                          |
| AVITA 0.025 % crm, 0.025 % gel                                                                                                                                          | 1                    |                                          | AL, SL                                                   |
| <i>azelaic acid 15 % gel</i>                                                                                                                                            | 1                    | FINACEA                                  |                                                          |

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|--------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| AZELEX 20 % crm                                                          | 3                    |                                          |                                                          |
| beau rx gel                                                              | 3                    |                                          |                                                          |
| BENZEPRO 5.3 % foam                                                      | 1                    |                                          |                                                          |
| BENZEPRO CREAMY WASH 7 % ext liq                                         | 2                    |                                          |                                                          |
| BENZEPRO FOAMING CLOTHS 6 % ext misc                                     | 1                    |                                          |                                                          |
| benzoyl perox-hydrocortisone 5-0.5 % lot                                 | 1                    |                                          |                                                          |
| benzoyl peroxide 6.5 % gel                                               | 1                    |                                          |                                                          |
| benzoyl peroxide 9.8 % foam                                              | 1                    | BENZEFOAMULTRA                           |                                                          |
| benzoyl peroxide 8 % gel                                                 | 1                    | BREVOXYL                                 |                                                          |
| benzoyl peroxide forte- hc 7.5-1 % lot                                   | 1                    |                                          |                                                          |
| benzoyl peroxide-erythromycin 5-3 % gel                                  | 1                    | BENZAMYCIN                               |                                                          |
| bp 10-1 10-1 % ext emul                                                  | 1                    |                                          |                                                          |
| bpo 4 % gel                                                              | 3                    |                                          |                                                          |
| bpo 8 % gel                                                              | 3                    | BREVOXYL                                 |                                                          |
| brimonidine tartrate 0.33 % gel                                          | 1                    | MIRVASO                                  |                                                          |
| calcipotriene 0.005 % crm                                                | 1                    | DOVONEX                                  |                                                          |
| calcipotriene 0.005 % ext soln                                           | 1                    | DOVONEX                                  |                                                          |
| calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint | 1                    | TACLONEX                                 |                                                          |
| calcitriol 3 mcg/gm oint                                                 | 1                    | VECTICAL                                 |                                                          |
| CEM-UREA 45 % ext soln                                                   | 3                    |                                          |                                                          |
| CEROVEL 40 % lot                                                         | 1                    |                                          |                                                          |
| CIBINQO 100 mg tab, 200 mg tab, 50 mg tab                                | 4                    |                                          | PA                                                       |
| CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap                      | 1                    |                                          |                                                          |
| CLINDACIN ETZ 1 % ext kit                                                | 3                    |                                          |                                                          |
| CLINDACIN PAC 1 % ext kit                                                | 3                    |                                          |                                                          |
| clindamycin phos-benzoyl perox 1.2-3.75 % gel                            | 1                    | ONEXTON                                  |                                                          |
| clindamycin phos-benzoyl perox 1-5 % gel                                 | 1                    | BENZACLIN                                |                                                          |
| clindamycin phos-benzoyl perox 1.2-5 % gel                               | 1                    | DUAC                                     |                                                          |
| clindamycin-tretinoin 1.2-0.025 % gel                                    | 1                    | ZIANA                                    |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| CLINOIN 1.25-0.025-1 % crm                                                                                            | 3                    |                                          |                                                          |
| COPASIL gel                                                                                                           | 3                    |                                          |                                                          |
| CORTANE-B 10-10-1 mg/ml lot                                                                                           | 3                    |                                          |                                                          |
| <i>dapsone 5 % gel, 7.5 % gel</i>                                                                                     | 1                    | ACZONE                                   |                                                          |
| <i>doxepin hcl 5 % crm</i>                                                                                            | 1                    | PRUDOXIN                                 |                                                          |
| <i>doxycycline 40 mg cap dr</i>                                                                                       | 1                    | ORACEA                                   |                                                          |
| DRYSOL 20 % ext soln                                                                                                  | 2                    |                                          |                                                          |
| DUPIXENT 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs | 4                    |                                          | PA                                                       |
| ENSTILAR 0.005-0.064 % foam                                                                                           | 3                    |                                          |                                                          |
| EUCRISA 2 % oint                                                                                                      | 2                    |                                          |                                                          |
| FINACEA 15 % foam                                                                                                     | 3                    |                                          |                                                          |
| ILUMYA 100 mg/ml sc soln pfs                                                                                          | 5                    |                                          | PA                                                       |
| <i>imiquimod 5 % crm</i>                                                                                              | 1                    | ALDARA                                   |                                                          |
| <i>imiquimod pump 3.75 % crm</i>                                                                                      | 1                    | ZYCLARA                                  |                                                          |
| <i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>                                                        | 1                    | ABSORICA                                 |                                                          |
| <i>ivermectin 1 % crm</i>                                                                                             | 1                    | SOOLANTRA                                |                                                          |
| KELARX gel                                                                                                            | 3                    |                                          |                                                          |
| LEVULAN KERASTICK 20 % ext soln                                                                                       | 3                    |                                          |                                                          |
| <i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>                                                                     | 1                    | ANAMANTLE HC                             |                                                          |
| <i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>                                | 1                    | ANAMANTLE HC                             |                                                          |
| <i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>                                                                    | 1                    | PERANEX HC                               |                                                          |
| <i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>                                                               | 1                    | RECTAGEL HC                              |                                                          |
| <i>methoxsalen rapid 10 mg cap</i>                                                                                    | 1                    | OXSORALEN-ULTRA                          |                                                          |
| <i>metronidazole 0.75 % crm</i>                                                                                       | 1                    | METROCREAM                               |                                                          |
| <i>metronidazole 0.75 % gel, 1 % gel</i>                                                                              | 1                    | METROGEL                                 |                                                          |
| <i>metronidazole 0.75 % lot</i>                                                                                       | 1                    | METROLOTION                              |                                                          |
| MYORISAN 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap                                                                   | 1                    |                                          |                                                          |
| NEUAC 1.2-5 % gel                                                                                                     | 1                    |                                          |                                                          |
| NEUAC 1.2-5 % ext kit                                                                                                 | 3                    |                                          |                                                          |
| PICATO 0.015 % gel, 0.05 % gel                                                                                        | 3                    |                                          |                                                          |
| <i>pimecrolimus 1 % crm</i>                                                                                           | 1                    | ELIDEL                                   |                                                          |

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|-------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>podofilox 0.5 % gel</i>                                                                                        | 1                    |                                          |                                                          |
| <i>podofilox 0.5 % ext soln</i>                                                                                   | 1                    | CONDYLOX                                 |                                                          |
| PR BENZOYL PEROXIDE WASH<br>7 % ext liq                                                                           | 2                    |                                          |                                                          |
| PR BENZOYL PEROXIDE WASH<br>7 % ext liq                                                                           | 2                    |                                          |                                                          |
| PROCTOFOAM HC 1-1 % foam                                                                                          | 2                    |                                          |                                                          |
| RECEDO gel                                                                                                        | 3                    |                                          |                                                          |
| REGRANEX 0.01 % gel                                                                                               | 5                    |                                          | PA                                                       |
| ROSADAN 0.75 % crm, 0.75 %<br>gel                                                                                 | 1                    |                                          |                                                          |
| ROSADAN 0.75 % (cream) ext kit,<br>0.75 % (gel) ext kit                                                           | 3                    |                                          |                                                          |
| <i>salicylic acid 6 % crm</i>                                                                                     | 1                    |                                          |                                                          |
| <i>salicylic acid 26 % ext soln, 27.5<br/>% ext liq, 6 % lot</i>                                                  | 1                    |                                          |                                                          |
| <i>salicylic acid wart remover 27.5 %<br/>ext liq</i>                                                             | 1                    |                                          |                                                          |
| <i>salimez 6 % crm</i>                                                                                            | 3                    |                                          |                                                          |
| SANTYL 250 unit/gm oint                                                                                           | 3                    |                                          |                                                          |
| <i>scarcin gel</i>                                                                                                | 3                    |                                          |                                                          |
| SILIQ 210 mg/1.5ml sc soln pfs                                                                                    | 5                    |                                          | PA                                                       |
| SKYRIZI 150 mg/ml sc soln pfs,<br>180 mg/1.2ml sc soln cart, 360<br>mg/2.4ml sc soln cart, 600<br>mg/10ml iv soln | 4                    |                                          | PA                                                       |
| SKYRIZI (150 MG DOSE) 75<br>mg/0.83ml sc pfs kit                                                                  | 4                    |                                          | PA                                                       |
| SKYRIZI PEN 150 mg/ml sc soln<br>auto-inj                                                                         | 4                    |                                          | PA                                                       |
| SOTYKTU 6 mg tab                                                                                                  | 4                    |                                          | PA                                                       |
| STELARA 130 mg/26ml iv soln,<br>45 mg/0.5ml sc soln, 45 mg/0.5ml<br>sc soln pfs, 90 mg/ml sc soln pfs             | 5                    |                                          | PA                                                       |
| <i>sss 10-5 10-5 % foam</i>                                                                                       | 3                    |                                          |                                                          |
| <i>sss 10-5 10-5 % crm</i>                                                                                        | 1                    | PLEXION                                  |                                                          |
| <i>sulfacetamide sodium-sulfur 10-5<br/>% ext liq, 10-5 % ext susp, 10-5 %<br/>lot</i>                            | 1                    |                                          |                                                          |
| <i>sulfacetamide sodium-sulfur 10-2<br/>% ext liq</i>                                                             | 1                    | AVAR LS CLEANSER                         |                                                          |

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|-----------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| sulfacetamide sodium-sulfur 10-2 % crm                                | 1                    | AVAR-E LS                                |                                                          |
| sulfacetamide sodium-sulfur 10-5 % crm, 9.8-4.8 % crm, 9.8-4.8 % lot  | 1                    | PLEXION                                  |                                                          |
| sulfacetamide sodium-sulfur 9.8-4.8 % ext liq                         | 1                    | PLEXION CLEANSER                         |                                                          |
| sulfacetamide sodium-sulfur 9-4.5 % ext liq                           | 1                    | SUMADAN WASH                             |                                                          |
| sulfacetamide sodium-sulfur 8-4 % ext susp                            | 1                    | SUMAXIN TS                               |                                                          |
| sulfacetamide sodium-sulfur 8-4 % ext susp                            | 1                    | SUMAXIN TS                               |                                                          |
| sulfacetamide sodium-sulfur 9-4 % ext liq                             | 1                    | SUMAXIN WASH                             |                                                          |
| sulfacetamide sodium-sulfur 9-4 % ext liq                             | 1                    | SUMAXIN WASH                             |                                                          |
| SULFACLEANSE 8/4 8-4 % ext susp                                       | 1                    |                                          |                                                          |
| tacrolimus 0.03 % oint, 0.1 % oint                                    | 1                    | PROTOPIC                                 |                                                          |
| TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs                 | 4                    |                                          | PA                                                       |
| tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel                           | 1                    | TAZORAC                                  | SL                                                       |
| TAZORAC 0.05 % crm                                                    | 3                    |                                          | SL                                                       |
| tretinoin 0.05 % gel                                                  | 1                    | ATRALIN                                  | AL, SL                                                   |
| tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm | 1                    | RETIN-A                                  | AL, SL                                                   |
| tretinoin microsphere 0.04 % gel, 0.1 % gel                           | 1                    | RETIN-A                                  | AL, SL                                                   |
| tretinoin microsphere pump 0.04 % gel, 0.1 % gel                      | 1                    | RETIN-A                                  | AL, SL                                                   |
| UMECTA MOUSSE 40 % foam                                               | 1                    |                                          |                                                          |
| urea 39 % crm, 40 % crm, 41 % crm, 45 % crm, 47 % crm                 | 1                    |                                          |                                                          |
| urea 40 % lot                                                         | 1                    | CARMOL 40                                |                                                          |
| urea nail 45 % gel                                                    | 1                    |                                          |                                                          |
| urea-c40 40 % lot                                                     | 1                    | CARMOL 40                                |                                                          |
| UREDEB 39 % crm                                                       | 1                    |                                          |                                                          |
| uremez-40 40 % crm                                                    | 1                    |                                          |                                                          |
| XERAC AC 6.25 % ext soln                                              | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap                                                                                                                                                             | 1                    |                                          |                                                          |
| <b>ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]</b>                                                                                        |                      |                                          |                                                          |
| <b>Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]</b>                                                                                        |                      |                                          |                                                          |
| <i>betaine oral pwdr</i>                                                                                                                                                                                        | 4                    | CYSTADANE                                |                                                          |
| CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt                                                             | 2                    |                                          |                                                          |
| CYSTAGON 150 mg cap, 50 mg cap                                                                                                                                                                                  | 5                    |                                          | PA                                                       |
| <i>miglustat 100 mg cap</i>                                                                                                                                                                                     | 4                    | ZAVESCA                                  | PA                                                       |
| <i>sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt</i>                                                                                                                                         | 4                    | KUVAN                                    | PA                                                       |
| <i>sodium phenylbutyrate 500 mg tab</i>                                                                                                                                                                         | 4                    | BUPHENYL                                 | PA                                                       |
| ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt | 2                    |                                          |                                                          |
| <b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b>                  |                      |                                          |                                                          |
| <b>Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]</b>                                                           |                      |                                          |                                                          |
| <i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>                                                                                                                                                                  | 1                    | LIBRAX                                   |                                                          |
| <i>dicyclomine hcl 10 mg cap, 20 mg tab</i>                                                                                                                                                                     | 1                    | BENTYL                                   |                                                          |
| <i>dicyclomine hcl 10 mg/5ml soln</i>                                                                                                                                                                           | 1                    | BENTYL                                   |                                                          |
| <i>ed-spaz 0.125 mg tab disint</i>                                                                                                                                                                              | 1                    | ANASPAZ                                  |                                                          |
| <i>glycopyrrolate 1.5 mg tab</i>                                                                                                                                                                                | 1                    | GLYCATE                                  |                                                          |
| <i>glycopyrrolate 1 mg tab, 2 mg tab</i>                                                                                                                                                                        | 1                    | ROBINUL                                  |                                                          |
| <i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>                                                                                                                                             | 1                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>hyoscyamine sulfate 0.125 mg tab disint</i>                                                                                                                 | 1                    | ANASPAZ                                  |                                                          |
| <i>hyoscyamine sulfate 0.125 mg tab</i>                                                                                                                        | 1                    | LEVSIN                                   |                                                          |
| <i>hyoscyamine sulfate 0.125 mg tab sub</i>                                                                                                                    | 1                    | LEVSIN/SL                                |                                                          |
| <i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>                                                                                                            | 1                    | LEVBID                                   |                                                          |
| <i>hyoscyamine sulfate sl 0.125 mg tab sub</i>                                                                                                                 | 1                    | LEVSIN/SL                                |                                                          |
| <i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>                                                                                                        | 1                    |                                          |                                                          |
| <i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>                                                                                                            | 1                    | PAMINE                                   |                                                          |
| <i>NULEV 0.125 mg tab disint</i>                                                                                                                               | 1                    |                                          |                                                          |
| <i>oscimin 0.125 mg tab</i>                                                                                                                                    | 1                    | LEVSIN                                   |                                                          |
| <i>oscimin 0.125 mg tab sub</i>                                                                                                                                | 1                    | LEVSIN/SL                                |                                                          |
| <i>oscimin sr 0.375 mg tab er 12 hr</i>                                                                                                                        | 1                    | LEVBID                                   |                                                          |
| <i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>                                                                                                              | 1                    | DONNATAL                                 |                                                          |
| <i>PHENOHYTRO 16.2 mg tab</i>                                                                                                                                  | 1                    |                                          |                                                          |
| <i>SYMAX DUOTAB 0.375 mg tab er</i>                                                                                                                            | 3                    |                                          |                                                          |
| <i>SYMAX-SL 0.125 mg tab sub</i>                                                                                                                               | 1                    |                                          |                                                          |
| <i>SYMAX-SR 0.375 mg tab er 12 hr</i>                                                                                                                          | 1                    |                                          |                                                          |
| <b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]</b> |                      |                                          |                                                          |
| <i>amoxicill-clarithro-lansopraz 500 &amp; 500 &amp; 30 mg pack</i>                                                                                            | 1                    |                                          |                                                          |
| <i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>                                                                                                         | 1                    | PYLERA                                   |                                                          |
| <i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>                                                                                                       | 1                    | PYLERA                                   |                                                          |
| <i>cromolyn sodium 100 mg/5ml oral conc</i>                                                                                                                    | 1                    | GASTROCROM                               |                                                          |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i>                                                                                                                 | 1                    | LOMOTIL                                  |                                                          |
| <i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>                                                                                                             | 1                    | LOMOTIL                                  |                                                          |
| <i>loperamide hcl 2 mg cap</i>                                                                                                                                 | 1                    | IMODIUM                                  |                                                          |
| <i>metoclopramide hcl 10 mg tab disint, 5 mg tab disint</i>                                                                                                    | 1                    | METOSOLV                                 |                                                          |
| <i>metoclopramide hcl 10 mg tab, 5 mg tab</i>                                                                                                                  | 1                    | REGLAN                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>                                                                                                                | 1                    | REGLAN                                   |                                                          |
| MYTESI 125 mg tab dr                                                                                                                                                    | 3                    |                                          | PA                                                       |
| OMECLAMOX-PAK 500-500-20 mg oral misc                                                                                                                                   | 2                    |                                          |                                                          |
| RESTORA RX 60-1.25 mg cap                                                                                                                                               | 3                    |                                          |                                                          |
| SYMPROIC 0.2 mg tab                                                                                                                                                     | 2                    |                                          | QL(30 / 30)                                              |
| TALICIA 250-12.5-10 mg cap dr                                                                                                                                           | 3                    |                                          |                                                          |
| <i>ursodiol 300 mg cap</i>                                                                                                                                              | 1                    | ACTIGALL                                 |                                                          |
| <i>ursodiol 250 mg tab, 500 mg tab</i>                                                                                                                                  | 1                    | URSO                                     |                                                          |
| <b>Histamine2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]</b> |                      |                                          |                                                          |
| <i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>                                                                                                        | 1                    | TAGAMET                                  |                                                          |
| <i>cimetidine hcl 300 mg/5ml soln</i>                                                                                                                                   | 1                    | TAGAMET                                  |                                                          |
| <i>famotidine 20 mg tab, 40 mg tab</i>                                                                                                                                  | 1                    | PEPCID                                   |                                                          |
| <i>famotidine 40 mg/5ml susp</i>                                                                                                                                        | 1                    | PEPCID                                   |                                                          |
| <i>nizatidine 150 mg cap, 300 mg cap</i>                                                                                                                                | 1                    | AXID                                     |                                                          |
| <i>nizatidine 15 mg/ml soln</i>                                                                                                                                         | 1                    | AXID                                     |                                                          |
| <b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]</b>             |                      |                                          |                                                          |
| <i>alosetron hcl 0.5 mg tab, 1 mg tab</i>                                                                                                                               | 1                    | LOTRONEX                                 |                                                          |
| LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap                                                                                                                            | 2                    |                                          | PA, QL(30 / 30)                                          |
| <i>lubiprostone 24 mcg cap, 8 mcg cap</i>                                                                                                                               | 1                    | AMITIZA                                  |                                                          |
| VIBERZI 100 mg tab, 75 mg tab                                                                                                                                           | 3                    |                                          |                                                          |
| <b>Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]</b>                                                                   |                      |                                          |                                                          |
| CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln, 10-3.5-12 MG-GM -gm/175ml soln                                                                                                 | 3                    |                                          |                                                          |
| <i>constulose 10 gm/15ml soln</i>                                                                                                                                       | 1                    | CONSTULOSE                               |                                                          |
| <i>enulose 10 gm/15ml soln</i>                                                                                                                                          | 1                    | CONSTULOSE                               |                                                          |
| GAVILYTE-C 240 gm soln                                                                                                                                                  | 3                    |                                          |                                                          |
| GAVILYTE-G 236 gm soln                                                                                                                                                  | 1                    |                                          |                                                          |
| GAVILYTE-N WITH FLAVOR PACK 420 gm soln                                                                                                                                 | 1                    |                                          |                                                          |
| <i>generlac 10 gm/15ml soln</i>                                                                                                                                         | 1                    | CONSTULOSE                               |                                                          |
| KRISTALOSE 20 gm pckt                                                                                                                                                   | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>                                                                                                                                      | 1                    | CONSTULOSE                               |                                                          |
| <i>lactulose encephalopathy 10 gm/15ml soln</i>                                                                                                                                        | 1                    | CONSTULOSE                               |                                                          |
| <i>lubiprostone 24 mcg cap, 8 mcg cap</i>                                                                                                                                              | 1                    | AMITIZA                                  |                                                          |
| <i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln</i>                                                                                                                        | 1                    | SUPREP BOWEL PREP KIT                    |                                                          |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>                                                                                                                                         | 1                    | NULYTELY                                 |                                                          |
| <i>peg-3350/electrolytes 236 gm soln</i>                                                                                                                                               | 1                    | GOLYTELY                                 |                                                          |
| <b>Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]</b>                                                                          |                      |                                          |                                                          |
| <i>misoprostol 100 mcg tab, 200 mcg tab</i>                                                                                                                                            | 1                    | CYTOTEC                                  |                                                          |
| <i>sucralfate 1 gm tab</i>                                                                                                                                                             | 1                    | CARAFATE                                 |                                                          |
| <i>sucralfate 1 gm/10ml susp</i>                                                                                                                                                       | 1                    | CARAFATE                                 |                                                          |
| <b>Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]</b>                                       |                      |                                          |                                                          |
| <i>dexlansoprazole 30 mg cap dr</i>                                                                                                                                                    | 1                    |                                          | ST                                                       |
| <i>dexlansoprazole 60 mg cap dr</i>                                                                                                                                                    | 1                    | DEXILANT                                 | ST                                                       |
| <i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>                                                                                           | 1                    | NEXIUM                                   |                                                          |
| <i>esomeprazole strontium 49.3 mg cap dr</i>                                                                                                                                           | 1                    |                                          |                                                          |
| <i>lansoprazole 30 mg cap dr</i>                                                                                                                                                       | 1                    | PREVACID                                 |                                                          |
| <i>lansoprazole 30 mg Oral Tablet Delayed Release Disintegrating</i>                                                                                                                   | 1                    | PREVACID SOLUTAB                         |                                                          |
| <i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>                                                                                                                             | 1                    | PRILOSEC                                 |                                                          |
| <i>pantoprazole sodium 20 mg tab dr, 40 mg pckt, 40 mg tab dr</i>                                                                                                                      | 1                    | PROTONIX                                 |                                                          |
| <i>rabeprazole sodium 20 mg tab dr</i>                                                                                                                                                 | 1                    | ACIPHEX                                  |                                                          |
| <i>rabeprazole sodium 10 mg cap sprinkle</i>                                                                                                                                           | 1                    | ACIPHEX SPRINKLE                         |                                                          |
| <b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]</b> |                      |                                          |                                                          |
| <b>Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]</b>                                                          |                      |                                          |                                                          |

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|-----------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>              | 1                    | ENABLEX                                  |                                                          |
| <i>fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr</i>                    | 1                    | TOVIAZ                                   |                                                          |
| <i>flavoxate hcl 100 mg tab</i>                                                         | 1                    |                                          |                                                          |
| GELNIQUE 10 % td gel                                                                    | 3                    |                                          |                                                          |
| HYOPHEN 81.6 mg tab                                                                     | 3                    |                                          |                                                          |
| <i>me/naphos/mb/hyo1 81.6 mg tab</i>                                                    | 1                    |                                          |                                                          |
| <i>mirabegron er 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>                             | 1                    |                                          |                                                          |
| MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr                                        | 2                    |                                          |                                                          |
| <i>oxybutynin chloride 5 mg tab</i>                                                     | 1                    | DITROPAN                                 |                                                          |
| <i>oxybutynin chloride 5 mg/5ml soln</i>                                                | 1                    | DITROPAN                                 |                                                          |
| <i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1                    | DITROPAN                                 |                                                          |
| OXYTROL 3.9 mg/24hr tdbiw patch                                                         | 3                    |                                          |                                                          |
| PHOSPHASAL 81.6 mg tab                                                                  | 1                    |                                          |                                                          |
| <i>solifenacin succinate 10 mg tab, 5 mg tab</i>                                        | 1                    | VESICARE                                 |                                                          |
| <i>tolterodine tartrate 1 mg tab, 2 mg tab</i>                                          | 1                    | DETROL                                   |                                                          |
| <i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>                     | 1                    | DETROL LA                                |                                                          |
| <i>trospium chloride 20 mg tab</i>                                                      | 1                    | SANCTURA                                 |                                                          |
| <i>trospium chloride er 60 mg cap er 24 hr</i>                                          | 1                    | SANCTURA XR                              |                                                          |
| URELLE 81 mg tab                                                                        | 1                    |                                          |                                                          |
| URETRON D/S 81.6 mg tab                                                                 | 1                    |                                          |                                                          |
| URIBEL 118 mg cap                                                                       | 1                    |                                          |                                                          |
| URIMAR-T 120 mg tab                                                                     | 3                    |                                          |                                                          |
| <i>urin ds 81.6 mg tab</i>                                                              | 1                    |                                          |                                                          |
| <i>urneva 120 mg cap</i>                                                                | 1                    |                                          |                                                          |
| <i>uro-458 81 mg tab</i>                                                                | 1                    |                                          |                                                          |
| <i>uro-mp 118 mg cap</i>                                                                | 1                    |                                          |                                                          |
| URYL 81.6 mg tab                                                                        | 1                    |                                          |                                                          |
| USTELL 120 mg cap                                                                       | 1                    |                                          |                                                          |
| UTIRA-C 81.6 mg tab                                                                     | 1                    |                                          |                                                          |
| VESICARE LS 5 mg/5ml susp                                                               | 2                    |                                          |                                                          |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| VILAMIT MB 118 mg cap                                                                                                                                                                                           | 1                    |                                          |                                                          |
| VILEVEV MB 81 mg tab                                                                                                                                                                                            | 1                    |                                          |                                                          |
| <b>Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]</b>                                                                       |                      |                                          |                                                          |
| <i>alfuzosin hcl er 10 mg tab er 24 hr</i>                                                                                                                                                                      | 1                    | UROXATRAL                                |                                                          |
| <i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>                                                                                                                                                | 1                    | CARDURA                                  |                                                          |
| <i>dutasteride 0.5 mg cap</i>                                                                                                                                                                                   | 1                    | AVODART                                  |                                                          |
| <i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>                                                                                                                                                                | 1                    | JALYN                                    |                                                          |
| <i>finasteride 5 mg tab</i>                                                                                                                                                                                     | 1                    | PROSCAR                                  |                                                          |
| <i>silodosin 4 mg cap, 8 mg cap</i>                                                                                                                                                                             | 1                    | RAPAFLO                                  |                                                          |
| <i>tadalafil 2.5 mg tab, 5 mg tab</i>                                                                                                                                                                           | 1                    | CIALIS                                   | PA, SL                                                   |
| <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                                   |                                                          |
| <b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]</b> |                      |                                          |                                                          |
| <i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>                                                                                                                                           | 1                    | URECHOLINE                               |                                                          |
| ELMIRON 100 mg cap                                                                                                                                                                                              | 2                    |                                          |                                                          |
| LITHOSTAT 250 mg tab                                                                                                                                                                                            | 3                    |                                          |                                                          |
| PHENAZO 200 mg tab                                                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>                                                                                                                                                               | 1                    | PYRIDIUM                                 |                                                          |
| PHOSPHASAL 81.6 mg tab                                                                                                                                                                                          | 1                    |                                          |                                                          |
| <i>tiopronin 100 mg tab</i>                                                                                                                                                                                     | 1                    | THIOLA                                   |                                                          |
| URETRON D/S 81.6 mg tab                                                                                                                                                                                         | 1                    |                                          |                                                          |
| URIBEL 118 mg cap                                                                                                                                                                                               | 1                    |                                          |                                                          |
| URIMAR-T 120 mg tab                                                                                                                                                                                             | 3                    |                                          |                                                          |
| <i>urin ds 81.6 mg tab</i>                                                                                                                                                                                      | 1                    |                                          |                                                          |
| <i>uro-mp 118 mg cap</i>                                                                                                                                                                                        | 1                    |                                          |                                                          |
| UTIRA-C 81.6 mg tab                                                                                                                                                                                             | 1                    |                                          |                                                          |
| VILAMIT MB 118 mg cap                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <b>Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]</b>                                                                                                  |                      |                                          |                                                          |
| AURYXIA 1 GM 210 mg(fe) tab                                                                                                                                                                                     | 3                    |                                          |                                                          |
| <i>calcium acetate (phos binder) 667 mg tab</i>                                                                                                                                                                 | 1                    | ELIPHOS                                  |                                                          |
| <i>calcium acetate (phos binder) 667 mg cap</i>                                                                                                                                                                 | 1                    | PHOSLO                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| FOSRENOL 1000 mg pckt, 750 mg pckt                                                                                                                                                                           | 3                    |                                          | PA                                                       |
| sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab                                                                                                                                                     | 1                    | REVELA                                   | PA                                                       |
| VELPHORO 500 mg tab chew                                                                                                                                                                                     | 3                    |                                          |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b> |                      |                                          |                                                          |
| <b>Glucocorticoids/Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                        |                      |                                          |                                                          |
| ala-cort 1 % crm                                                                                                                                                                                             | 1                    | ALA-CORT                                 |                                                          |
| ala-cort 2.5 % crm                                                                                                                                                                                           | 1                    | HYTONE                                   |                                                          |
| alclometasone dipropionate 0.05 % crm, 0.05 % oint                                                                                                                                                           | 1                    | ACLOVATE                                 |                                                          |
| amcinonide 0.1 % crm, 0.1 % oint                                                                                                                                                                             | 1                    | CYCLOCORT                                |                                                          |
| amcinonide 0.1 % lot                                                                                                                                                                                         | 1                    | CYCLOCORT                                |                                                          |
| APEXICON E 0.05 % crm                                                                                                                                                                                        | 3                    |                                          |                                                          |
| betamethasone dipropionate 0.05 % crm, 0.05 % oint                                                                                                                                                           | 1                    | DIPROSONE                                |                                                          |
| betamethasone dipropionate 0.05 % lot                                                                                                                                                                        | 1                    | DIPROSONE                                |                                                          |
| betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint                                                                                                                                           | 1                    | DIPROLENE                                |                                                          |
| betamethasone dipropionate aug 0.05 % lot                                                                                                                                                                    | 1                    | DIPROLENE                                |                                                          |
| betamethasone sod phos & acet 7 (4-3) mg/ml inj susp                                                                                                                                                         | 1                    |                                          |                                                          |
| betamethasone sod phos & acet 6 (3-3) mg/ml inj susp                                                                                                                                                         | 1                    | CELESTONE SOLUSPAN                       |                                                          |
| betamethasone valerate 0.1 % crm, 0.1 % oint                                                                                                                                                                 | 1                    | BETA-VAL                                 |                                                          |
| betamethasone valerate 0.1 % lot                                                                                                                                                                             | 1                    | BETA-VAL                                 |                                                          |
| betamethasone valerate 0.12 % foam                                                                                                                                                                           | 1                    | LUXIQ                                    |                                                          |
| CAPEX 0.01 % shampoo                                                                                                                                                                                         | 3                    |                                          |                                                          |
| clobetasol prop emollient base 0.05 % crm                                                                                                                                                                    | 1                    | TEMOVATE-E                               |                                                          |
| clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo                                                                                                                                             | 1                    | CLOBEX                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>clobetasol propionate 0.05 % foam</i>                                                                               | 1                    | OLUX                                     |                                                          |
| <i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>                                                                   | 1                    | TEMOVATE                                 |                                                          |
| <i>clobetasol propionate 0.05 % ext soln</i>                                                                           | 1                    | TEMOVATE                                 |                                                          |
| <i>clobetasol propionate 0.05 % crm</i>                                                                                | 1                    | TEMOVATE-E                               |                                                          |
| <i>clobetasol propionate e 0.05 % crm</i>                                                                              | 1                    | TEMOVATE-E                               |                                                          |
| <i>clobetasol propionate emulsion 0.05 % foam</i>                                                                      | 1                    | OLUX-E                                   |                                                          |
| <i>clocortolone pivalate 0.1 % crm</i>                                                                                 | 1                    | CLODERM                                  |                                                          |
| CLODAN 0.05 % shampoo                                                                                                  | 1                    |                                          |                                                          |
| <i>cortisone acetate 25 mg tab</i>                                                                                     | 1                    | CORTONE                                  |                                                          |
| DECADRON 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab                                                                   | 1                    |                                          |                                                          |
| DEPO-MEDROL 20 mg/ml inj susp                                                                                          | 3                    |                                          |                                                          |
| <i>desonide 0.05 % crm, 0.05 % oint</i>                                                                                | 1                    | DESOWEN                                  |                                                          |
| <i>desonide 0.05 % lot</i>                                                                                             | 1                    | DESOWEN                                  |                                                          |
| <i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>                                     | 1                    | TOPICORT                                 |                                                          |
| <i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 2 mg tab</i>                                    | 1                    |                                          |                                                          |
| <i>dexamethasone 0.5 mg/5ml soln</i>                                                                                   | 1                    |                                          |                                                          |
| <i>dexamethasone 0.5 mg/5ml oral elix</i>                                                                              | 1                    | BAYCADRON                                |                                                          |
| <i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>                                           | 1                    | DECADRON                                 |                                                          |
| <i>dexamethasone 1.5 mg (51) tab pack</i>                                                                              | 1                    | DEXPAK 13 DAY                            |                                                          |
| DEXAMETHASONE INTENSOL 1 mg/ml oral conc                                                                               | 3                    |                                          |                                                          |
| <i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>                                                                | 1                    |                                          |                                                          |
| <i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i> | 1                    |                                          |                                                          |

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

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| Drug Name<br>[Nombre del Medicamento]                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>                                      | 1                    | LOCOID                                   |                                                          |
| <i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>                                  | 1                    | LOCOID                                   |                                                          |
| HYDROCORTISONE IN ABSORBASE 1 % oint                                                      | 1                    |                                          |                                                          |
| <i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>                                      | 1                    | WESTCORT                                 |                                                          |
| KENALOG 10 mg/ml inj susp                                                                 | 3                    |                                          |                                                          |
| MEDROL 2 mg tab                                                                           | 2                    |                                          |                                                          |
| <i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>         | 1                    | MEDROL                                   |                                                          |
| <i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>                    | 1                    | DEPO-MEDROL                              |                                                          |
| MILLIPRED 5 mg tab                                                                        | 2                    |                                          |                                                          |
| MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack                                       | 3                    |                                          |                                                          |
| MILLIPRED DP 12-DAY 5 mg (48) tab pack                                                    | 3                    |                                          |                                                          |
| <i>mometasone furoate 0.1 % crm, 0.1 % oint</i>                                           | 1                    | ELOCON                                   |                                                          |
| <i>mometasone furoate 0.1 % ext soln</i>                                                  | 1                    | ELOCON                                   |                                                          |
| NUCORT 2 % lot                                                                            | 3                    |                                          |                                                          |
| PANDEL 0.1 % crm                                                                          | 3                    |                                          |                                                          |
| <i>prednicarbate 0.1 % crm, 0.1 % oint</i>                                                | 1                    | DERMATOP                                 |                                                          |
| <i>prednisolone 5 mg tab</i>                                                              | 1                    | MILLIPRED                                |                                                          |
| <i>prednisolone sodium phosphate 25 mg/5ml soln</i>                                       | 1                    |                                          |                                                          |
| <i>prednisolone sodium phosphate 10 mg/5ml soln</i>                                       | 1                    | MILLIPRED                                |                                                          |
| <i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i> | 1                    | ORAPRED                                  |                                                          |
| <i>prednisolone sodium phosphate 15 mg/5ml soln</i>                                       | 1                    | ORAPRED                                  |                                                          |
| <i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>                             | 1                    | PEDIAPRED                                |                                                          |
| <i>prednisolone sodium phosphate 20 mg/5ml soln</i>                                       | 1                    | VERIPRED                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>                                                                    | 1                    |                                          |                                                          |
| <i>prednisone 5 mg/5ml soln</i>                                                                                                                                                                                                        | 1                    |                                          |                                                          |
| PREDNISONE INTENSOL 5 mg/ml oral conc                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| PSORCON 0.05 % crm                                                                                                                                                                                                                     | 3                    |                                          |                                                          |
| SERNIVO 0.05 % ext emul                                                                                                                                                                                                                | 3                    |                                          |                                                          |
| SOLU-CORTEF 100 mg inj soln                                                                                                                                                                                                            | 3                    |                                          |                                                          |
| TEXACORT 2.5 % ext soln                                                                                                                                                                                                                | 3                    |                                          |                                                          |
| <i>triamcinolone acetonide 50 mg/ml inj susp</i>                                                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>                                                                                                                                          | 1                    | KENALOG                                  |                                                          |
| <i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>                                                                                                                                                               | 1                    | KENALOG                                  |                                                          |
| <i>triamcinolone acetonide 0.05 % oint</i>                                                                                                                                                                                             | 1                    | TRIANEX                                  |                                                          |
| <i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>                                                                                                                                                                       | 1                    | TRIDERM                                  |                                                          |
| TRIANEX 0.05 % oint                                                                                                                                                                                                                    | 1                    |                                          |                                                          |
| TRIDERM 0.1 % crm, 0.5 % crm                                                                                                                                                                                                           | 1                    |                                          |                                                          |
| ULTRAVATE 0.05 % lot                                                                                                                                                                                                                   | 3                    |                                          |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                        |                      |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b> |                      |                                          |                                                          |
| DDAVP RHINAL TUBE 0.01 % nasal soln                                                                                                                                                                                                    | 2                    |                                          |                                                          |
| <i>desmopressin ace spray refrig 0.01 % nasal soln</i>                                                                                                                                                                                 | 1                    | MINIRIN                                  |                                                          |
| <i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>                                                                                                                                                                                     | 1                    | DDAVP                                    |                                                          |
| <i>desmopressin acetate 4 mcg/ml inj soln</i>                                                                                                                                                                                          | 1                    | DDAVP                                    |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>desmopressin acetate pf 4 mcg/ml inj soln</i>                                                                                                                                                                                                  | 1                    | DDAVP                                    |                                                          |
| <i>desmopressin acetate spray 0.01 % nasal soln</i>                                                                                                                                                                                               | 1                    | DDAVP                                    |                                                          |
| <i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>                                                                               | 1                    |                                          |                                                          |
| STIMATE 1.5 mg/ml nasal soln                                                                                                                                                                                                                      | 5                    |                                          |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                         |                      |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>  |                      |                                          |                                                          |
| <i>misoprostol 100 mcg tab, 200 mcg tab</i>                                                                                                                                                                                                       | 1                    | CYTOTEC                                  |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b> |                      |                                          |                                                          |
| <b>Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                                                                     |                      |                                          |                                                          |
| ANADROL-50 50 mg tab                                                                                                                                                                                                                              | 3                    |                                          |                                                          |
| <i>oxandrolone 10 mg tab, 2.5 mg tab</i>                                                                                                                                                                                                          | 1                    | OXANDRIN                                 |                                                          |
| <b>Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                                                                                        |                      |                                          |                                                          |
| ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr                                                                                                                                                                                        | 2                    |                                          |                                                          |
| <i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>                                                                                                                                                                                                  | 1                    | DANOCRINE                                |                                                          |
| <i>methitest 10 mg tab</i>                                                                                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>methyld testosterone 10 mg cap</i>                                                                                                                                                                                                             | 1                    | TESTRED                                  |                                                          |
| <i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5</i>                                                                                            | 1                    | ANDROGEL                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i>                                                                                |                      |                                          |                                                          |
| <i>testosterone 30 mg/act td soln</i>                                                                                                | 1                    | AXIRON                                   |                                                          |
| <i>testosterone 10 MG/ACT (2%) td gel</i>                                                                                            | 1                    | FORTESTA                                 |                                                          |
| <i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>                                                                   | 1                    | DEPO-TESTOSTERONE                        |                                                          |
| <i>testosterone enanthate 200 mg/ml im soln</i>                                                                                      | 1                    | DELATESTRYL                              |                                                          |
| <b>Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>           |                      |                                          |                                                          |
| AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab                                                                                                 | 1                    |                                          |                                                          |
| ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab                                                                                                | 3                    |                                          |                                                          |
| CLIMARA PRO 0.045-0.015 mg/day tdkw patch                                                                                            | 2                    |                                          |                                                          |
| COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch                                                                  | 3                    |                                          |                                                          |
| COVARYX 1.25-2.5 mg tab                                                                                                              | 1                    |                                          |                                                          |
| COVARYX HS 0.625-1.25 mg tab                                                                                                         | 1                    |                                          |                                                          |
| DEPO-ESTRADIOL 5 mg/ml im oil                                                                                                        | 3                    |                                          |                                                          |
| DOTTI 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch | 1                    |                                          |                                                          |
| DUAVERE 0.45-20 mg tab                                                                                                               | 2                    |                                          |                                                          |
| EEMT 1.25-2.5 mg tab                                                                                                                 | 1                    |                                          |                                                          |
| EEMT HS 0.625-1.25 mg tab                                                                                                            | 1                    |                                          |                                                          |
| ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel                                                                                              | 3                    |                                          |                                                          |
| <i>est estrogens-methyltest 1.25-2.5 mg tab</i>                                                                                      | 1                    | ESTRATEST                                |                                                          |
| <i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>                                                                                   | 1                    | ESTRATEST                                |                                                          |
| <i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>                                                                                 | 1                    |                                          |                                                          |
| <i>estradiol 0.75 MG/1.25 GM (0.06%) td gel</i>                                                                                      | 1                    | ESTROGEL                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch | 1                    | CLIMARA                                  |                                                          |
| estradiol 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel                                                                                       | 1                    | DIVIGEL                                  |                                                          |
| estradiol 1 mg/gm td gel                                                                                                                                          | 1                    | DIVIGEL                                  |                                                          |
| estradiol 0.5 mg tab, 1 mg tab, 2 mg tab                                                                                                                          | 1                    | ESTRACE                                  |                                                          |
| estradiol 0.1 mg/gm vag crm                                                                                                                                       | 1                    | ESTRACE                                  |                                                          |
| estradiol 10 mcg vag tab                                                                                                                                          | 1                    | VAGIFEM                                  |                                                          |
| estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch                     | 1                    | VIVELLE-DOT                              |                                                          |
| estradiol valerate 10 mg/ml im oil                                                                                                                                | 1                    |                                          |                                                          |
| estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil                                                                                                               | 1                    | DELESTROGEN                              |                                                          |
| estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab                                                                                                         | 1                    | ACTIVELLA                                |                                                          |
| ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring                                                                                                                      | 3                    |                                          |                                                          |
| ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel                                                                                                                           | 3                    |                                          |                                                          |
| FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring                                                                                                               | 3                    |                                          |                                                          |
| FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab                                                                                                                        | 1                    |                                          |                                                          |
| JINTELI 1-5 mg-mcg tab                                                                                                                                            | 1                    |                                          |                                                          |
| LOPREEZA 1-0.5 mg tab                                                                                                                                             | 1                    |                                          |                                                          |
| MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab                                                                                                                      | 2                    |                                          |                                                          |
| MENOSTAR 14 mcg/24hr tdwk patch                                                                                                                                   | 3                    |                                          |                                                          |
| MIMVEY 1-0.5 mg tab                                                                                                                                               | 1                    |                                          |                                                          |
| norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab                                                                                                    | 1                    | FEMHRT                                   |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PREFEST 1/1-0.09 mg (15/15) tab                                                                                                                                                                                                 | 3                    |                                          |                                                          |
| PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab                                                                                                                                                         | 2                    |                                          |                                                          |
| PREMARIN 0.625 mg/gm vag crm                                                                                                                                                                                                    | 2                    |                                          |                                                          |
| PREMPHASE 0.625-5 mg tab                                                                                                                                                                                                        | 2                    |                                          |                                                          |
| PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab                                                                                                                                                       | 2                    |                                          |                                                          |
| YUVAFEM 10 mcg vag tab                                                                                                                                                                                                          | 1                    |                                          |                                                          |
| <b>Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                                                                    |                      |                                          |                                                          |
| CRINONE 4 % vag gel, 8 % vag gel                                                                                                                                                                                                | 3                    |                                          |                                                          |
| <i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                                                                                                              | 1                    | PROVERA                                  |                                                          |
| <i>megestrol acetate 20 mg tab, 40 mg tab</i>                                                                                                                                                                                   | 1                    | MEGACE                                   |                                                          |
| <i>megestrol acetate 40 mg/ml susp, 625 mg/5ml susp</i>                                                                                                                                                                         | 1                    | MEGACE                                   |                                                          |
| <i>norethindrone acetate 5 mg tab</i>                                                                                                                                                                                           | 1                    | AYGESTIN                                 |                                                          |
| <i>progesterone 50 mg/ml im oil</i>                                                                                                                                                                                             | 1                    |                                          |                                                          |
| <i>progesterone 100 mg cap, 200 mg cap</i>                                                                                                                                                                                      | 1                    | PROMETRIUM                               |                                                          |
| <i>progesterone micronized 10 % td crm</i>                                                                                                                                                                                      | 1                    |                                          |                                                          |
| <b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                   |                      |                                          |                                                          |
| OSPHENA 60 mg tab                                                                                                                                                                                                               | 3                    |                                          |                                                          |
| <i>raloxifene hcl 60 mg tab</i>                                                                                                                                                                                                 | 1                    | EVISTA                                   | PA                                                       |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]</b> |                      |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]</b>                     |                      |                                          |                                                          |
| ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg                                                                                                                                                                        | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab                                                                                                                                        |                      |                                          |                                                          |
| EUTHYROX 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab                                      | 1                    |                                          |                                                          |
| LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab                           | 3                    |                                          |                                                          |
| <i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>      | 1                    | SYNTHROID                                |                                                          |
| <i>levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap</i>       | 1                    | TIROSINT                                 |                                                          |
| LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab                                       | 3                    |                                          |                                                          |
| <i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>                                                                                                                            | 1                    | CYTOMEL                                  |                                                          |
| NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab | 3                    |                                          |                                                          |
| NP THYROID 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab                                                                                                                       | 3                    |                                          |                                                          |
| SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg                                                                                                                                | 2                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>                                                                                                              | 1                    |                                          |                                                          |
| TIROSINT 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap                                                        | 3                    |                                          |                                                          |
| UNITHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab                   | 3                    |                                          |                                                          |
| WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab                                                                                                              | 3                    |                                          |                                                          |
| WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab                                                                | 3                    |                                          |                                                          |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                   |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]</b>                                         |                      |                                          |                                                          |
| LYSODREN 500 mg tab                                                                                                                                                                | 4                    |                                          |                                                          |
| <b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]</b> |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidea) - Supresor Hormonal]</b>                                       |                      |                                          |                                                          |
| <i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>                                                                                                                              | 1                    | SENSIPAR                                 | PA                                                       |
| <b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]</b>                                      |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>                                                                                                                                                                                         | 1                    | PARLODEL                                 |                                                          |
| <i>cabergoline 0.5 mg tab</i>                                                                                                                                                                                                              | 1                    | DOSTINEX                                 |                                                          |
| LUPRON DEPOT (1-MONTH)<br>3.75 mg im kit, 7.5 mg im kit                                                                                                                                                                                    | 4                    |                                          | PA                                                       |
| LUPRON DEPOT (3-MONTH)<br>11.25 mg im kit, 22.5 mg im kit                                                                                                                                                                                  | 4                    |                                          | PA                                                       |
| LUPRON DEPOT (4-MONTH) 30 mg im kit                                                                                                                                                                                                        | 4                    |                                          | PA                                                       |
| LUPRON DEPOT (6-MONTH) 45 mg im kit                                                                                                                                                                                                        | 4                    |                                          | PA                                                       |
| LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit                                                                                                                                                                    | 4                    |                                          | PA                                                       |
| LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit                                                                                                                                                                       | 4                    |                                          | PA                                                       |
| LUPRON DEPOT-PED (6-MONTH) 45 mg im kit                                                                                                                                                                                                    | 4                    |                                          | 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>                                                                                                          | 4                    | SANDOSTATIN                              | PA                                                       |
| ORILISSA 150 mg tab, 200 mg tab                                                                                                                                                                                                            | 2                    |                                          | PA                                                       |
| SYNAREL 2 mg/ml nasal soln                                                                                                                                                                                                                 | 4                    |                                          | PA                                                       |
| <b>HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)- DRUGS TO SUPPRESS SEX HORMONES/MODIFIERS [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b> |                      |                                          |                                                          |
| <b>Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]</b>                                                                                                                                                      |                      |                                          |                                                          |
| <i>abiraterone acetate 250 mg tab, 500 mg tab</i>                                                                                                                                                                                          | 4                    | ZYTIGA                                   | PA                                                       |
| <i>bicalutamide 50 mg tab</i>                                                                                                                                                                                                              | 1                    | CASODEX                                  |                                                          |
| ERLEADA 240 mg tab, 60 mg tab                                                                                                                                                                                                              | 4                    |                                          | PA                                                       |
| <i>flutamide 125 mg cap</i>                                                                                                                                                                                                                | 1                    | EULEXIN                                  |                                                          |
| <i>nilutamide 150 mg tab</i>                                                                                                                                                                                                               | 4                    | NILANDRON                                | PA                                                       |
| XTANDI 40 mg cap                                                                                                                                                                                                                           | 5                    |                                          | PA                                                       |
| XTANDI 40 mg tab, 80 mg tab                                                                                                                                                                                                                | 5                    |                                          | PA                                                       |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]</b>                                                          |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]</b>                                                                                                     |                      |                                          |                                                          |
| <i>methimazole 10 mg tab, 5 mg tab</i>                                                                                                                                                                                         | 1                    | TAPAZOLE                                 |                                                          |
| <i>propylthiouracil 50 mg tab</i>                                                                                                                                                                                              | 1                    |                                          |                                                          |
| <b>IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]</b>                                                             |                      |                                          |                                                          |
| <b>Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]</b>                                                                                                                      |                      |                                          |                                                          |
| AMJEVITA 10 mg/0.2ml sc soln pfs, 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs, 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj | 4                    |                                          | PA                                                       |
| <i>azathioprine 50 mg tab</i>                                                                                                                                                                                                  | 1                    | IMURAN                                   | SL                                                       |
| BENLYSTA 120 mg iv soln, 400 mg iv soln                                                                                                                                                                                        | 5                    |                                          | PA                                                       |
| BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs                                                                                                                                                                     | 5                    |                                          | PA                                                       |
| CIMZIA 2 X 200 mg sc kit                                                                                                                                                                                                       | 5                    |                                          | PA                                                       |
| CIMZIA (2 SYRINGE) 200 mg/ml sc pfs kit                                                                                                                                                                                        | 5                    |                                          | PA                                                       |
| CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit                                                                                                                                                                                    | 5                    |                                          | PA                                                       |
| ENBREL 25 mg sc soln                                                                                                                                                                                                           | 4                    |                                          | PA                                                       |
| ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs                                                                                                                                                      | 4                    |                                          | PA                                                       |
| ENBREL MINI 50 mg/ml sc soln cart                                                                                                                                                                                              | 4                    |                                          | PA                                                       |
| ENBREL SURECLICK 50 mg/ml sc soln auto-inj                                                                                                                                                                                     | 4                    |                                          | PA                                                       |
| HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs                                                                                                                                                                       | 4                    |                                          | PA                                                       |
| HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj                                                                                                                                                  | 4                    |                                          | PA                                                       |
| HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20                                                                                                                                                                      | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit                                                  |                      |                                          |                                                          |
| HUMIRA (2 PEN) 40 mg/0.8ml sc pen-inj kit                                                    | 4                    |                                          | PA                                                       |
| HUMIRA (2 SYRINGE) 40 mg/0.8ml sc pfs kit                                                    | 4                    |                                          | PA                                                       |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit    | 4                    |                                          | PA                                                       |
| HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit                            | 4                    |                                          | PA                                                       |
| HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit               | 4                    |                                          | PA                                                       |
| HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml sc pen-inj kit                                      | 4                    |                                          | PA                                                       |
| HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit                        | 4                    |                                          | PA                                                       |
| <i>methotrexate sodium 2.5 mg tab</i>                                                        | 1                    |                                          | SL                                                       |
| <i>methotrexate sodium 1 gm inj soln</i>                                                     | 4                    |                                          | SL                                                       |
| <i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>                          | 4                    |                                          | SL                                                       |
| <i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i> | 4                    |                                          | SL                                                       |
| <i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>                                          | 1                    | CELLCEPT                                 | SL                                                       |
| <i>mycophenolate mofetil 200 mg/ml susp</i>                                                  | 1                    | CELLCEPT                                 | SL                                                       |
| OLUMIANT 2 mg tab, 4 mg tab                                                                  | 5                    |                                          | PA                                                       |
| ORENCIA 250 mg iv soln                                                                       | 4                    |                                          | PA                                                       |
| ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs            | 4                    |                                          | PA                                                       |
| ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj                                                 | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj | 2                    |                                          |                                                          |
| RINVOQ 30 mg tab er 24 hr                                                                                                                                                                                                                                                                      | 4                    |                                          | PA                                                       |
| RINVOQ 15 mg tab er 24 hr, 45 mg tab er 24 hr                                                                                                                                                                                                                                                  | 4                    |                                          | PA                                                       |
| TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab                                                                                                                                                                                                                                             | 4                    |                                          |                                                          |
| XATMEP 2.5 mg/ml soln                                                                                                                                                                                                                                                                          | 5                    |                                          | PA                                                       |
| XELJANZ 10 mg tab, 5 mg tab                                                                                                                                                                                                                                                                    | 4                    |                                          | PA                                                       |
| XELJANZ 1 mg/ml soln                                                                                                                                                                                                                                                                           | 4                    |                                          | PA                                                       |
| XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr                                                                                                                                                                                                                                              | 4                    |                                          | PA                                                       |
| <b>Immunizing Agents, Passive [Agentes Inmunizadores Pasivos]</b>                                                                                                                                                                                                                              |                      |                                          |                                                          |
| ACTEMRA 162 mg/0.9ml sc soln pfs                                                                                                                                                                                                                                                               | 5                    |                                          | PA                                                       |
| ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj                                                                                                                                                                                                                                                   | 5                    |                                          | PA                                                       |
| <b>Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]</b>                                                                                                                                                                                        |                      |                                          |                                                          |
| ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln                                                                                                                                                                                                  | 5                    |                                          | PA                                                       |
| ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj                                                                                                                                                                                                                                                   | 5                    |                                          | PA                                                       |
| BETASERON 0.3 mg sc kit                                                                                                                                                                                                                                                                        | 4                    |                                          | PA                                                       |
| <i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>                                                                                                                                                                                                                                          | 4                    | TECFIDERA                                | PA                                                       |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg cap dr pack</i>                                                                                                                                                                                                                             | 4                    | TECFIDERA STARTER PACK                   | PA                                                       |
| ENTYVIO 300 mg iv soln                                                                                                                                                                                                                                                                         | 5                    |                                          | PA                                                       |
| ENTYVIO 108 mg/0.68ml sc soln pen-inj                                                                                                                                                                                                                                                          | 5                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>                                                                                                                                             | 4                    | COPAXONE                                 | PA                                                       |
| KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs                                                                                     | 5                    |                                          | PA                                                       |
| <i>leflunomide 10 mg tab, 20 mg tab</i>                                                                                                                                                                          | 1                    | ARAVA                                    |                                                          |
| <i>lenalidomide 25 mg cap</i>                                                                                                                                                                                    | 4                    | REVLIMID                                 | PA                                                       |
| <i>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap</i>                                                                                                                                        | 4                    | REVLIMID                                 | PA                                                       |
| RIDAURA 3 mg cap                                                                                                                                                                                                 | 3                    |                                          | PA                                                       |
| <i>teriflunomide 14 mg tab, 7 mg tab</i>                                                                                                                                                                         | 4                    | AUBAGIO                                  | PA                                                       |
| <b>Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]</b>                                                                                                          |                      |                                          |                                                          |
| <i>icatibant acetate 30 mg/3ml sc soln pfs</i>                                                                                                                                                                   | 5                    | FIRAZYR                                  | PA                                                       |
| TAKHZYRO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln, 300 mg/2ml sc soln pfs                                                                                                                                       | 5                    |                                          | PA                                                       |
| <b>INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]</b> |                      |                                          |                                                          |
| <b>Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]</b>                                                                       |                      |                                          |                                                          |
| <i>balsalazide disodium 750 mg cap</i>                                                                                                                                                                           | 1                    | COLAZAL                                  |                                                          |
| <i>mesalamine 800 mg tab dr</i>                                                                                                                                                                                  | 1                    | ASACOL HD                                |                                                          |
| <i>mesalamine 1000 mg rect supp</i>                                                                                                                                                                              | 1                    | CANASA                                   |                                                          |
| <i>mesalamine 400 mg cap dr</i>                                                                                                                                                                                  | 1                    | DELZICOL                                 |                                                          |
| <i>mesalamine 1.2 gm tab dr</i>                                                                                                                                                                                  | 1                    | LIALDA                                   |                                                          |
| <i>mesalamine 4 gm rect enema</i>                                                                                                                                                                                | 1                    | ROWASA                                   |                                                          |
| <i>mesalamine er 0.375 gm cap er 24 hr</i>                                                                                                                                                                       | 1                    | APRISO                                   |                                                          |
| <i>mesalamine er 500 mg cap er</i>                                                                                                                                                                               | 1                    | PENTASA                                  |                                                          |
| <i>mesalamine-cleanser 4 gm rect kit</i>                                                                                                                                                                         | 1                    | ROWASA                                   |                                                          |
| PENTASA 250 mg cap er                                                                                                                                                                                            | 3                    |                                          |                                                          |
| SFROWASA 4 gm/60ml rect enema                                                                                                                                                                                    | 2                    |                                          |                                                          |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i>                                                                                                                                                                   | 1                    | AZULFIDINE                               |                                                          |
| <b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>                                                                                                   |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>budesonide 2 mg rect foam</i>                                                                                       | 1                    |                                          |                                                          |
| <i>budesonide 3 mg cap dr prt</i>                                                                                      | 1                    | ENTOCORT                                 | PA                                                       |
| <i>budesonide er 9 mg tab er 24 hr</i>                                                                                 | 1                    | UCERIS                                   |                                                          |
| COLOCORT 100 mg/60ml rect enema                                                                                        | 1                    |                                          |                                                          |
| <i>dexamethasone 1 mg tab, 2 mg tab</i>                                                                                | 1                    |                                          |                                                          |
| <i>dexamethasone 0.5 mg/5ml soln</i>                                                                                   | 1                    |                                          |                                                          |
| <i>dexamethasone 0.5 mg/5ml oral elix</i>                                                                              | 1                    | BAYCADRON                                |                                                          |
| <i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>                                           | 1                    | DECADRON                                 |                                                          |
| DEXAMETHASONE INTENSOL 1 mg/ml oral conc                                                                               | 3                    |                                          |                                                          |
| <i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>                                                                | 1                    |                                          |                                                          |
| <i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i> | 1                    |                                          |                                                          |
| <i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>                                                                | 1                    | HEXADROL                                 |                                                          |
| <i>hydrocortisone 100 mg/60ml rect enema</i>                                                                           | 1                    | CORTENEMA                                |                                                          |
| <i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>                                      | 1                    | MEDROL                                   |                                                          |
| <i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>                                                 | 1                    | DEPO-MEDROL                              |                                                          |
| <i>prednisolone 15 mg/5ml soln</i>                                                                                     | 1                    | PRELONE                                  |                                                          |
| <i>prednisolone sodium phosphate 25 mg/5ml soln</i>                                                                    | 1                    |                                          |                                                          |
| <i>prednisolone sodium phosphate 10 mg/5ml soln</i>                                                                    | 1                    | MILLIPRED                                |                                                          |
| <i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>                              | 1                    | ORAPRED                                  |                                                          |
| <i>prednisolone sodium phosphate 15 mg/5ml soln</i>                                                                    | 1                    | ORAPRED                                  |                                                          |
| <i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>                                                          | 1                    | PEDIAPRED                                |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>              | 1                    |                                          |                                                          |
| UCERIS 2 mg/act rect foam                                                                                                                                                        | 3                    |                                          |                                                          |
| <b>Sulfonamides [Sulfonamidas]</b>                                                                                                                                               |                      |                                          |                                                          |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i>                                                                                                                                   | 1                    | AZULFIDINE                               |                                                          |
| <b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS<br/>[AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]</b> |                      |                                          |                                                          |
| <b>Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]</b>      |                      |                                          |                                                          |
| <i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>                                                                                                              | 1                    | FOSAMAX                                  |                                                          |
| <i>alendronate sodium 70 mg/75ml soln</i>                                                                                                                                        | 1                    | FOSAMAX                                  |                                                          |
| <i>calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln</i>                                                                                                         | 1                    | MIACALCIN                                |                                                          |
| <i>calcitriol 1 mcg/ml iv soln</i>                                                                                                                                               | 1                    | CALCIJEX                                 |                                                          |
| <i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>                                                                                                                                      | 1                    | ROCALTROL                                |                                                          |
| <i>calcitriol 1 mcg/ml soln</i>                                                                                                                                                  | 1                    | ROCALTROL                                |                                                          |
| <i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>                                                                                                                            | 1                    | SENSIPAR                                 | PA                                                       |
| <i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>                                                                                                                       | 1                    | HECTOROL                                 | PA                                                       |
| <i>ibandronate sodium 150 mg tab</i>                                                                                                                                             | 1                    | BONIVA                                   |                                                          |
| <i>ibandronate sodium 3 mg/3ml iv soln</i>                                                                                                                                       | 4                    | BONIVA                                   | PA                                                       |
| <i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>                                                                                                                              | 1                    | ZEMPLAR                                  | PA                                                       |
| <i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>                                                                                                                           | 1                    | ZEMPLAR                                  | PA                                                       |
| PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab                                                                                                          | 2                    |                                          |                                                          |
| PROLIA 60 mg/ml sc soln pfs                                                                                                                                                      | 5                    |                                          | PA                                                       |
| <i>raloxifene hcl 60 mg tab</i>                                                                                                                                                  | 1                    | EVISTA                                   | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>                                                                                                                                  | 1                    | ACTONEL                                  |                                                          |
| <i>risedronate sodium 35 mg tab dr</i>                                                                                                                                                                | 1                    | ATELVIA                                  |                                                          |
| <i>teriparatide 600 mcg/2.4ml sc soln pen-inj</i>                                                                                                                                                     | 4                    | FORTEO                                   | PA                                                       |
| <i>teriparatide (recombinant) 600 mcg/2.4ml sc soln pen-inj</i>                                                                                                                                       | 4                    | FORTEO                                   | PA                                                       |
| <i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i> | 1                    | ANDROGEL                                 |                                                          |
| <i>testosterone 30 mg/act td soln</i>                                                                                                                                                                 | 1                    | AXIRON                                   |                                                          |
| <i>testosterone 10 MG/ACT (2%) td gel</i>                                                                                                                                                             | 1                    | FORTESTA                                 |                                                          |
| <i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>                                                                                                                                    | 1                    | DEPO-TESTOSTERONE                        |                                                          |
| <i>testosterone enanthate 200 mg/ml im soln</i>                                                                                                                                                       | 1                    | DELATESTRYL                              |                                                          |
| <i>TYMLOS 3120 mcg/1.56ml sc soln pen-inj</i>                                                                                                                                                         | 4                    |                                          | PA                                                       |
| <i>zoledronic acid 5 mg/100ml iv soln</i>                                                                                                                                                             | 4                    | RECLAST                                  | PA                                                       |
| <b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]</b>                                                                      |                      |                                          |                                                          |
| <b>Ophthalmic Prostaglandin And Prostaglandin Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostaglandinas - Medicamentos Para Glaucoma]</b>                                    |                      |                                          |                                                          |
| <i>bimatoprost 0.03 % ophth soln</i>                                                                                                                                                                  | 1                    | LUMIGAN                                  |                                                          |
| <i>latanoprost 0.005 % ophth soln</i>                                                                                                                                                                 | 1                    | XALATAN                                  |                                                          |
| <i>LUMIGAN 0.01 % ophth soln</i>                                                                                                                                                                      | 2                    |                                          |                                                          |
| <i>travoprost (bak free) 0.004 % ophth soln</i>                                                                                                                                                       | 1                    | TRAVATAN                                 |                                                          |
| <b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]</b>                                                                        |                      |                                          |                                                          |
| <i>ak-poly-bac 500-10000 unit/gm ophth oint</i>                                                                                                                                                       | 1                    | POLYSPORIN                               |                                                          |
| <i>AKTEN 3.5 % ophth gel</i>                                                                                                                                                                          | 3                    |                                          |                                                          |
| <i>ALTACAINE 0.5 % ophth soln</i>                                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>ALTACAINE 0.5 % ophth soln</i>                                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>atropine sulfate 1 % ophth oint</i>                                                                                                                                                                | 1                    |                                          |                                                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>atropine sulfate 1 % ophth soln</i>                                                                                                                                    | 1                    | ISOPTO ATROPINE                          |                                                          |
| <i>atropine sulfate 1 % ophth soln</i>                                                                                                                                    | 1                    | ISOPTO ATROPINE                          |                                                          |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>                                                                                                                | 1                    | POLYSPORIN                               |                                                          |
| <i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln</i>                                                                                                | 1                    | CYCLOGYL                                 |                                                          |
| <i>cyclosporine 0.05 % ophth emul</i>                                                                                                                                     | 1                    | RESTASIS                                 | PA                                                       |
| HOMATROPAIRE 5 % ophth soln                                                                                                                                               | 3                    |                                          |                                                          |
| <i>homatropine hbr 5 % ophth soln</i>                                                                                                                                     | 1                    |                                          |                                                          |
| HYPOCYN ext soln                                                                                                                                                          | 3                    |                                          |                                                          |
| <i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>                                                                                    | 1                    | NEOSPORIN                                |                                                          |
| <i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>                                                                                                           | 1                    | NEOSPORIN                                |                                                          |
| NEO-POLYCIN 3.5-400-10000 ophth oint                                                                                                                                      | 1                    |                                          |                                                          |
| POLYCIN 500-10000 unit/gm ophth oint                                                                                                                                      | 1                    |                                          |                                                          |
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>                                                                                                            | 1                    | POLYTRIM                                 |                                                          |
| <i>proparacaine hcl 0.5 % ophth soln</i>                                                                                                                                  | 1                    | ALCAINE                                  |                                                          |
| RHOPRESSA 0.02 % ophth soln                                                                                                                                               | 3                    |                                          |                                                          |
| ROCKLATAN 0.02-0.005 % ophth soln                                                                                                                                         | 3                    |                                          |                                                          |
| TETCAINE 0.5 % ophth soln                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>tetracaine hcl 0.5 % ophth soln</i>                                                                                                                                    | 1                    |                                          |                                                          |
| TETRAVISC 0.5 % ophth soln                                                                                                                                                | 1                    |                                          |                                                          |
| TETRAVISC FORTE 0.5 % ophth soln                                                                                                                                          |                      |                                          |                                                          |
| <i>tropicamide 0.5 % ophth soln</i>                                                                                                                                       | 1                    |                                          |                                                          |
| <i>tropicamide 1 % ophth soln</i>                                                                                                                                         | 1                    | MYDRIACYL                                |                                                          |
| XIIDRA 5 % ophth soln                                                                                                                                                     | 2                    |                                          | PA                                                       |
| <b>Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]</b> |                      |                                          |                                                          |
| ALOCIL 2 % ophth soln                                                                                                                                                     | 3                    |                                          |                                                          |
| ALTAFRIN 10 % ophth soln, 2.5 % ophth soln                                                                                                                                | 1                    |                                          |                                                          |
| <i>azelastine hcl 0.05 % ophth soln</i>                                                                                                                                   | 1                    | OPTIVAR                                  |                                                          |
| <i>bepotastine besilate 1.5 % ophth soln</i>                                                                                                                              | 1                    | BEPREVE                                  |                                                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>cromolyn sodium 4 % ophth soln</i>                                                                                                                                           | 1                    | OPTICROM                                 |                                                          |
| CYCLOMYDRIL 0.2-1 % ophth soln                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>dexamethasone sodium phosphate 0.1 % ophth soln</i>                                                                                                                          | 1                    | MAXIDEX                                  |                                                          |
| LASTACFT 0.25 % ophth soln                                                                                                                                                      | 3                    |                                          |                                                          |
| <i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>                                                                                                                       | 1                    | PATADAY                                  |                                                          |
| <i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>                                                                                                                      | 1                    |                                          |                                                          |
| <b>Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs</b><br><b>[Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]</b> |                      |                                          |                                                          |
| ACUVAIL 0.45 % ophth soln                                                                                                                                                       | 3                    |                                          |                                                          |
| ALOMIDE 0.1 % ophth soln                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>                                                                                                                             | 1                    | CORTISPORIN                              |                                                          |
| BLEPHAMIDE 10-0.2 % ophth susp                                                                                                                                                  | 3                    |                                          |                                                          |
| BLEPHAMIDE S.O.P. 10-0.2 % ophth oint                                                                                                                                           | 3                    |                                          |                                                          |
| <i>bromfenac sodium 0.07 % ophth soln</i>                                                                                                                                       | 1                    | PROLENSA                                 |                                                          |
| <i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>                                                                                                                          | 1                    | BROMDAY                                  |                                                          |
| <i>dexamethasone sodium phosphate 0.1 % ophth soln</i>                                                                                                                          | 1                    | MAXIDEX                                  |                                                          |
| <i>diclofenac sodium 0.1 % ophth soln</i>                                                                                                                                       | 1                    | VOLTAREN                                 |                                                          |
| <i>difluprednate 0.05 % ophth emul</i>                                                                                                                                          | 1                    | DUREZOL                                  |                                                          |
| <i>double pm 1-0.5 % ophth soln</i>                                                                                                                                             | 3                    |                                          |                                                          |
| FLAREX 0.1 % ophth susp                                                                                                                                                         | 3                    |                                          |                                                          |
| <i>fluorometholone 0.1 % ophth susp</i>                                                                                                                                         | 1                    | FML                                      |                                                          |
| <i>flurbiprofen sodium 0.03 % ophth soln</i>                                                                                                                                    | 1                    | OCUFEN                                   |                                                          |
| FML 0.1 % ophth oint                                                                                                                                                            | 2                    |                                          |                                                          |
| <i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>                                                                                                                | 1                    | ACULAR                                   |                                                          |
| LOTEMAX 0.5 % ophth oint                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>loteprednol etabonate 0.2 % ophth susp</i>                                                                                                                                   | 1                    | ALREX                                    |                                                          |
| <i>loteprednol etabonate 0.5 % ophth gel</i>                                                                                                                                    | 1                    | LOTEMAX                                  |                                                          |

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|-----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| MAXIDEX 0.1 % ophth susp                                                                                              | 3                    |                                          |                                                          |
| neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint                                                                  | 1                    | MAXITROL                                 |                                                          |
| neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp                                                                  | 1                    | MAXITROL                                 |                                                          |
| neomycin-polymyxin-hc 3.5-10000-1 ophth susp                                                                          | 1                    | CORTISPORIN                              |                                                          |
| NEO-POLYCIN HC 1 % ophth oint                                                                                         | 1                    |                                          |                                                          |
| PRED-G 0.3-1 % ophth susp                                                                                             | 3                    |                                          |                                                          |
| PRED-G S.O.P. 0.3-0.6 % ophth oint                                                                                    | 3                    |                                          |                                                          |
| prednisolone acetate 1 % ophth susp                                                                                   | 1                    | PRED FORTE                               |                                                          |
| prednisolone acetate p-f 1 % ophth susp                                                                               | 3                    | PRED FORTE                               |                                                          |
| prednisolone sodium phosphate 1 % ophth soln                                                                          | 1                    |                                          |                                                          |
| sulfacetamide-prednisolone 10-0.23 % ophth soln                                                                       | 1                    | VASOCIDIN                                |                                                          |
| TOBRADEX 0.3-0.1 % ophth oint                                                                                         | 3                    |                                          |                                                          |
| TOBRADEX ST 0.3-0.05 % ophth susp                                                                                     | 3                    |                                          |                                                          |
| tobramycin-dexamethasone 0.3-0.1 % ophth susp                                                                         | 1                    | TOBRADEX                                 |                                                          |
| triple pmb 1-0.5-0.09 % ophth soln                                                                                    | 3                    |                                          |                                                          |
| triple pmk 1-0.5-0.5 % ophth soln                                                                                     | 3                    |                                          |                                                          |
| <b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]</b> |                      |                                          |                                                          |
| acetazolamide 125 mg tab, 250 mg tab                                                                                  | 1                    | DIAMOX                                   |                                                          |
| acetazolamide er 500 mg cap er 12 hr                                                                                  | 1                    | DIAMOX                                   |                                                          |
| apraclonidine hcl 0.5 % ophth soln                                                                                    | 1                    | IOPIDINE                                 |                                                          |
| betaxolol hcl 0.5 % ophth soln                                                                                        | 1                    | BETOPTIC                                 |                                                          |
| BETIMOL 0.25 % ophth soln, 0.5 % ophth soln                                                                           | 3                    |                                          |                                                          |
| BETOPTIC-S 0.25 % ophth susp                                                                                          | 3                    |                                          |                                                          |
| brimonidine tartrate 0.1 % ophth soln                                                                                 | 1                    | ALPHAGAN P                               |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>                                                                            | 1                    | ALPHAGAN                                 |                                                          |
| <i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>                                                                                   | 1                    | COMBIGAN                                 |                                                          |
| <i>brimonidine-dorzolamide 0.15-2 % ophth soln</i>                                                                                         | 1                    |                                          |                                                          |
| <i>brinzolamide 1 % ophth susp</i>                                                                                                         | 1                    | AZOPT                                    |                                                          |
| <i>carteolol hcl 1 % ophth soln</i>                                                                                                        | 1                    | OCUPRESS                                 |                                                          |
| <i>dorzolamide hcl 2 % ophth soln</i>                                                                                                      | 1                    | TRUSOPT                                  |                                                          |
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>                                                                               | 1                    | COSOPT                                   |                                                          |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>                                                                                   | 1                    | COSOPT                                   |                                                          |
| <i>IOPIDINE 1 % ophth soln</i>                                                                                                             | 3                    |                                          |                                                          |
| <i>latanoprost-timolol maleate 0.005-0.5 % ophth soln</i>                                                                                  | 1                    |                                          |                                                          |
| <i>levobunolol hcl 0.5 % ophth soln</i>                                                                                                    | 1                    | BETAGAN                                  |                                                          |
| <i>methazolamide 25 mg tab, 50 mg tab</i>                                                                                                  | 1                    | NEPTAZANE                                |                                                          |
| <i>PHOSPHOLINE IODIDE 0.125 % ophth soln</i>                                                                                               | 2                    |                                          |                                                          |
| <i>PHOSPHOLINE IODIDE 0.125 % ophth soln</i>                                                                                               | 2                    |                                          |                                                          |
| <i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>                                                                      | 1                    | ISOPTO CARPINE                           |                                                          |
| <i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>                                                                                 | 1                    | TIMOPTIC                                 |                                                          |
| <i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>                                                                                   | 1                    | TIMOPTIC XE                              |                                                          |
| <i>timolol maleate (once-daily) 0.5 % ophth soln</i>                                                                                       | 1                    | ISTALOL                                  |                                                          |
| <b>Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]</b> |                      |                                          |                                                          |
| <i>AZASITE 1 % ophth soln</i>                                                                                                              | 3                    |                                          |                                                          |
| <i>bacitracin 500 unit/gm ophth oint</i>                                                                                                   | 1                    | BACI-IM                                  |                                                          |
| <i>BESIVANCE 0.6 % ophth susp</i>                                                                                                          | 3                    |                                          |                                                          |
| <i>CILOXAN 0.3 % ophth oint</i>                                                                                                            | 3                    |                                          |                                                          |
| <i>ciprofloxacin hcl 0.3 % ophth soln</i>                                                                                                  | 1                    | CILOXAN                                  |                                                          |
| <i>erythromycin 5 mg/gm ophth oint</i>                                                                                                     | 1                    | ILOTYCIN                                 |                                                          |
| <i>gatifloxacin 0.5 % ophth soln</i>                                                                                                       | 1                    | ZYMAXID                                  |                                                          |
| <i>GENTAK 0.3 % ophth oint</i>                                                                                                             | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>gentamicin sulfate 0.3 % ophth soln</i>                                                                                                                                                                                         | 1                    | GARAMYCIN                                |                                                          |
| <i>levofloxacin 0.5 % ophth soln</i>                                                                                                                                                                                               | 1                    | QUIXIN                                   |                                                          |
| <i>moxifloxacin hcl 0.5 % ophth soln</i>                                                                                                                                                                                           | 1                    | VIGAMOX                                  |                                                          |
| <i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>                                                                                                                                                                                  | 1                    | MOXEZA                                   |                                                          |
| <i>ofloxacin 0.3 % ophth soln</i>                                                                                                                                                                                                  | 1                    | OCUFLOX                                  |                                                          |
| <i>tobramycin 0.3 % ophth soln</i>                                                                                                                                                                                                 | 1                    | TOBREX                                   |                                                          |
| TOBREX 0.3 % ophth oint                                                                                                                                                                                                            | 3                    |                                          |                                                          |
| <b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]</b>                                                                                                            |                      |                                          |                                                          |
| <b>Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]</b>                                                                                                            |                      |                                          |                                                          |
| <i>acetic acid 2 % otic soln</i>                                                                                                                                                                                                   | 1                    | VOSOL                                    |                                                          |
| CIPRO HC 0.2-1 % otic susp                                                                                                                                                                                                         | 3                    |                                          |                                                          |
| <i>ciprofloxacin hcl 0.2 % otic soln</i>                                                                                                                                                                                           | 1                    | CETRAXAL                                 |                                                          |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>                                                                                                                                                                             | 1                    | CIPRODEX                                 |                                                          |
| <i>ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln</i>                                                                                                                                                                         | 1                    | OTOVEL                                   |                                                          |
| COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp                                                                                                                                                                                          | 3                    |                                          |                                                          |
| CORTIC-ND 10-10-1 mg/ml otic soln                                                                                                                                                                                                  | 2                    |                                          |                                                          |
| <i>exotic-hc 10-10-1 mg/ml otic soln</i>                                                                                                                                                                                           | 1                    |                                          |                                                          |
| FLAC 0.01 % otic oil                                                                                                                                                                                                               | 1                    |                                          |                                                          |
| <i>fluocinolone acetonide 0.01 % otic oil</i>                                                                                                                                                                                      | 1                    | DERMOTIC                                 |                                                          |
| <i>hydrocortisone-acetic acid 1-2 % otic soln</i>                                                                                                                                                                                  | 1                    | VOSOL HC                                 |                                                          |
| <i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>                                                                                                                                           | 1                    | CORTISPORIN                              |                                                          |
| <i>ofloxacin 0.3 % otic soln</i>                                                                                                                                                                                                   | 1                    | FLOXIN                                   |                                                          |
| PRAMOTIC 1-0.1 % otic liq                                                                                                                                                                                                          | 2                    |                                          |                                                          |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]</b> |                      |                                          |                                                          |
| <b>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]</b>                                                                            |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act                         | 2                    |                                          | QL(30 / 30)                                              |
| BECONASE AQ 42 mcg/spray nasal susp                                                                                                      | 3                    |                                          |                                                          |
| <i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>                                                           | 1                    | PULMICORT                                | QL(120 / 30)                                             |
| <i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>                                                                                        | 1                    | NASALIDE                                 |                                                          |
| <i>fluticasone propionate 50 mcg/act nasal susp</i>                                                                                      | 1                    | FLONASE                                  |                                                          |
| <i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i> | 1                    | ADVAIR DISKUS                            | QL(60 / 30)                                              |
| <i>mometasone furoate 50 mcg/act nasal susp</i>                                                                                          | 1                    | NASONEX                                  |                                                          |
| OMNARIS 50 mcg/act nasal susp                                                                                                            | 3                    |                                          |                                                          |
| PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act                                                      | 2                    |                                          | QL(1 / 30)                                               |
| QNASL 80 mcg/act nasal aer soln                                                                                                          | 3                    |                                          |                                                          |
| QNASL CHILDRENS 40 mcg/act nasal aer soln                                                                                                | 3                    |                                          |                                                          |
| QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act                                                                      | 2                    |                                          | QL(21.2 / 30)                                            |
| ZETONNA 37 mcg/act nasal aer soln                                                                                                        | 3                    |                                          |                                                          |
| <b>Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]</b>                                  |                      |                                          |                                                          |
| <i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>                                                                         | 1                    | ASTELIN                                  |                                                          |
| <i>azelastine hcl 0.15 % nasal soln</i>                                                                                                  | 1                    | ASTEPRO                                  |                                                          |
| <i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>                                                                                  | 1                    | DYMISTA                                  |                                                          |
| <i>carbinoxamine maleate 6 mg tab</i>                                                                                                    | 1                    |                                          |                                                          |
| <i>carbinoxamine maleate 4 mg tab</i>                                                                                                    | 1                    | CLISTIN                                  |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>carbinoxamine maleate 4 mg/5ml soln</i>                                                                                        | 1                    | CLISTIN                                  |                                                          |
| <i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>                                                                                 | 1                    | ZYRTEC                                   |                                                          |
| <i>clemastine fumarate 2.68 mg tab</i>                                                                                            | 1                    | TAVIST                                   |                                                          |
| <i>cyproheptadine hcl 4 mg tab</i>                                                                                                | 1                    | PERIACTIN                                |                                                          |
| <i>cyproheptadine hcl 2 mg/5ml syr</i>                                                                                            | 1                    | PERIACTIN                                |                                                          |
| <i>desloratadine 5 mg tab</i>                                                                                                     | 1                    | CLARINEX                                 |                                                          |
| DICOPANOL FUSEPAQ 5 mg/ml susp                                                                                                    | 3                    |                                          |                                                          |
| DICOPANOL RAPIDPAQ 5 mg/ml susp                                                                                                   | 3                    |                                          |                                                          |
| <i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>                                                               | 1                    | BENADRYL                                 |                                                          |
| <i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>                                                                            | 1                    | ATARAX                                   |                                                          |
| <i>hydroxyzine hcl 10 mg/5ml syr</i>                                                                                              | 1                    | ATARAX                                   |                                                          |
| <i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>                                                                       | 1                    | VISTARIL                                 |                                                          |
| KARBINAL ER 4 mg/5ml susp er                                                                                                      | 3                    |                                          |                                                          |
| <i>levocetirizine dihydrochloride 5 mg tab</i>                                                                                    | 1                    | XYZAL                                    |                                                          |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>                                                                             | 1                    | XYZAL                                    |                                                          |
| <i>olopatadine hcl 0.6 % nasal soln</i>                                                                                           | 1                    | PATANASE                                 |                                                          |
| <b>Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]</b>                                    |                      |                                          |                                                          |
| <i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>                                                      | 1                    | SINGULAIR                                |                                                          |
| <i>zafirlukast 10 mg tab, 20 mg tab</i>                                                                                           | 1                    | ACCOLATE                                 |                                                          |
| <i>zileuton er 600 mg tab er 12 hr</i>                                                                                            | 1                    | ZYFLO CR                                 |                                                          |
| ZYFLO 600 mg tab                                                                                                                  | 3                    |                                          |                                                          |
| <b>Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]</b> |                      |                                          |                                                          |
| ATROVENT HFA 17 mcg/act inh aer soln                                                                                              | 3                    |                                          | QL(12.9 / 30)                                            |
| COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln                                                                                    | 2                    |                                          | QL(4 / 30)                                               |
| <i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>                                                                   | 1                    | ATROVENT                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ipratropium bromide 0.02 % inh soln</i>                                                                                                                                            | 1                    | ATROVENT                                 | QL(360 / 30)                                             |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>                                                                                                                              | 1                    | DUONEB                                   | QL(360 / 30)                                             |
| SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln                                                                                                                  | 2                    |                                          | QL(4 / 30)                                               |
| <b>Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]</b> |                      |                                          |                                                          |
| ELIXOPHYLLIN 80 mg/15ml oral elix                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>roflumilast 250 mcg tab, 500 mcg tab</i>                                                                                                                                           | 1                    | DALIRESP                                 | PA                                                       |
| THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr                                                                                            | 3                    |                                          |                                                          |
| <i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>                                                                                                                             | 1                    |                                          |                                                          |
| <i>theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>                                                                                                                       | 1                    | THEO-DUR                                 |                                                          |
| <i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>                                                                                                                       | 1                    | UNIPHYL                                  |                                                          |
| <b>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]</b>                                                     |                      |                                          |                                                          |
| <i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>                                                                                                           | 1                    | ACCUNEB                                  | QL(540 / 30)                                             |
| <i>albuterol sulfate 2 mg tab, 4 mg tab</i>                                                                                                                                           | 1                    | PROVENTIL                                |                                                          |
| <i>albuterol sulfate 2 mg/5ml syr</i>                                                                                                                                                 | 1                    | PROVENTIL                                |                                                          |
| <i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>                                                                                                                                  | 1                    | PROVENTIL                                | QL(60 / 30)                                              |
| <i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>                                                                                                                                  | 1                    | PROVENTIL                                | QL(60 / 30)                                              |
| <i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>                                                                                                                             | 1                    | PROVENTIL                                | QL(540 / 30)                                             |
| <i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>                                                                                                                      | 1                    | VOSPIRE ER                               |                                                          |
| <i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>                                                                                                                       | 1                    | PROAIR HFA                               | QL(18 / 30)                                              |

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|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ARCAPTA NEOHALER 75 mcg inh cap                                                                                                          | 3                    |                                          |                                                          |
| <i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>                                                                                     | 1                    | BROVANA                                  | QL(60 / 30)                                              |
| AUVI-Q 0.1 mg/0.1ml inj soln auto-inj                                                                                                    | 3                    |                                          | QL(2 / 365)                                              |
| <i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>                                                      | 1                    | ADRENACLICK                              | QL(2 / 365)                                              |
| <i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>                                                                                       | 1                    | EPIPEN JR                                | QL(2 / 365)                                              |
| <i>epinephrine (anaphylaxis) 1 mg/ml inj soln</i>                                                                                        | 1                    |                                          | QL(2 / 365)                                              |
| <i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i> | 1                    | ADVAIR DISKUS                            | QL(60 / 30)                                              |
| <i>formoterol fumarate 20 mcg/2ml inh neb soln</i>                                                                                       | 1                    | PERFOROMIST                              | QL(60 / 30)                                              |
| <i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>                                                                                       | 1                    | XOPENEX                                  | QL(60 / 30)                                              |
| <i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>                                     | 1                    | XOPENEX                                  | QL(252 / 28)                                             |
| SEREVENT DISKUS 50 mcg/act inh aer pwdr br act                                                                                           | 2                    |                                          | QL(60 / 30)                                              |
| STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln                                                                                              | 3                    |                                          | QL(4 / 30)                                               |
| <i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>                                                                                          | 1                    | BRETHINE                                 |                                                          |
| <i>terbutaline sulfate 1 mg/ml inj soln</i>                                                                                              | 1                    | BRETHINE                                 |                                                          |
| TRELEGY ELLIPTA 200-62.5-25 mcg/act inh aer pwdr br act                                                                                  | 2                    |                                          | QL(60 / 30)                                              |
| <b>Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]</b>                  |                      |                                          |                                                          |
| <i>cromolyn sodium 20 mg/2ml inh neb soln</i>                                                                                            | 1                    | INTAL                                    | QL(240 / 30)                                             |
| <b>Pulmonary Antihypertensives - Asthma/Lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]</b>                    |                      |                                          |                                                          |
| ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab                                                                           | 4                    |                                          | PA                                                       |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ambrisentan 10 mg tab, 5 mg tab</i>                                                                                                   | 4                    | LETAIRIS                                 | PA                                                       |
| <i>bosentan 125 mg tab, 62.5 mg tab</i>                                                                                                  | 4                    | TRACLEER                                 | PA                                                       |
| <i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>                                                                                | 4                    | FLOLAN                                   | PA                                                       |
| <i>nifedipine 10 mg cap, 20 mg cap</i>                                                                                                   | 1                    | PROCARDIA                                |                                                          |
| <i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                                          | 1                    | ADALAT CC                                |                                                          |
| <i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>                                          | 1                    | PROCARDIA XL                             |                                                          |
| OPSUMIT 10 mg tab                                                                                                                        | 4                    |                                          | PA                                                       |
| <i>sildenafil citrate 20 mg tab</i>                                                                                                      | 4                    | REVATIO                                  | PA                                                       |
| <i>tadalafil (pah) 20 mg tab</i>                                                                                                         | 4                    | ADCIRCA                                  | PA                                                       |
| <b>Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]</b>      |                      |                                          |                                                          |
| <i>acetylcysteine 10 % inh soln, 20 % inh soln</i>                                                                                       | 1                    | MUCOMYST                                 |                                                          |
| ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer                                                         | 2                    |                                          | QL(12 / 30)                                              |
| ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act                                                                                        | 2                    |                                          | QL(60 / 30)                                              |
| <i>benzonatate 100 mg cap, 200 mg cap</i>                                                                                                | 1                    | TESSALON                                 |                                                          |
| <i>benzonatate 150 mg cap</i>                                                                                                            | 1                    | ZONATUSS                                 |                                                          |
| BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act                   | 2                    |                                          | QL(60 / 30)                                              |
| CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr                                                                                               | 3                    |                                          |                                                          |
| <i>epinephrine hcl (nasal) 0.1 % nasal soln</i>                                                                                          | 1                    |                                          |                                                          |
| <i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i> | 1                    | ADVAIR DISKUS                            | QL(60 / 30)                                              |
| GILPHEX TR 10-388 mg tab                                                                                                                 | 3                    |                                          |                                                          |
| GILTUSS TR 10-28-388 mg tab                                                                                                              | 3                    |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>                                                                                          | 1                    | TUSSIONEX<br>PENNKINETIC ER              |                                                          |
| <i>hydromet 5-1.5 mg/5ml soln</i>                                                                                                                  | 1                    | HYCODAN                                  |                                                          |
| HYPERSAL 3.5 % inh neb soln                                                                                                                        | 3                    |                                          |                                                          |
| NEBUSAL 3 % inh neb soln                                                                                                                           | 1                    |                                          |                                                          |
| NEBUSAL 6 % inh neb soln                                                                                                                           | 3                    |                                          |                                                          |
| NEOTUSS PLUS 7.5-4-30 mg/5ml liq                                                                                                                   | 3                    |                                          |                                                          |
| <i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>                                                                                | 1                    |                                          | AL                                                       |
| <i>promethazine-dm 6.25-15 mg/5ml syr</i>                                                                                                          | 1                    |                                          |                                                          |
| <i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>                                                                                         | 1                    |                                          | AL                                                       |
| <i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>                                                                                                | 1                    | PHENERGAN VC                             |                                                          |
| <i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>                                                                                                    | 1                    |                                          |                                                          |
| PULMOSAL 7 % inh neb soln                                                                                                                          | 1                    |                                          |                                                          |
| <i>ribavirin 6 gm inh soln</i>                                                                                                                     | 4                    | VIRAZOLE                                 | PA                                                       |
| SEMPREX-D 8-60 mg cap                                                                                                                              | 3                    |                                          |                                                          |
| <i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>                                                                     | 1                    |                                          |                                                          |
| <i>sodium chloride 7 % inh neb soln</i>                                                                                                            | 1                    | HYPERSAL                                 |                                                          |
| STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln                                                                                                      | 2                    |                                          | QL(4 / 30)                                               |
| SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer                                                                                          | 2                    |                                          |                                                          |
| TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act                                                   | 2                    |                                          | QL(60 / 30)                                              |
| TUSSICAPS 10-8 mg cap er 12 hr                                                                                                                     | 3                    |                                          |                                                          |
| WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act                            | 1                    |                                          | QL(60 / 30)                                              |
| <b>Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]</b> |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| KALYDECO 13.4 mg pckt, 150 mg tab, 5.8 mg pckt, 50 mg pckt, 75 mg pckt                                                                                                   | 5                    |                                          | PA                                                       |
| PULMOZYME 2.5 mg/2.5ml inh soln                                                                                                                                          | 5                    |                                          | PA                                                       |
| <i>tobramycin 300 mg/5ml inh neb soln</i>                                                                                                                                | 4                    | TOBI                                     | PA                                                       |
| <b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM<br/>[RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b> |                      |                                          |                                                          |
| <b>Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]</b>                         |                      |                                          |                                                          |
| <i>carisoprodol 250 mg tab, 350 mg tab</i>                                                                                                                               | 1                    | SOMA                                     |                                                          |
| <i>carisoprodol-aspirin 200-325 mg tab</i>                                                                                                                               | 1                    | SOMA                                     |                                                          |
| <i>chlorzoxazone 500 mg tab</i>                                                                                                                                          | 1                    | PARAFON FORTE                            |                                                          |
| <i>cyclo/gaba 10/300 10-300 mg pack</i>                                                                                                                                  | 3                    |                                          |                                                          |
| <i>cyclobenzaprine hcl 7.5 mg tab</i>                                                                                                                                    | 1                    | FEXMID                                   |                                                          |
| <i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>                                                                                                                           | 1                    | FLEXERIL                                 |                                                          |
| CYCLOPHENE RAPIDPAQ 5 % td crm                                                                                                                                           | 3                    |                                          |                                                          |
| <i>metaxalone 400 mg tab, 800 mg tab</i>                                                                                                                                 | 1                    | SKELAXIN                                 |                                                          |
| <i>methocarbamol 500 mg tab, 750 mg tab</i>                                                                                                                              | 1                    | ROBAXIN                                  |                                                          |
| <i>orphenadrine citrate er 100 mg tab er 12 hr</i>                                                                                                                       | 1                    | NORFLEX                                  |                                                          |
| <b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]</b>                               |                      |                                          |                                                          |
| <b>GABA Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De GABA - Medicamentos Para Dormir]</b>                                                       |                      |                                          |                                                          |
| EDLUAR 10 mg tab subl, 5 mg tab subl                                                                                                                                     | 3                    |                                          |                                                          |
| <i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>                                                                                                                          | 1                    | LUNESTA                                  |                                                          |
| <i>flurazepam hcl 15 mg cap, 30 mg cap</i>                                                                                                                               | 1                    | DALMANE                                  |                                                          |
| <i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>                                                                                                           | 1                    | RESTORIL                                 |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>triazolam 0.125 mg tab, 0.25 mg tab</i>                                                                                                                                                                   | 1                    | HALCION                                  |                                                          |
| <i>zaleplon 10 mg cap, 5 mg cap</i>                                                                                                                                                                          | 1                    | SONATA                                   |                                                          |
| <i>zolpidem tartrate 10 mg tab, 5 mg tab</i>                                                                                                                                                                 | 1                    | AMBIEN                                   |                                                          |
| <i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>                                                                                                                                                     | 1                    | INTERMEZZO                               |                                                          |
| <i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>                                                                                                                                                   | 1                    | AMBIEN CR                                |                                                          |
| <b>Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]</b>                                                                                                  |                      |                                          |                                                          |
| <i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>                                                                                                                                             | 1                    | NUVIGIL                                  | PA, SL                                                   |
| BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab                                                                                                                                                           | 3                    |                                          | ST                                                       |
| <i>doxepin hcl 3 mg tab, 6 mg tab</i>                                                                                                                                                                        | 1                    | SILENOR                                  |                                                          |
| <i>modafinil 100 mg tab, 200 mg tab</i>                                                                                                                                                                      | 1                    | PROVIGIL                                 | PA, SL                                                   |
| <i>ramelteon 8 mg tab</i>                                                                                                                                                                                    | 1                    | ROZEREM                                  |                                                          |
| SECONAL 100 mg cap                                                                                                                                                                                           | 3                    |                                          |                                                          |
| XYREM 500 mg/ml soln                                                                                                                                                                                         | 5                    |                                          | PA                                                       |
| <b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]</b>                                                                                                           |                      |                                          |                                                          |
| <b>Electrolyte/Mineral/Metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b>                                                |                      |                                          |                                                          |
| CHEMET 100 mg cap                                                                                                                                                                                            | 3                    |                                          |                                                          |
| <i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>                                                                                                                                                         | 4                    | JADENU                                   | PA                                                       |
| <i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i>                                                                                                                                             | 4                    | JADENU SPRINKLE                          | PA                                                       |
| <i>deferiprone 500 mg tab</i>                                                                                                                                                                                | 4                    | FERRIPROX                                | PA                                                       |
| FERRIPROX 100 mg/ml soln                                                                                                                                                                                     | 5                    |                                          | PA                                                       |
| KIONEX 15 gm/60ml susp                                                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>sodium polystyrene sulfonate oral pwr</i>                                                                                                                                                                 | 1                    | KAYEXALATE                               |                                                          |
| <i>sodium polystyrene sulfonate 15 gm/60ml susp</i>                                                                                                                                                          | 1                    | SPS                                      |                                                          |
| SPS 15 gm/60ml susp                                                                                                                                                                                          | 3                    |                                          |                                                          |
| VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt                                                                                                                                                             | 5                    |                                          | PA                                                       |
| <b>Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b> |                      |                                          |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>b-12 compliance injection 1000 mcg/ml inj kit</i>                     | 3                    |                                          |                                                          |
| <i>cyanocobalamin 1000 mcg/ml inj soln</i>                               | 1                    |                                          |                                                          |
| <i>cytra k crystals 3300-1002 mg pckt</i>                                | 3                    |                                          |                                                          |
| EFFER-K 25 meq tab eff                                                   | 1                    |                                          |                                                          |
| EFFER-K 10 meq tab eff, 20 meq tab eff                                   | 3                    |                                          |                                                          |
| <i>folic acid 5 mg/ml inj soln</i>                                       | 1                    |                                          |                                                          |
| <i>folic acid 1 mg tab</i>                                               | 1                    |                                          |                                                          |
| GALZIN 25 mg cap, 50 mg cap                                              | 3                    |                                          |                                                          |
| INFED 50 mg/ml inj soln                                                  | 3                    |                                          | PA                                                       |
| KLOR-CON 20 meq pckt, 8 meq tab er                                       | 1                    |                                          |                                                          |
| KLOR-CON 10 10 meq tab er                                                | 1                    |                                          |                                                          |
| KLOR-CON M10 10 meq tab er                                               | 1                    |                                          |                                                          |
| KLOR-CON M15 15 meq tab er                                               | 1                    |                                          |                                                          |
| KLOR-CON M20 20 meq tab er                                               | 1                    |                                          |                                                          |
| KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er                            | 1                    |                                          |                                                          |
| KLOR-CON/EF 25 meq tab eff                                               | 1                    |                                          |                                                          |
| K-PHOS NO 2 305-700 mg tab                                               | 3                    |                                          |                                                          |
| K-PRIME 25 meq tab eff                                                   | 1                    |                                          |                                                          |
| <i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>                 | 1                    | FERRLECIT                                |                                                          |
| ORACIT 490-640 mg/5ml soln                                               | 3                    |                                          |                                                          |
| PHOSPHA 250 NEUTRAL 155-852-130 mg tab                                   | 1                    |                                          |                                                          |
| <i>phosphorous 155-852-130 mg tab</i>                                    | 1                    |                                          |                                                          |
| PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab                              | 1                    |                                          |                                                          |
| <i>potassium chloride 20 meq pckt</i>                                    | 1                    |                                          |                                                          |
| <i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i> | 1                    | K-SOL                                    |                                                          |
| <i>potassium chloride crys er 10 meq tab er</i>                          | 1                    |                                          |                                                          |
| <i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>           | 1                    | KLOR-CON                                 |                                                          |
| <i>potassium chloride er 20 meq tab er</i>                               | 1                    | K-TAB                                    |                                                          |

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| Drug Name<br>[Nombre del Medicamento]                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>potassium chloride er 10 meq tab er, 8 meq tab er</i>                                            | 1                    | KLOR-CON                                 |                                                          |
| <i>potassium chloride er 10 meq cap er, 8 meq cap er</i>                                            | 1                    | MICRO-K                                  |                                                          |
| <i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i> | 1                    | UROCIT-K                                 |                                                          |
| <i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>                                           | 1                    |                                          |                                                          |
| <i>sod citrate-citric acid 500-334 mg/5ml soln</i>                                                  | 1                    | SHOHL'S MODIFIED                         |                                                          |
| TARON-CRYSTALS 3300-1002 mg pckt                                                                    | 1                    |                                          |                                                          |
| <i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>                                            | 3                    |                                          |                                                          |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]</b>                          |                      |                                          |                                                          |
| <b>Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]</b>                          |                      |                                          |                                                          |
| <i>deferoxamine mesylate 2 gm inj soln, 500 mg inj soln</i>                                         | 4                    | DESFERAL                                 | PA                                                       |
| <i>levocarnitine 330 mg tab</i>                                                                     | 1                    | CARNITOR                                 |                                                          |
| <i>levocarnitine 1 gm/10ml soln</i>                                                                 | 1                    | CARNITOR                                 |                                                          |
| METHERGINE 0.2 mg tab                                                                               | 1                    |                                          |                                                          |
| <i>methylergonovine maleate 0.2 mg tab</i>                                                          | 1                    | METHERGINE                               |                                                          |
| <i>potassium iodide 1 gm/ml soln</i>                                                                | 1                    |                                          |                                                          |

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

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

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

| Drugs (Medicamentos)                                                                     |  | Requirements/Limits<br>(Requisitos/Límites) |
|------------------------------------------------------------------------------------------|--|---------------------------------------------|
| Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno) |  |                                             |
| Antiestrogens/Modifiers (Antiestrógenos/Modificadores)                                   |  |                                             |
| tamoxifen citrate oral tablet 10 mg, 20 mg                                               |  | PA                                          |
| Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)    |  |                                             |
| raloxifene hcl oral tablet 60 mg                                                         |  | PA                                          |
| Contraceptive Methods (Métodos Anticonceptivos)                                          |  |                                             |
| Cervical Cap (Cápsula Cervical)                                                          |  |                                             |
| FEMCAP CERVICAL CAP 22MM, 26MM, 30MM                                                     |  | QL (1EA per 365 days)                       |
| Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)                           |  |                                             |
| PARAGARD INTRAUTERINE COPPER                                                             |  | QL (1EA per 3650 days)                      |
| Diaphragm (Diafragma)                                                                    |  |                                             |
| CAYA VAGINAL DIAPHRAGM                                                                   |  | QL (1EA per 365 days)                       |
| 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)       |
| <b>Emergency Contraceptive (Anticonceptivo de Emergencia)</b>                          |                             |
| AFTERA 1.5 MG ORAL TABLET                                                              |                             |
| levonorgestrel oral tablet 1.5 mg                                                      |                             |
| MY WAY ORAL TABLET 1.5 MG                                                              |                             |
| OPTION 2 ORAL TABLET 1.5 MG                                                            |                             |
| TAKE ACTION ORAL TABLET 1.5 MG                                                         |                             |
| <b>Female Condom (Condón Femenino)</b>                                                 |                             |
| FC2 FEMALE CONDOM MISCELLANEOUS                                                        |                             |
| <b>Injection (Inyección)</b>                                                           |                             |
| 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)        |
| <b>Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)</b>    |                             |
| MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)                                           | QL (1EA per 2920 days)      |
| <b>Oral Contraceptive (Combined Pill) [Anticonceptivos Orales (Píldora Combinada)]</b> |                             |
| AFIRMELLE ORAL TABLET 0.10-20 MG-MCG                                                   | QL (28 tablets per 28 days) |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG                                                    | QL (28 tablets per 28 days) |
| ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG                                                   | QL (28 tablets per 28 days) |
| APRI ORAL TABLET 0.15-30 MG-MCG                                                        | QL (28 tablets per 28 days) |
| AUBRA 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 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                           | QL (28 tablets per 28 days) |

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|                                                                          |                             |
|--------------------------------------------------------------------------|-----------------------------|
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG                                 | QL (28 tablets per 28 days) |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                         | QL (28 tablets per 28 days) |
| AYUNA ORAL TABLET 0.15-30 MG-MCG                                         | QL (28 tablets per 28 days) |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)                            | QL (28 tablets per 28 days) |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)                                | QL (28 tablets per 28 days) |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                              | QL (28 tablets per 28 days) |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG                                  | QL (28 tablets per 28 days) |
| CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG                               | QL (28 tablets per 28 days) |
| CHATEAL 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) |
| CRYSELLE-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) |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)       | QL (28 tablets per 28 days) |
| drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg | QL (28 tablets per 28 days) |
| drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg | QL (28 tablets per 28 days) |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg                     | QL (28 tablets per 28 days) |
| drospirenone-ethinyl estradiol oral tablet 3-0.03 mg                     | QL (28 tablets per 28 days) |
| ELINEST ORAL TABLET 0.3-30 MG-MCG                                        | QL (28 tablets per 28 days) |
| 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) |

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|                                                               |                             |
|---------------------------------------------------------------|-----------------------------|
| 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) |
| JASMIEL ORAL TABLET 3-0.02 MG                                 | QL (28 tablets per 28 days) |
| JULEBER ORAL TABLET 0.15-30 MG-MCG                            | QL (28 tablets per 28 days) |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG                        | QL (28 tablets per 28 days) |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG                            | QL (28 tablets per 28 days) |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                     | QL (28 tablets per 28 days) |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG                         | QL (28 tablets per 28 days) |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)                      | QL (28 tablets per 28 days) |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG                 | QL (28 tablets per 28 days) |
| KALLIGA ORAL TABLET 0.15-30 MG-MCG                            | QL (28 tablets per 28 days) |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                   | QL (28 tablets per 28 days) |
| KURVELO ORAL TABLET 0.15-30 MG-MCG                            | QL (28 tablets per 28 days) |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)                       | QL (28 tablets per 28 days) |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                     | QL (28 tablets per 28 days) |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG                         | QL (28 tablets per 28 days) |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG                            | QL (28 tablets per 28 days) |
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG                 | QL (28 tablets per 28 days) |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                             | QL (28 tablets per 28 days) |
| LEVONEST ORAL TABLET                                          | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg  | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol triphasic oral tablet      | QL (28 tablets per 28 days) |
| LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG                | QL (28 tablets per 28 days) |
| LILLOW ORAL TABLET 0.15-30 MG-MCG                             | QL (28 tablets per 28 days) |
| LORYNA ORAL TABLET 3-0.02 MG                                  | QL (28 tablets per 28 days) |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG                        | QL (28 tablets per 28 days) |
| LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG                          | QL (28 tablets per 28 days) |

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|                                                                      |                             |
|----------------------------------------------------------------------|-----------------------------|
| LUTERA ORAL TABLET 0.1-20 MG-MCG                                     | QL (28 tablets per 28 days) |
| MARLISSA ORAL TABLET 0.15-30 MG-MCG                                  | QL (28 tablets per 28 days) |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                   | QL (28 tablets per 28 days) |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                         | QL (28 tablets per 28 days) |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                      | QL (28 tablets per 28 days) |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG                            | QL (28 tablets per 28 days) |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG                          | QL (28 tablets per 28 days) |
| MILI ORAL TABLET 0.25-35 MG-MCG                                      | QL (28 tablets per 28 days) |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG                               | QL (28 tablets per 28 days) |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG                                   | QL (28 tablets per 28 days) |
| NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG                          | QL (28 tablets per 28 days) |
| NIKKI ORAL TABLET 3-0.02 MG                                          | QL (28 tablets per 28 days) |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg                   | QL (28 tablets per 28 days) |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)           | QL (28 tablets per 28 days) |
| norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)    | QL (28 tablets per 28 days) |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)           | QL (28 tablets per 28 days) |
| norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg         | QL (28 tablets per 28 days) |
| norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg          | QL (28 tablets per 28 days) |
| norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG                        | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG                            | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG                            | QL (28 tablets per 28 days) |
| 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) |

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|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG                  | QL (28 tablets per 28 days) |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG                   | QL (28 tablets per 28 days) |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG                   | QL (28 tablets per 28 days) |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)           | QL (28 tablets per 28 days) |
| SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG                 | QL (28 tablets per 28 days) |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                       | QL (28 tablets per 28 days) |
| SYEDA ORAL TABLET 3-0.03 MG                            | QL (28 tablets per 28 days) |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)               | QL (28 tablets per 28 days) |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG              | QL (28 tablets per 28 days) |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG                 | QL (28 tablets per 28 days) |
| TRI 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 MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG      | QL (28 tablets per 28 days) |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG  | QL (28 tablets per 28 days) |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG         | QL (28 tablets per 28 days) |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG    | QL (28 tablets per 28 days) |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG     | QL (28 tablets per 28 days) |
| TRIVORA (28) ORAL TABLET                               | QL (28 tablets per 28 days) |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG      | QL (28 tablets per 28 days) |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG   | QL (28 tablets per 28 days) |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG                     | QL (28 tablets per 28 days) |

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|                                                                                                                            |                                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| VESTURA ORAL TABLET 3-0.02 MG                                                                                              | QL (28 tablets per 28 days)       |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                                                                                           | QL (28 tablets per 28 days)       |
| VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                                                               | QL (28 tablets per 28 days)       |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                                                                | QL (28 tablets per 28 days)       |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG                                                                                         | QL (28 tablets per 28 days)       |
| WERA ORAL TABLET 0.5-35 MG-MCG                                                                                             | QL (28 tablets per 28 days)       |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG                                                                                          | QL (28 tablets per 28 days)       |
| <b>Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]</b> |                                   |
| INTROVALE 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)       |
| levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg                                                 | QL (91 tablets per 91 days)       |
| SETLAKIN ORAL TABLET 0.15-0.03 MG                                                                                          | QL (91 tablets per 91 days)       |
| <b>Oral Contraceptive (Progestin Only) [Anticonceptivos Orales (Minipíldora Sólo Progestina)]</b>                          |                                   |
| CAMILA ORAL TABLET 0.35MG                                                                                                  | QL (28 tablets per 28 days)       |
| DEBLITANE ORAL TABLET 0.35 MG                                                                                              | QL (28 tablets per 28 days)       |
| ERRIN ORAL TABLET 0.35MG                                                                                                   | QL (28 tablets per 28 days)       |
| HEATHER ORAL TABLET 0.35MG                                                                                                 | QL (28 tablets per 28 days)       |
| INCASSIA ORAL TABLET 0.35 MG                                                                                               | QL (28 tablets per 28 days)       |
| JENCYCLA ORAL TABLET 0.35 MG                                                                                               | QL (28 tablets per 28 days)       |
| NORA-BE ORAL TABLET 0.35 MG                                                                                                | QL (28 tablets per 28 days)       |
| norethindrone oral tablet 0.35 mg                                                                                          | QL (28 tablets per 28 days)       |
| NORLYDA ORAL TABLET 0.35MG                                                                                                 | QL (28 tablets per 28 days)       |
| <b>Patch (Parche)</b>                                                                                                      |                                   |
| XULANE TRANSDERMAL PATCH 150-35MCG/24HR                                                                                    | QL (3 PATCH per 28 days)          |
| <b>Spermicide (Espermicida)</b>                                                                                            |                                   |
| ENCARE VAGINAL SUPPOSITORY 100MG                                                                                           | QL (12 suppositories per 30 days) |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%                                                                              | QL (81GM per 30 days)             |

|                                                                                                                                                                          |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%                                                                                                                                   | QL (24 applicators per 30 days)             |
| VCF VAGINAL CONTRACEPTIVE FILM 28%                                                                                                                                       | QL (18 films per 30 days)                   |
| VCF VAGINAL CONTRACEPTIVE FOAM 12.5%                                                                                                                                     | QL (17GM per 30 days)                       |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%                                                                                                                                 | QL (25.5GM per 30 days)                     |
| <b>Sponge with Spermicide (Esponja con Espermicida)</b>                                                                                                                  |                                             |
| TODAY SPONGE VAGINAL SPONGE 1000MG                                                                                                                                       | QL (12 sponges per 30 days)                 |
| <b>Subdermal Implant (Implante Subdermal)</b>                                                                                                                            |                                             |
| NEXPLANON SUBDERMAL IMPLANT 68MG                                                                                                                                         | QL (1EA per 1095 days)                      |
| <b>Ulipristal Acetate (Acetato de Ulipristal)</b>                                                                                                                        |                                             |
| ELLA TABLET 30 MG                                                                                                                                                        |                                             |
| <b>Vaginal Ring (Anillo Vaginal)</b>                                                                                                                                     |                                             |
| Etonogestrel-Ethinyl Estradiol Vaginal Ring                                                                                                                              | QL (1EA per 28 days)                        |
| EluRyng Vaginal Ring                                                                                                                                                     | QL (1EA per 28 days)                        |
| <b>Dental Caries Prevention (Prevención de Caries Dental)</b>                                                                                                            |                                             |
| FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP                                                                                                                          | 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) |
| <b>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)</b> |                                             |
| 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)                 |

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## Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)

emtricitabine-tenofovir df oral tablet 200-300 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)

iron oral tablet 325 (65 Fe) mg

AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)

## Statin Preventive Medication (Medicación Preventiva con Estatinas)

Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)

atorvastatin calcium oral tablet 10mg, 20mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

fluvastatin sodium oral capsule 20mg, 40mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

lovastatin oral tablet 10mg, 20mg, 40mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

rosuvastatin calcium oral tablet 5mg, 10mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

simvastatin oral tablet 5mg, 10mg, 20mg, 40mg

AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

## Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)

Smoking Cessation Medications (Medicamentos para Dejar de Fumar)

bupropion hcl oral tablet sustained release 12-hour 150 MG (smoking deterrent)

Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

NICOTROL INHALATION INHALER 10 MG

Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

NICOTROL NS NASAL SOLUTION 10 MG/ML

Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

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## Colorectal Cancer Screening (Detección de Cáncer Colorrectal)

### Laxatives (Laxantes)

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

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                        | Reference Name<br>[Nombre de Referencia] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>OVER THE COUNTER (OTC) COVERED DRUG LIST</b><br><b>(LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO)</b><br>This plan requires a prescription in order for you to obtain your OTC medications.<br>(Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC) |                                          |
| <b>GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]</b>                                                                                                                                                                                                                                  |                                          |
| <b>Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]</b>                                                                                                                                                                                 |                                          |
| <i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>                                                                                                                                                                                                                                          | ZEGERID                                  |
| <b>Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]</b>                                                                                                                                                                                                                          |                                          |
| <i>esomeprazole magnesium 20 mg cap dr</i>                                                                                                                                                                                                                                                   | NEXIUM                                   |
| <i>lansoprazole 15 mg cap dr</i>                                                                                                                                                                                                                                                             | PREVACID                                 |
| <i>omeprazole 20 mg tab dr</i>                                                                                                                                                                                                                                                               | PRIOSEC                                  |
| <i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>                                                                                                                                                                                                                                         | PRIOSEC                                  |
| <b>OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]</b>                                                                                                                                                                                                                                                |                                          |
| <b>Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]</b>                                                                                                                                                                                                                     |                                          |
| <i>ALAWAY 0.025 % ophth soln</i>                                                                                                                                                                                                                                                             |                                          |
| <i>ketotifen fumarate 0.025 % ophth soln</i>                                                                                                                                                                                                                                                 | ZADITOR                                  |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]</b>                                                                                                                                                                                                     |                                          |
| <b>Antihistamines [Antihistamínicos]</b>                                                                                                                                                                                                                                                     |                                          |
| <i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>                                                                                                                                                                                                                     | ZYRTEC                                   |
| <i>cetirizine hcl allergy child 5 mg/5ml soln</i>                                                                                                                                                                                                                                            | ZYRTEC                                   |
| <i>cetirizine hcl childrens 1 mg/ml soln</i>                                                                                                                                                                                                                                                 | ZYRTEC                                   |
| <i>fexofenadine hcl 180 mg tab, 60 mg tab</i>                                                                                                                                                                                                                                                | ALLEGRA                                  |
| <i>fexofenadine hcl childrens 30 mg/5ml susp</i>                                                                                                                                                                                                                                             | ALLEGRA CHILDREN                         |
| <i>levocetirizine dihydrochloride 5 mg tab</i>                                                                                                                                                                                                                                               | XYZAL                                    |
| <i>loratadine 10 mg cap, 10 mg tab</i>                                                                                                                                                                                                                                                       | CLARITIN                                 |
| <i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>                                                                                                                                                                                                                                      | CLARITIN CHILDREN                        |
| <b>Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]</b>                                                                                                                                                                                         |                                          |
| <i>budesonide 32 mcg/act nasal susp</i>                                                                                                                                                                                                                                                      | RHINOCORT                                |
| <i>fluticasone propionate 50 mcg/act nasal susp</i>                                                                                                                                                                                                                                          | FLONASE                                  |
| <i>triamcinolone acetonide 55 mcg/act nasal aer</i>                                                                                                                                                                                                                                          | NASACORT                                 |
| <b>Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]</b>                                                                                                                                                  |                                          |
| <i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>                                                                                                                                                                                                                                   | ZYRTEC-D                                 |
| <i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i>                                                                                                                                                                                                           | ALLEGRA-D                                |

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| Drug Name<br>[Nombre del Medicamento]    | Reference Name<br>[Nombre de Referencia] |
|------------------------------------------|------------------------------------------|
| loratadine-d 12hr 5-120 mg tab er 12 hr  | CLARITIN D-12                            |
| loratadine-d 24hr 10-240 mg tab er 24 hr | CLARITIN D-24                            |

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

| Drug Name<br>(Nombre del Medicamento)                                                                                                                                                                                                                                                                                                                                                           | Specialty Limit<br>(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> |                                                                                                                                                                         |
| <b>ADAPALENE</b>                                                                                                                                                                                                                                                                                                                                                                                | Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician                                                                    |
| <b>ADAPALENE-BENZOYL PEROXIDE</b>                                                                                                                                                                                                                                                                                                                                                               | Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician                                                                    |
| <b>AMPHETAMINE ER</b>                                                                                                                                                                                                                                                                                                                                                                           | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>AMPHETAMINE SULFATE</b>                                                                                                                                                                                                                                                                                                                                                                      | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>AMPHETAMINE-DEXTROAMPHETAMINE /AMPHETAMINE-DEXTROAMPHETAMINE ER</b>                                                                                                                                                                                                                                                                                                                          | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>ARMODAFINIL</b>                                                                                                                                                                                                                                                                                                                                                                              | Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist |
| <b>ATOMOXETINE</b>                                                                                                                                                                                                                                                                                                                                                                              | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>AVITA</b>                                                                                                                                                                                                                                                                                                                                                                                    | Dermatólogo, Pediatra / Dermatologist, Pediatrician                                                                                                                     |
| <b>AZATHIOPRINE</b>                                                                                                                                                                                                                                                                                                                                                                             | Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist                       |
| <b>CLONIDINE HCL ER</b>                                                                                                                                                                                                                                                                                                                                                                         | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>CRESEMBA</b>                                                                                                                                                                                                                                                                                                                                                                                 | Infectólogo / Infectologist                                                                                                                                             |
| <b>DEXMETHYLPHENIDATE HCL /DEXMETHYLPHENIDATE HCL ER</b>                                                                                                                                                                                                                                                                                                                                        | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |

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| Drug Name<br>(Nombre del Medicamento)                                                                                                      | Specialty Limit<br>(Límite de Especialidad)                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DEXTROAMPHETAMINE SULFATE /DEXTROAMPHETAMINE SULFATE ER</b>                                                                             | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>ENTRESTO</b>                                                                                                                            | Internista, Cardiólogo / Internal Medicine, Cardiologist                                                                                                                |
| <b>GUANFACINE HCL ER</b>                                                                                                                   | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>LACOSAMIDE</b>                                                                                                                          | Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist                                                                                                    |
| <b>METHAMPHETAMINE</b>                                                                                                                     | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>METHOTREXATE SODIUM</b>                                                                                                                 | Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo, / Rheumatologist, Pediatric Neurologist, Gastroenterologist                                                      |
| <b>METHYLPHENIDATE HCL ER (CD)/ METHYLPHENIDATE HCL ER (LA)/ METHYLPHENIDATE HCL ER (XR)/ METHYLPHENIDATE HCL ER / METHYLPHENIDATE HCL</b> | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>MODAFINIL</b>                                                                                                                           | Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist |
| <b>MYCOPHENOLATE MOFETIL</b>                                                                                                               | Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo Pediátrico / Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist                               |
| <b>QUILLICHEW ER</b>                                                                                                                       | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>QUILLIVANT XR</b>                                                                                                                       | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |
| <b>TADALAFIL</b>                                                                                                                           | Urólogo / Urologist                                                                                                                                                     |
| <b>TRETINOIN TOPICAL</b>                                                                                                                   | Dermatólogo, Pediatra / Dermatologist, Pediatrician                                                                                                                     |
| <b>VORICONAZOLE</b>                                                                                                                        | Infectólogo, Hematólogo – Oncólogo, Intensivista, Pediatra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician                                        |
| <b>ZENZEDI</b>                                                                                                                             | Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist   |

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

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

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

## A

|                                             |         |                                             |        |
|---------------------------------------------|---------|---------------------------------------------|--------|
| <i>abacavir sulfate</i> .....               | 57      | <i>ALOMIDE</i> .....                        | 122    |
| <i>abacavir sulfate-lamivudine</i> .....    | 57      | <i>alose tron hcl</i> .....                 | 98     |
| <i>abacavir-lamivudine-zidovudine</i> ..... | 57      | <i>ALPHANATE</i> .....                      | 72     |
| <i>abiraterone acetate</i> .....            | 113     | <i>ALPHANATE/VWF COMPLEX/HUMAN</i> .....    | 72     |
| <i>acamprosate calcium</i> .....            | 24      | <i>ALPHANINE SD</i> .....                   | 72     |
| <i>acarbose</i> .....                       | 65      | <i>alprazolam</i> .....                     | 62     |
| <i>ACCUTANE</i> .....                       | 91      | <i>alprazolam er</i> .....                  | 62     |
| <i>acebutolol hcl</i> .....                 | 77      | <i>alprazolam xr</i> .....                  | 62     |
| <i>acetaminophen-codeine</i> .....          | 21      | <i>ALPROLIX</i> .....                       | 72     |
| <i>acetazolamide</i> .....                  | 82, 123 | <i>ALTACAINE</i> .....                      | 120    |
| <i>acetazolamide er</i> .....               | 82, 123 | <i>ALTAFRIN</i> .....                       | 121    |
| <i>acetic acid</i> .....                    | 125     | <i>ALTAVERA</i> .....                       | 137    |
| <i>acetylcysteine</i> .....                 | 130     | <i>ALUNBRIG</i> .....                       | 48     |
| <i>acitretin</i> .....                      | 91      | <i>ALYACEN 1/35</i> .....                   | 137    |
| <i>ACTEMRA</i> .....                        | 116     | <i>AMABELZ</i> .....                        | 108    |
| <i>ACTEMRA ACTPEN</i> .....                 | 116     | <i>amantadine hcl</i> .....                 | 51, 59 |
| <i>ACUVAIL</i> .....                        | 122     | <i>ambrisentan</i> .....                    | 130    |
| <i>acyclovir</i> .....                      | 60      | <i>amcinonide</i> .....                     | 102    |
| <i>adapalene</i> .....                      | 91      | <i>AMELUZ</i> .....                         | 91     |
| <i>adapalene-benzoyl peroxide</i> .....     | 91      | <i>amiloride hcl</i> .....                  | 82     |
| <i>adefovir dipivoxil</i> .....             | 59      | <i>amiloride-hydrochlorothiazide</i> .....  | 79, 82 |
| <i>ADEMPAS</i> .....                        | 129     | <i>aminocaproic acid</i> .....              | 72     |
| <i>ADVAIR HFA</i> .....                     | 130     | <i>amiodarone hcl</i> .....                 | 76     |
| <i>ADVATE</i> .....                         | 72      | <i>amitriptyline hcl</i> .....              | 40     |
| <i>adynovate</i> .....                      | 72      | <i>AMJEVITA</i> .....                       | 114    |
| <i>AFIRMELLE</i> .....                      | 137     | <i>amlodipine besy-benazepril hcl</i> ..... | 79     |
| <i>AFTERA 1.5 mg</i> .....                  | 137     | <i>amlodipine besylate</i> .....            | 78     |
| <i>AJOVY</i> .....                          | 44      | <i>amlodipine besylate-valsartan</i> .....  | 79     |
| <i>ak-poly-bac</i> .....                    | 120     | <i>amlodipine-atorvastatin</i> .....        | 79     |
| <i>AKTEN</i> .....                          | 120     | <i>amlodipine-olmesartan</i> .....          | 80     |
| <i>ala-cort</i> .....                       | 102     | <i>amlodipine-valsartan-hctz</i> .....      | 80, 82 |
| <i>Alaway</i> .....                         | 146     | <i>ammonium lactate</i> .....               | 91     |
| <i>albendazole</i> .....                    | 50      | <i>AMNESTEEM</i> .....                      | 91     |
| <i>albuterol sulfate</i> .....              | 128     | <i>amoxapine</i> .....                      | 40     |
| <i>albuterol sulfate er</i> .....           | 128     | <i>amoxicill-clarithro-lansopraz</i> .....  | 97     |
| <i>albuterol sulfate hfa</i> .....          | 128     | <i>amoxicillin</i> .....                    | 30     |
| <i>alclometasone dipropionate</i> .....     | 102     | <i>amoxicillin-pot clavulanate</i> .....    | 30     |
| <i>ALDACTAZIDE</i> .....                    | 79, 82  | <i>amoxicillin-pot clavulanate er</i> ..... | 30     |
| <i>alendronate sodium</i> .....             | 119     | <i>amphetamine er</i> .....                 | 87     |
| <i>alfuzosin hcl er</i> .....               | 101     | <i>amphetamine sulfate</i> .....            | 87     |
| <i>ALINIA</i> .....                         | 50      | <i>amphetamine-dextroamphet er</i> .....    | 87     |
| <i>allopurinol</i> .....                    | 44      | <i>amphetamine-dextroamphetamine</i> .....  | 87     |
| <i>almotriptan malate</i> .....             | 45      | <i>ampicillin</i> .....                     | 30     |
| <i>ALOCRIIL</i> .....                       | 121     | <i>ANADROL-50</i> .....                     | 107    |
|                                             |         | <i>anagrelide hcl</i> .....                 | 71, 72 |

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|                                       |            |
|---------------------------------------|------------|
| ANA-LEX.....                          | 91         |
| ANALPRAM-HC.....                      | 91         |
| <i>anastrozole</i> .....              | 48         |
| ANDRODERM.....                        | 107        |
| ANGELIQ.....                          | 108        |
| ANORO ELLIPTA.....                    | 130        |
| ANTARA.....                           | 84         |
| <i>anucort-hc</i> .....               | 25         |
| ANUSOL-HC.....                        | 25         |
| ANZEMET.....                          | 42         |
| APEXICON E.....                       | 102        |
| APLENZIN.....                         | 37         |
| <i>apraclonidine hcl</i> .....        | 123        |
| <i>aprepitant</i> .....               | 42         |
| APRI.....                             | 137        |
| APTIVUS.....                          | 58         |
| ARCAPTA NEOHALER.....                 | 129        |
| <i>arformoterol tartrate</i> .....    | 129        |
| <i>aripiprazole</i> .....             | 37, 54, 63 |
| <i>armodafinil</i> .....              | 133        |
| ARMOUR THYROID.....                   | 110        |
| ARNUITY ELLIPTA.....                  | 126        |
| <i>aspirin-dipyridamole er</i> .....  | 71, 72     |
| <i>atazanavir sulfate</i> .....       | 58         |
| <i>atenolol</i> .....                 | 77         |
| <i>atenolol-chlorthalidone</i> .....  | 80         |
| <i>atomoxetine hcl</i> .....          | 88         |
| atorvastatin.....                     | 144        |
| <i>atorvastatin calcium</i> .....     | 85         |
| <i>atovaquone</i> .....               | 50         |
| <i>atovaquone-proguanil hcl</i> ..... | 50         |
| <i>atropine sulfate</i> .....         | 120, 121   |
| ATROVENT HFA.....                     | 127        |
| AUBRA.....                            | 137        |
| AUBRA EQ.....                         | 137        |
| AUGMENTIN.....                        | 30         |
| AUROVELA 24 FE.....                   | 137        |
| AUROVELA FE 1.5/30.....               | 137        |
| AUROVELA FE 1/20.....                 | 138        |
| AURYXIA.....                          | 101        |
| AUVI-Q.....                           | 129        |
| AVANDIA.....                          | 65         |
| AVAR CLEANSER.....                    | 91         |
| AVAR-E EMOLLIENT.....                 | 91         |
| AVAR-E GREEN.....                     | 91         |
| AVEENO SUNSCREEN.....                 | 150        |
| AVIANE.....                           | 138        |

|                                     |          |
|-------------------------------------|----------|
| <i>avidoxy</i> .....                | 32       |
| AVITA.....                          | 91       |
| AVONEX PEN.....                     | 89       |
| AVONEX PREFILLED.....               | 90       |
| AYUNA.....                          | 138      |
| AZASITE.....                        | 124      |
| <i>azathioprine</i> .....           | 114      |
| <i>azelaic acid</i> .....           | 91       |
| <i>azelastine hcl</i> .....         | 121, 126 |
| <i>azelastine-fluticasone</i> ..... | 126      |
| AZELEX.....                         | 92       |
| <i>azithromycin</i> .....           | 31       |
| AZURETTE.....                       | 138      |

## B

|                                             |        |
|---------------------------------------------|--------|
| <i>b-12 compliance injection</i> .....      | 134    |
| BABY SUNSCREEN.....                         | 150    |
| BAC.....                                    | 23     |
| <i>bacitracin</i> .....                     | 124    |
| <i>bacitracin-polymyxin b</i> .....         | 121    |
| <i>bacitra-neomycin-polymyxin-hc</i> .....  | 122    |
| <i>baclofen</i> .....                       | 56     |
| <i>balsalazide disodium</i> .....           | 117    |
| BAQSIMI ONE PACK.....                       | 67     |
| BAQSIMI TWO PACK.....                       | 68     |
| BARACLUDE.....                              | 59     |
| <i>beau rx</i> .....                        | 92     |
| BECONASE AQ.....                            | 126    |
| BELBUCA.....                                | 20     |
| BELSOMRA.....                               | 133    |
| <i>benazepril hcl</i> .....                 | 75     |
| <i>benazepril-hydrochlorothiazide</i> ..... | 80, 83 |
| BENEFIX.....                                | 73     |
| BENLYSTA.....                               | 114    |
| BENZEPRO.....                               | 92     |
| BENZEPRO CREAMY WASH.....                   | 92     |
| BENZEPRO FOAMING CLOTHS.....                | 92     |
| <i>benznidazole</i> .....                   | 50     |
| <i>benzonatate</i> .....                    | 130    |
| <i>benzoyl perox-hydrocortisone</i> .....   | 92     |
| <i>benzoyl peroxide</i> .....               | 92     |
| <i>benzoyl peroxide forte- hc</i> .....     | 92     |
| <i>benzoyl peroxide-erythromycin</i> .....  | 92     |
| <i>benztropine mesylate</i> .....           | 51     |
| <i>bepotastine besilate</i> .....           | 121    |
| BESIVANCE.....                              | 124    |
| <i>betaine</i> .....                        | 96     |

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|                                                |              |
|------------------------------------------------|--------------|
| <i>betamethasone dipropionate</i> .....        | 102          |
| <i>betamethasone dipropionate aug</i> .....    | 102          |
| <i>betamethasone sod phos &amp; acet</i> ..... | 102          |
| <i>betamethasone valerate</i> .....            | 102          |
| BETASERON.....                                 | 90, 116      |
| <i>betaxolol hcl</i> .....                     | 77, 123      |
| <i>bethanechol chloride</i> .....              | 46, 101      |
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**787.774.6060**

**787.792.1370**

TTY (audioimpedidos)

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

|         |                       |
|---------|-----------------------|
| Sábados | 9:00 a.m. a 6:00 p.m. |
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| Domingos | 11:00 a.m. a 5:00 p.m. |
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