



Lista de Medicamentos o Formulario Supreme 2026

***Drug List or Formulary
Supreme 2026***

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PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

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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.

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El hecho de que un medicamento recetado se incluya en este Formulario no garantiza que esté cubierto bajo su plan. Es importante que consulte el Beneficio de Farmacia de su plan para determinar si un medicamento que forma parte de este Formulario está cubierto bajo su plan. Por favor, revise su Beneficio de Farmacia para confirmar que su medicamento está cubierto.

The fact that a prescription medication is included in this Formulary does not guarantee that it is covered under your plan. It is essential that you review the Pharmacy Benefit of your plan to determine if a medication listed in this Formulary is covered under your plan. Please review your Pharmacy Benefit to confirm that your medication is covered.

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 (Nivel 1)? / What are 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.

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

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

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

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

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

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

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

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

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

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

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

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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 con la literatura médica actual.

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

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

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

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

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, *ST* por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el

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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 con lo sugerido por el manufacturero 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 con 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.

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

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

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

- *Cambio en dosis / Change in dose*

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

1. *Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta. / If the dose is determined by weight, the doctor must write your weight and height in the prescription.*
2. *Cuando la dosis se ajuste de acuerdo a los niveles en tu sangre, el médico debe*

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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

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

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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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METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	120
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PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 3 % 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 & 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	MOTRIN	
<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>indomethacin 50 mg rect supp</i>	1		
<i>indomethacin 25 mg/5ml susp</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>ketorolac tromethamine +rfd 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	
Opioid Analgesics, Long-Acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>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</i>	2		PA, QL(60 / 30)
<i>buprenorphine 10 mcg/hr tdkw patch, 15 mcg/hr tdkw patch, 20 mcg/hr tdkw patch, 5 mcg/hr tdkw patch, 7.5 mcg/hr tdkw patch</i>	1	BUTRANS	PA, QL(4 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 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, 20 mg tab er 12 hr abuse-deterr, 40 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)
Opioid Analgesics, Short-Acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln</i>	1	TYLENOL WITH CODEINE	QL(4500 / 30), AL
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>codeine sulfate 30 mg tab, 60 mg tab</i>	1		QL(360 / 30), AL
<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 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 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)
<i>meperidine hcl 50 mg/ml inj soln</i>	1	DEMEROL	QL(4 / 30)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		QL(180 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	QL(120 / 30)
<i>oxycodone hcl 15 mg tab abuse-deterr</i>	1		QL(160 / 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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxycodone-acetaminophen 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)
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>bupap 50-300 mg tab</i>	1	ORBIVAN CF	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 cap</i>	1	FIORINAL	QL(18 / 30)
<i>esgic 50-325-40 mg cap</i>	1	ESGIC	QL(18 / 30)
<i>TENCON 50-325 mg tab</i>	3		
<i>zebutal 50-325-40 mg cap</i>	1	ESGIC	QL(18 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<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	
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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Alcohol Deterrents/Anti-Craving - Antidotes/Deterrents/Protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Antagonist- Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab sub, 8 mg tab sub</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg sub film, 2-0.5 mg sub film, 2-0.5 mg tab sub, 4-1 mg sub film, 8-2 mg sub film, 8-2 mg tab sub</i>	1	SUBOXONE	PA
<i>ZUBSOLV 0.7-0.18 mg tab sub, 1.4-0.36 mg tab sub, 11.4-2.9 mg tab sub, 2.9-0.71 mg tab sub, 5.7-1.4 mg tab sub, 8.6-2.1 mg tab sub</i>	2		PA
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab sub, 8 mg tab sub</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg sub film, 2-0.5 mg sub film, 2-0.5 mg tab sub, 4-1 mg sub film, 8-2 mg sub film, 8-2 mg tab sub</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
<i>ZUBSOLV 0.7-0.18 mg tab sub, 1.4-0.36 mg tab sub, 11.4-2.9 mg tab sub, 2.9-0.71 mg tab sub, 5.7-1.4 mg tab sub, 8.6-2.1 mg tab sub</i>	2		PA
Opioid Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	1	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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
<i>anusol-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	3		
<i>hemmorex-hc 25 mg rect supp</i>	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	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
<i>procto-med hc 2.5 % crm</i>	1	ANUSOL HC	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 3 % 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flexipak 75 & 0.025 mg-% cmb pack</i>	1		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ibu 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<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>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	
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>streptomycin sulfate 1 gm im soln</i>	1		
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		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
CLEOCIN 100 mg vag supp	2		
<i>clindacin etz 1 % swab</i>	1	CLEOCIN-T	
<i>clindacin-p 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
CLINDESSE 2 % vag crm	3		
FEM PH 0.9-0.025 % vag gel	3		
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
NUVESSA 1.3 % vag gel	3		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		PA
<i>ssd 1 % crm</i>	1	SILVADENE	
SULFAMYLON 85 mg/gm crm	3		
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	PA
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	3		PA
ZYVOX 200 mg/100ml iv soln	3		PA
Beta-Lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefazolin sodium 2 gm inj soln, 3 gm inj soln</i>	1		
<i>cefazolin sodium 1 gm inj soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln</i>	1	ANCEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cefepime hcl 1 gm inj soln</i>	1	MAXIPIME	
<i>cefixime 400 mg cap</i>	1	SUPRAX	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 100 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap, 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-Lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
Beta-Lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amoxicillin-pot clavulanate 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	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
DIFICID 40 mg/ml susp	3		
<i>e.e.s. 400 400 mg tab</i>	3	E.E.S.	
<i>ery 2 % pad</i>	3		
<i>ery-tab 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>erythromycin base 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	
<i>fidaxomicin 200 mg tab</i>	1	DIFICID	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>CIPRO 250 MG/5ML (5%) susp</i>	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	
<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	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<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	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 50 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 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		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>brivaracetam 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	BRIVIACT	
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix</i>	1		
<i>roweepra 500 mg tab</i>	1	KEPPRA	
<i>SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol</i>	3		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
<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	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 10 mg tab, 20 mg tab</i>	1	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	
<i>FANATREX FUSEPAQ 25 mg/ml susp</i>	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		

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbamazepine 100 mg tab chew, 200 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	
<i>DILANTIN 30 mg cap</i>	3		
<i>epitol 200 mg tab</i>	1	TEGRETOL	
<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	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 100 mg/4ml susp, 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin infatabs 50 mg tab chew</i>	1	DILANTIN	
<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
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
<i>memantine hcl-donepezil hcl er 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr</i>	1	NAMZARIC	
<i>NAMZARIC 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr</i>	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
N-Methyl-D-Aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (NMDA) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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)
<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)
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
<i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>	3		
<i>MARPLAN 10 mg tab</i>	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [SSRIs/SNRIs (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml 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	
<i>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</i>	3		
<i>FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack</i>	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)
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	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	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlorthalidone-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<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>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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
<i>promethegan 12.5 mg rect supp, 25 mg rect supp</i>	1	PHENERGAN	
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	3		
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 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	
<i>ondansetron hcl +rfd 4 mg/2ml inj soln pfs</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	3		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>ciclodan 8 % ext soln</i>	1	PENLAC	
<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	
CRESEMBA 186 mg cap, 74.5 mg cap	3		PA, SL
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
EXODERM 25-1 % lot	3		
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
GYNAZOLE-1 2 % vag crm	3		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1	VYTONE	
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	
NATACYN 5 % ophth susp	2		
nyamyc 100000 unit/gm ext pwdr	1	MYCOSTATIN	
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	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	1	MYCOLOG	
nystop 100000 unit/gm ext pwdr	1	MYCOSTATIN	
ORAVIG 50 mg bucc tab	3		
oxiconazole nitrate 1 % crm	1	OXISTAT	
OXISTAT 1 % lot	3		
sulconazole nitrate 1 % crm	1	EXELDERM	
sulconazole nitrate 1 % ext soln	1	EXELDERM	
tavaborole 5 % ext soln	1	KERYDIN	
terbinafine hcl 250 mg tab	1	LAMISIL	QL(90 / 180)
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	1	VFEND	SL
voriconazole 40 mg/ml susp	1	VFEND	SL
XOLEGEL 2 % gel	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	1	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	1	ULORIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	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)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		PA, QL(4.5 / 90)
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	
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 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</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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
<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		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
SIRTURO 100 mg tab, 20 mg tab	5		PA
TRECTOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<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		
<i>lomustine 10 mg cap, 100 mg cap, 40 mg cap</i>	4	GLEOSTIN	PA
MATULANE 50 mg cap	5		
<i>melfalan 2 mg tab</i>	4	ALKERAN	
MYLERAN 2 mg tab	2		
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<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
Antiestrogens/Modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		
ORSERDU 345 mg tab, 86 mg tab	5		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TABLOID 40 mg tab	4		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
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 (200 MG DOSE) 200 & 2.5 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
KOSELUGO 10 mg cap, 25 mg cap, 5 mg cap sprinkle, 7.5 mg cap sprinkle	4		PA
<i>lederle leucovorin 5 mg tab</i>	1		
<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
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>exemestane 25 mg tab</i>	1	AROMASIN	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
<i>etoposide 50 mg cap</i>	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	5		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
ZYDELIG 150 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
BOSULIF 100 mg cap, 100 mg tab, 400 mg tab, 50 mg cap, 500 mg tab	5		PA
<i>bosutinib 100 mg tab, 400 mg tab, 500 mg tab</i>	5	BOSULIF	PA
CALQUENCE 100 mg cap, 100 mg tab	5		PA
<i>dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab</i>	4	SPRYCEL	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
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
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
JAKAFI XR 11 mg tab er 24 hr, 22 mg tab er 24 hr, 33 mg tab er 24 hr, 44 mg tab er 24 hr, 55 mg tab er 24 hr	5		PA, QL(30 / 30)
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NERLYNX 40 mg tab	5		PA
<i>nilotinib hcl 150 mg cap, 200 mg cap, 50 mg cap</i>	5	TASIGNA	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
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
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 200 mg cap, 250 mg cap, 50 mg cap sprinkle	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
<i>bexarotene 1 % gel</i>	5	TARGRETIN	
PANRETIN 0.1 % gel	5		
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 400 mg tab</i>	4		
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	1		
EMVERM 100 mg tab chew	2		
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 pkt	3		
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
<i>ivermectin 1 % crm</i>	1	SOOLANTRA	
<i>permethrin 5 % crm</i>	1	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>	1	BENADRYL	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<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	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
<i>RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er</i>	3		
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminoxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/Typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		QL(240 / 30)
<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>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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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)
2nd Generation/Atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVEGA SUSTENNA 234 mg/1.5ml im susp pfs	5		QL(1.5 / 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)
<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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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)
VRAYLAR 1.5 & 3 mg cap pack	3		QL(7 / 365), ST
VRAYLAR 0.5 mg cap, 0.75 mg cap, 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	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)
Treatment-Resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 200 mg tab</i>	1	CLOZARIL	QL(120 / 30)
<i>clozapine 50 mg tab</i>	1	CLOZARIL	QL(180 / 30)
<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)
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (CMV) - Medicamentos Antivirales Misceláneos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
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]			
EDURANT 25 mg tab	2		
EDURANT PED 2.5 mg tab sol	2		PA
<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>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	1	COMPLERA	
<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		
<i>rilpivirine hcl 25 mg tab</i>	1	EDURANT	
SYMTUZA 800-150-200-10 mg tab	3		
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (NRTI) - Medicamentos Para VIH]			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
CIMDUO 300-300 mg tab	2		
DESCOVY 120-15 mg tab, 200-25 mg tab	3		PA
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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
TRUVADA 200-300 mg tab	3		PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]			
APREUDE 600 mg/3ml Intramuscular Suspension Extended Release	5		PA
FUZEON 90 mg sc soln	4		PA
IDVYNZO 100-0.25 mg tab	3		PA, QL(30 / 30)
<i>maraviroc 150 mg tab, 300 mg tab</i>	1	SELZENTRY	PA
SELZENTRY 25 mg tab, 75 mg tab	2		PA
SELZENTRY 20 mg/ml soln	2		PA
TROGARZO 200 mg/1.33ml iv soln	5		PA
TYBOST 150 mg tab	2		
Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH]			
APTIVUS 250 mg cap	2		
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LEXIVA 50 mg/ml susp	2		
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	1	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	1	KALETRA	
NORVIR 100 mg pckt	2		
NORVIR 80 mg/ml soln	2		
PREZCOBIX 675-150 mg tab, 800-150 mg tab	2		
PREZISTA 150 mg tab, 75 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	2		
ritonavir 100 mg tab	1	NORVIR	
SYMTUZA 800-150-200-10 mg tab	3		
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI) - Medicamentos Para VIH]			
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		
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		
Anti-Influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oseltamivir phosphate 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	
Antivirals, Others - Drugs To Treat Viral Infections [Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]			
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
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	3		QL(11 / 5), AL
Anti-Hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	4	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	5		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
ZEPATIER 50-100 mg tab	5		PA
Anti-Hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	4		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA
Anti-Hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>acyclovir 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	FAMVIR	
<i>penciclovir 1 % crm</i>	1	DENAVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
XERESE 5-1 % crm	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
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]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml 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	

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg tab er 24 hr, 75 mg tab er 24 hr</i>			
<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	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>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	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Bipolar Agents, Other [Agentes para la Bipolaridad, Otros]			
<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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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, 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>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	QL(60 / 30)
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<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	
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	
<i>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	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
<i>dapaglifloz base-metformin er 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr</i>	1	XIGDUO XR	QL(30 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dapaglifloz base-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1	XIGDUO XR	QL(60 / 30), ST
<i>dapagliflozin 10 mg tab, 5 mg tab</i>	1	FARXIGA	QL(30 / 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	
<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 auto-inj, 12.5 mg/0.5ml sc soln	2		PA, QL(2 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj			
<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) 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)
OZEMPIC 1.5 mg tab, 4 mg tab, 9 mg tab	2		PA, QL(30 / 30)
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	
<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	ONGLYZA	QL(30 / 30)
<i>saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1	KOMBIGLYZE XR	QL(30 / 30)
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr</i>	1	KOMBIGLYZE XR	QL(60 / 30)
<i>sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab</i>	1	JANUMET	QL(60 / 30), ST
<i>sitagliptin phosphate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	JANUMET	QL(30 / 30), ST
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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
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 auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-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
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj soln</i>	1	GLUCAGON EMERGENCY	
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
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 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)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 & 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
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	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)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 110 mg cap</i>	1	PRADAXA	
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
ELIQUIS 0.15 mg cap sprinkle, 0.5 mg tab sol, 2.5 mg tab, 5 mg tab	2		
ELIQUIS (1.5 MG PACK) 3 x 0.5 mg tab sol	2		
ELIQUIS (2 MG PACK) 4 x 0.5 mg tab sol	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,</i>	1	LOVENOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs			
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	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		
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln	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	COUMADIN	
rivaroxaban 2.5 mg tab	1	XARELTO	
rivaroxaban 1 mg/ml susp	1	XARELTO	
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	3		
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	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 20 mg tab	2		
XARELTO 1 mg/ml susp	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
Coagulants - Blood Clotting Agents [Coagulantes – Agentes Para La Coagulación De La Sangre]			
<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		
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<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	
<i>ticagrelor 60 mg tab, 90 mg tab</i>	1	BRILINTA	
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250</i>	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>			
ALPHANATE 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	
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, 12 mg/0.4ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 300 mg/2ml 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	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
unit iv soln, 3000 unit iv soln, 500 unit iv soln			
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 4000 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
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-Adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	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	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 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	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>azilsartan medoxomil 40 mg tab, 80 mg tab</i>	1	EDARBI	
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
EDARBI 40 mg tab, 80 mg tab	3		
<i>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	

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MULTAQ 400 mg tab	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
<i>pacrone 100 mg tab, 200 mg tab, 400 mg tab</i>	1	CORDARONE	
<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	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
<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	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 2.5 mg tab</i>	1		QL(30 / 30)
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr,</i>	1	COREG CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
40 mg cap er 24 hr, 80 mg cap er 24 hr			
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	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
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	1	INDERAL LA	
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
cartia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	1	CARDIZEM CD	
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1	CARDIZEM	
diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg	1	CARDIZEM LA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>			
<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>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
<i>matzim la 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1	CARDIZEM LA	
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1	TIAZAC	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ALDACTAZIDE 50-50 mg tab	3		
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<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>digitek 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab</i>	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ENTRESTO 15-16 mg cap sprinkle, 6-6 mg cap sprinkle</i>	2		SL
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoxsuprine hcl 10 mg tab, 20 mg tab</i>	1		
<i>ivabradine hcl 5 mg tab, 7.5 mg tab</i>	1	CORLANOR	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSEER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<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>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	1	ENTRESTO	SL
<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	
<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
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]			
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>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	
Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	
<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	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
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	
<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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	1	MONOPRIL-HCT	
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab	1	ALDORIL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
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	1	TRIBENZOR	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
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	1	TRIBENZOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 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	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol]			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluvastatin sodium 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	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<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	
<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	
<i>prevalite 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>prevalite 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	2		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-Acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-Acting Arterial/Venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
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 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	
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para ADHD]			
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1	EVEKEO	SL
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24</i>	1	ADDERALL XR	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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>			
<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
<i>zenzedi 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	SL
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para ADHD]			
<i>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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl 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
<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
<i>methylphenidate hcl er(diffus) 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
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
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
<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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
<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>milnacipran hcl 100 mg tab, 12.5 & 25 & 50 mg oral misc, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	SAVELLA	
<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		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 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
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 1 mg tab	4		PA
MAYZENT 0.25 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 7 x 0.25 mg tab pack	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
OCREVUS ZUNOVO 920-23000 mg-ut/23ml sc 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, 0.23MG & 0.46MG 0.92mg(21) cap pack	4		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>oralone 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
<i>accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	PA
<i>adapalene 0.1 % ext soln</i>	1		SL
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	1	EPIDUO	SL
AMELUZ 10 % gel	3		
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
<i>amnesteem 10 mg cap, 20 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>ana-lex 2-2 % rect kit</i>	1	PERANEX HC	
ANALPRAM-HC 2.5-1 % lot	3		
<i>avar cleanser 10-5 % ext liq</i>	1		
<i>avar-e emollient 10-5 % crm</i>	1	PLEXION	
<i>avar-e green 10-5 % crm</i>	1	PLEXION	
<i>avita 0.025 % crm, 0.025 % gel</i>	1	RETIN-A	AL, SL
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		
<i>beau rx gel</i>	3		
BENZEPRO 5.3 % foam	3		
BENZEPRO CREAMY WASH 7 % ext liq	2		
<i>benzebro foaming cloths 6 % ext misc</i>	1		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	1		
<i>benzoyl peroxide 6.5 % gel</i>	1		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide 8 % gel</i>	1	BREVOXYL	
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>brimonidine tartrate 0.33 % gel</i>	1	MIRVASO	
<i>calcipotriene 0.005 % crm</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
<i>cerovel 40 % lot</i>	1	CARMOL 40	
<i>claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox</i> 1.2-3.75 % gel	1	ONEXTON	
<i>clindamycin phos-benzoyl perox</i> 1-5 % gel	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox</i> 1.2-5 % gel	1	DUAC	
<i>clindamycin-tretinoin</i> 1.2-0.025 % gel	1	ZIANA	
CLINOIN 1.25-0.025-1 % crm	3		
COPASIL gel	3		
CORTANE-B 10-10-1 mg/ml lot	3		
<i>dapsone</i> 5 % gel, 7.5 % gel	1	ACZONE	
<i>doxepin hcl</i> 5 % crm	1	PRUDOXIN	
<i>doxycycline</i> 40 mg cap dr	1	ORACEA	
DRYSOL 20 % ext soln	2		
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln auto- inj, 300 mg/2ml sc soln pfs	4		PA
ENSTILAR 0.005-0.064 % foam	3		
EUCRISA 2 % oint	2		
FINACEA 15 % foam	3		
<i>imiquimod</i> 5 % crm	1	ALDARA	
<i>imiquimod pump</i> 3.75 % crm	1	ZYCLARA	
<i>isotretinoin</i> 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
<i>ivermectin</i> 1 % crm	1	SOOLANTRA	
KELARX gel	3		
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine-hydrocort (perianal)</i> 3- 0.5 % crm	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace</i> 3- 0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace</i> 2-2 % rect kit	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace</i> 2.8- 0.55 % rect gel	1	RECTAGEL HC	
<i>metronidazole</i> 0.75 % crm	1	METROCREAM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
<i>myorisan 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>neuac 1.2-5 % gel</i>	1	DUAC	
NEUAC 1.2-5 % ext kit	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
<i>podofilox 0.5 % gel</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PR BENZOYL PEROXIDE WASH 7 % ext liq	2		
PR BENZOYL PEROXIDE WASH 7 % ext liq	2		
PROCTOFOAM HC 1-1 % foam	2		
RECEDO gel	3		
REGRANEX 0.01 % gel	5		PA
ROSADAN 0.75 % cream ext kit, 0.75 % gel ext kit	3		
<i>rosadan 0.75 % crm</i>	1	METROCREAM	
<i>rosadan 0.75 % gel</i>	1	METROGEL	
<i>salicylic acid 26 % ext soln</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	1		
<i>salimez 6 % crm</i>	3		
SANTYL 250 unit/gm oint	3		
<i>scarcin gel</i>	3		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
SKYRIZI 150 mg/ml sc soln pfs, 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	4		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		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 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
sulfacetamide sodium-sulfur 10-2 % ext liq	1	AVAR LS CLEANSER	
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	SUMAXIN TS	
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 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
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		
uredeb 39 % crm	1		
uremez-40 40 % crm	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XERAC AC 6.25 % ext soln	3		
YESINTEK 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
betaine oral pwdr	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
miglustat 100 mg cap	4	ZAVESCA	PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
sodium phenylbutyrate 500 mg tab	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, 60000-189600 unit cap dr prt	2		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
chlordiazepoxide-clidinium 5-2.5 mg cap	1	LIBRAX	
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln	1	BENTYL	
ed-spaz 0.125 mg tab disint	1	ANASPAZ	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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		
<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 subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVVID	
<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	ANASPAZ	
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	DONNATAL	
<i>phenohydro 16.2 mg tab</i>	1		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		
<i>bis subcit-metronid-tetracycl 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 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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		
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	1	URSO	
Histamine2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab	1	TAGAMET	
cimetidine hcl 300 mg/5ml soln	1	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	
nizatidine 15 mg/ml soln	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		PA, QL(30 / 30)
lubiprostone 24 mcg cap, 8 mcg cap	1	AMITIZA	
VIBERZI 100 mg tab, 75 mg tab	3		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln, 10-3.5-12 MG-GM -gm/175ml soln	3		
constulose 10 gm/15ml soln	1	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	3		
gavilyte-g 236 gm soln	1	GOLYTELY	
gavilyte-n with flavor pack 420 gm soln	1	NULYTELY	
generlac 10 gm/15ml soln	1	CONSTULOSE	
kristalose 20 gm pckt	1		
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<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	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	ST
<i>esomeprazole magnesium 10 mg pkt, 20 mg cap dr, 20 mg pkt, 40 mg cap dr, 40 mg pkt</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 pkt, 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	
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<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		
<i>phosphasal 81.6 mg tab</i>	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	
<i>urelle 81 mg tab</i>	1		
<i>uretron d/s 81.6 mg tab</i>	1		
<i>uribel 118 mg cap</i>	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		
<i>ustell 120 mg cap</i>	1		
<i>utira-c 81.6 mg tab</i>	1		
VESICARE LS 5 mg/5ml susp	2		
<i>vilamit mb 118 mg cap</i>	1		
<i>vilevev mb 81 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
<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	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
LITHOSTAT 250 mg tab	3		
<i>phenazo 200 mg tab</i>	1		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>phosphasal 81.6 mg tab</i>	1		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
<i>uretron d/s 81.6 mg tab</i>	1		
<i>uribel 118 mg cap</i>	1		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
<i>utira-c 81.6 mg tab</i>	1		
<i>vilamit mb 118 mg cap</i>	1		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	3		
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>ferric citrate 1 GM 210 mg(fe) tab</i>	1	AURYXIA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [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		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids/Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ala-cort 1 % crm	1	ALA-CORT	
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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 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	
<i>clodan 0.05 % shampoo</i>	1	CLOBEX	
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
<i>decadron 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab</i>	1		
<i>DEPO-MEDROL 20 mg/ml inj susp</i>	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	
<i>DEXAMETHASONE INTENSOL 1 mg/ml oral conc</i>	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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<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</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	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone sod suc (pf) 100 mg inj soln</i>	1		
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KENALOG-10 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		
<i>millipred 5 mg tab</i>	1	MILLIPRED	
<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 % 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 5 mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
SERNIVO 0.05 % ext emul	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 10 mg/ml inj susp, 50 mg/ml inj susp</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
<i>trianex 0.05 % oint</i>	1	TRIANEX	
<i>triderm 0.5 % crm</i>	1	TRIDERM	
ULTRAVATE 0.05 % lot	3		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<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	
<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		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales,			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	1	OXANDRIN	
Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr</i>	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 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	
Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>amabelz 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
<i>ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab</i>	3		
<i>CLIMARA PRO 0.045-0.015 mg/day tdwk patch</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
covaryx 1.25-2.5 mg tab	1	ESTRATEST	
covaryx hs 0.625-1.25 mg tab	1		
DEPO-ESTRADIOL 5 mg/ml im oil	3		
dotti 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	
DUAVEE 0.45-20 mg tab	2		
eemt 1.25-2.5 mg tab	1	ESTRATEST	
eemt hs 0.625-1.25 mg tab	1		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
est estrogens-methyltest 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	1		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1	ESTROGEL	
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 0.01% 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,	1	VIVELLE-DOT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>			
<i>estradiol valerate 10 mg/ml im oil</i>	1		
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring	3		
<i>estrogens conjugated 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab</i>	1	PREMARIN	
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>jinteli 1-5 mg-mcg tab</i>	1	FEMHRT	
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MENOSTAR 14 mcg/24hr tdkw patch	3		
<i>mimvey 1-0.5 mg tab</i>	1	ACTIVELLA	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
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		
<i>yuvafer 10 mcg vag tab</i>	1	VAGIFEM	
Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CRINONE 4 % vag gel, 8 % vag gel	3		
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
OSPHENA 60 mg tab	3		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
<i>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</i>	1	SYNTHROID	
<i>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</i>	3	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	
<i>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</i>	3	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
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 tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<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		
<i>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</i>	3	SYNTHROID	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidea) - Supresor Hormonal]			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit, 30 mg 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
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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<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	4		PA
XTANDI 40 mg tab, 80 mg tab	4		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AMJEVITA 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
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	4		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	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 200 mg/ml sc pfs kit	5		PA
ENBREL 25 mg sc soln	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ENBREL 25 mg/0.5ml sc soln, 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 PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
HUMIRA (1 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40mg/0.4ml sc pfs kit	4		PA
HUMIRA-PED>=40KG CROHNS START 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	4		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		SL
<i>methotrexate sodium 1 gm inj soln</i>	4		SL

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<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
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
RINVOQ LQ 1 mg/ml soln	4		PA
<i>tofacitinib citrate 10 mg tab, 5 mg tab</i>	4	XELJANZ	PA
<i>tofacitinib citrate 1 mg/ml soln</i>	4	XELJANZ	PA
<i>tofacitinib citrate er 11 mg tab er 24 hr, 22 mg tab er 24 hr</i>	4	XELJANZ XR	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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
Immunizing Agents, Passive [Agentes Inmunizadores Pasivos]			
ACTEMRA 162 mg/0.9ml sc soln pfs	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
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 & 240 mg cap dr pack</i>	4	TECFIDERA STARTER PACK	PA
ENTYVIO 300 mg iv soln	5		PA
ENTYVIO PEN 108 mg/0.68ml sc soln pen-inj	5		PA
<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
Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	5	FIRAZYR	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ORLADEYO 108 mg pckt, 110 mg cap, 132 mg pckt, 150 mg cap, 72 mg pckt, 96 mg pckt	5		PA
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<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	
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<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	
<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	
<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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 5 mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
Sulfonamides [Sulfonamidas]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	
BILDYOS 60 mg/ml sc soln pfs	4		PA
<i>calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln</i>	1	MIACALCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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
<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 560 mcg/2.24ml 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	
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	1	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
travoprost (bak free) 0.004 % ophth soln	1	TRAVATAN	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
ak-poly-bac 500-10000 unit/gm ophth oint	1	POLYSPORIN	
AKTEN 3.5 % ophth gel	3		
altacaine 0.5 % ophth soln	1		
altacaine 0.5 % ophth soln	1		
atropine sulfate 1 % ophth oint	1		
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	1	CYCLOGYL	
cyclosporine 0.05 % ophth emul	1	RESTASIS	PA
HOMATROPAIRE 5 % ophth soln	3		
HYPOCYN ext soln	3		
neo-polycin 3.5-400-10000 ophth oint	1		
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	1	NEOSPORIN	
polycin 500-10000 unit/gm ophth oint	1		
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	1	ALCAINE	
RHOPRESSA 0.02 % ophth soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ROCKLATAN 0.02-0.005 % ophth soln	3		
tetracaine hcl 0.5 % ophth soln	1		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	1	MYDRIACYL	
XIIDRA 5 % ophth soln	2		PA
Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	3		
altafrin 10 % ophth soln, 2.5 % ophth soln	1		
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
cromolyn sodium 4 % ophth soln	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln	1	PATADAY	
phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln	1		
Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	3		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
bromfenac sodium 0.07 % ophth soln	1	PROLENSA	
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
MAXIDEX 0.1 % ophth susp	3		
<i>neo-polycin hc 1 % ophth oint</i>	1	CORTISPORIN	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	3	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	3		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	3		
BETOPTIC-S 0.25 % ophth susp	3		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	
brimonidine tartrate 0.1 % ophth soln	1	ALPHAGAN P	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brimonidine-dorzolamide 0.15-2 % ophth soln	1		
brinzolamide 1 % ophth susp	1	AZOPT	
carteolol hcl 1 % ophth soln	1	OCUPRESS	
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
latanoprost-timolol maleate 0.005-0.5 % ophth soln	1		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	1	ISOPTO CARPINE	
timolol hemihydrate 0.5 % ophth soln	1		
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<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		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
<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-hydrocortisone 0.2-1 % otic susp</i>	1	CIPRO HC	
<i>ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln</i>	1	OTOVEL	
<i>flac 0.01 % otic oil</i>	1	DERMOTIC	
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-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		
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		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 propionate hfa 44 mcg/act inh aer</i>	1	FLOVENT HFA	QL(21.2 / 30), AL
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer</i>	1	FLOVENT HFA	QL(24 / 30), AL
<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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
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		
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 6 mg tab	1		
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	1	ZYRTEC	
clemastine fumarate 2.68 mg tab	1	TAVIST	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 5 mg tab	1	CLARINEX	
DICOPANOL FUSEPAQ 5 mg/ml susp	3		
DICOPANOL RAPIDPAQ 5 mg/ml susp	3		
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	3		
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		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	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
<i>ipratropium bromide hfa 17 mcg/act inh aer soln</i>	1	ATROVENT	QL(12.9 / 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)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
<i>elixophyllin 80 mg/15ml oral elix</i>	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	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate 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 hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(18 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)
<i>AUVI-Q 0.1 mg/0.1ml inj soln auto-inj</i>	3		QL(2 / 365)
<i>BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer</i>	2		QL(10.7 / 30)
<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)
<i>SEREVENT DISKUS 50 mcg/act inh aer pwdr br act</i>	2		QL(60 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 pwr br act	2		QL(60 / 30)
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Pulmonary Antihypertensives - Asthma/Lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>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
Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADVAIR 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 pwr 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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)
<i>breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	
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		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	3		
<i>nebusal 3 % inh neb soln</i>	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		
<i>pulmosal 7 % inh neb soln</i>	1	HYPERSAL	
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sodium 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)
<i>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</i>	1		QL(60 / 30)
XOLAIR 150 mg sc soln	4		PA
XOLAIR 150 mg/ml sc soln auto-inj, 150 mg/ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs, 75 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln pfs	4		PA
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
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
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
GABA Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De GABA - Medicamentos Para Dormir]			
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<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 subl, 3.5 mg tab subl</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	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	
<i>sodium oxybate 500 mg/ml soln</i>	5	XYREM	PA
XYREM 500 mg/ml soln	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]			
Electrolyte/Mineral/Metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	3		
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	4	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferiprone 500 mg tab	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
kionex 15 gm/60ml susp	1		
sodium polystyrene sulfonate oral pwr	1	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	1	SPS	
SPS 15 gm/60ml susp	3		
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		PA
Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
B-12 COMPLIANCE INJECTION 1000 mcg/ml inj kit	3		
cyanocobalamin 1000 mcg/ml inj soln	1		
cytra k crystals 3300-1002 mg pckt	3		
effer-k 25 meq tab eff	1		
EFFER-K 10 meq tab eff, 20 meq tab eff	3		
folic acid 5 mg/ml inj soln	1		
folic acid 1 mg tab	1		
GALZIN 25 mg cap, 50 mg cap	3		
INFED 50 mg/ml inj soln	3		PA
klor-con 20 meq pckt	1		
klor-con 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/ef 25 meq tab eff	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
K-PHOS NO 2 305-700 mg tab	3		
<i>k-prime 25 meq tab eff</i>	1		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
ORACIT 490-640 mg/5ml soln	3		
<i>phospha 250 neutral 155-852-130 mg tab</i>	1		
<i>phosphorous 155-852-130 mg tab</i>	1		
<i>phospho-trin 250 neutral 155-852-130 mg tab</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>sod citrate-citric acid 1500-1002 mg/15ml soln, 3000-2004 mg/30ml soln, 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>	3		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methergine 0.2 mg tab</i>	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 (Requisitos/Límites)
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: Pregnant Persons at High Risk for Preeclampsia (Uso de Aspirina para Prevenir la Preeclampsia y la Morbilidad y Mortalidad Relacionadas: Medicamento Preventivo: Personas Embarazadas con Alto Riesgo de Preeclampsia)		
Low-Dose Aspirin (Aspirina en Dosis Baja)		
aspirin chewable tablet 81 mg		GL (Female only)
aspirin delayed release oral tablet 81 mg		GL (Female only)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)		
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)		
<i>raloxifene hcl oral tablet 60 mg</i>		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)

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WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
CURAE 1.5 MG ORAL TABLET	
ECONTRA 1.5 MG ORAL TABLET	
HER STYLE 1.5 MG ORAL TABLET	
<i>levonorgestrel oral tablet 1.5 mg</i>	
MY CHOICE 1.5 MG ORAL TABLET	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY 1.5 MG ORAL TABLET	
OPCICON ONE-STEP 1.5 MG ORAL TABLET	
OPTION 2 ORAL TABLET 1.5 MG	
REACT 1.5 MG ORAL TABLET	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	QL (1mL per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	QL (1mL per 90 days)

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Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2920 days)
Oral Contraceptive (Combined Pill) [Anticonceptivos Orales (Píldora Combinada)]	
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 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)
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 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 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)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)</i>	QL (28 tablets per 28 days)
<i>drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg</i>	QL (28 tablets per 28 days)
<i>drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg</i>	QL (28 tablets per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	QL (28 tablets per 28 days)

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 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)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	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)
<i>levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	QL (28 tablets per 28 days)

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<i>levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	QL (28 tablets per 28 days)
<i>levonorgestrel - ethinyl estradiol triphasic oral tablet</i>	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 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)
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 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)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	QL (28 tablets per 28 days)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)</i>	QL (28 tablets per 28 days)
<i>norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)</i>	QL (28 tablets per 28 days)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)</i>	QL (28 tablets per 28 days)
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	QL (28 tablets per 28 days)
<i>norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	QL (28 tablets per 28 days)

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<i>norgestim-eth estrad triphasic oral tablet</i> 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)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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-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)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)

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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)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
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)
Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
<i>levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg</i>	QL (91 tablets per 91 days)
<i>levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg</i>	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) [Anticonceptivos Orales (Minipíldora Sólo Progestina)]	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
EMZAHH 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)
<i>norethindrone oral tablet 0.35 mg</i>	QL (28 tablets per 28 days)

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SHAROBEL ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
ZAFEMY TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	
Vaginal Ring (Anillo Vaginal)	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	QL (1EA per 28 days)
ELURYNG Vaginal Ring	QL (1EA per 28 days)
HALOETTE Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
<i>sodium fluoride oral solution 0.275 (0.125 f) mg/drop</i>	AL (patients less than or equal to 5 years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	AL (patients less than or equal to 5 years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	AL (patients less than or equal to 5 years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	AL (patients less than or equal to 5 years)
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	AL (patients less than or equal to 5 years)

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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)

<i>folic acid oral capsule 0.8mg</i>	QL (30 capsules per 30 days)
<i>folic acid oral tablet 400mcg</i>	QL (30 tablets per 30 days)
<i>folic acid oral tablet 800mcg</i>	QL (30 tablets per 30 days)

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

APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	PA
DESCOVY 120-15 mg tab, 200-25 mg tab	PA
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
TRUVADA 200-300 mg tab	PA

Iron Supplementation (Suplementación con Hierro)

<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
<i>iron oral tablet 325 (65 fe) mg</i>	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)

<i>atorvastatin calcium oral tablet 10mg, 20mg</i>	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
<i>fluvastatin sodium oral capsule 20mg, 40mg</i>	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
<i>lovastatin oral tablet 10mg, 20mg, 40mg</i>	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
<i>rosuvastatin calcium oral tablet 5mg, 10mg</i>	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)

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<i>simvastatin oral tablet 5mg, 10mg, 20mg, 40mg</i>	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)	
<i>bupropion hcl oral tablet sustained release 12-hour 150 mg (smoking deterrent)</i>	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	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)
<i>gavilyte-g oral solution reconstituted 236 gm</i>	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)
<i>gavilyte-n oral solution reconstituted 420 gm</i>	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)
<i>peg 3350-kcl-na bicarb-nacl oral solution 420 gm</i>	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)
<i>peg-3350/ electrolytes oral solution reconstituted 236 gm</i>	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)
<i>peg-3350/ electrolytes oral solution reconstituted 240 gm</i>	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL

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	(gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
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APÉNDICE II – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX II - OVER THE COUNTER (OTC) COVERED DRUGS LIST

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
<i>omeprazole 20 mg tab dr</i>	PRILOSEC
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	PRILOSEC
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]	
<i>ALAWAY 0.025 % ophth soln</i>	
<i>ketotifen fumarate 0.025 % ophth soln</i>	ZADITOR
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
<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
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
<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
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
<i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>	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 [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
<i>loratadine-d 12hr 5-120 mg tab er 12 hr</i>	CLARITIN D-12
<i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>	CLARITIN D-24

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them. (Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)	
ADAPALENE	Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediátrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE SULFATE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE-DEXTROAMPHETAMINE /AMPHETAMINE-DEXTROAMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ARMODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AVITA	Dermatólogo, Pediatra / Dermatologist, Pediatrician
AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist
CLONIDINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
CRESEMBA	Infectólogo / Infectologist
DEXMETHYLPHENIDATE HCL /DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

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

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

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A

<i>abacavir sulfate</i>	59	ALPHANATE.....	75
<i>abacavir sulfate-lamivudine</i>	59	ALPHANINE SD.....	75
<i>abiraterone acetate</i>	115	<i>alprazolam</i>	65
<i>acamprosate calcium</i>	27	<i>alprazolam er</i>	65
<i>acarbose</i>	67	<i>alprazolam xr</i>	65
<i>accutane</i>	93	ALPROLIX.....	75
<i>acebutolol hcl</i>	79	<i>altacaine</i>	122
<i>acetaminophen-codeine</i>	24	<i>altafrin</i>	123
<i>acetazolamide</i>	84, 125	ALTAVERA.....	140
<i>acetazolamide er</i>	84, 125	ALUNBRIG.....	51
<i>acetic acid</i>	126	ALYACEN 1/35.....	140
<i>acetylcysteine</i>	131	<i>amabelz</i>	109
<i>acitretin</i>	93	<i>amantadine hcl</i>	53, 61
ACTEMRA.....	118	<i>ambrisentan</i>	131
ACTEMRA ACTPEN.....	118	<i>amcinonide</i>	104
ACUVAIL.....	123	AMELUZ.....	94
<i>acyclovir</i>	62, 63	<i>amiloride hcl</i>	85
<i>adapalene</i>	93	<i>amiloride-hydrochlorothiazide</i>	82, 85
<i>adapalene-benzoyl peroxide</i>	94	<i>aminocaproic acid</i>	75
<i>adefovir dipivoxil</i>	62	<i>amiodarone hcl</i>	78
ADEMPAS.....	131	<i>amitriptyline hcl</i>	42
ADVAIR HFA.....	131	AMJEVITA.....	115
ADVATE.....	74	AMJEVITA-PED 10KG TO <15KG.....	115
<i>adynovate</i>	74	AMJEVITA-PED 15KG TO <30KG.....	115
AFIRMELLE.....	140	<i>amlodipine besy-benazepril hcl</i>	82
AFTERA.....	139	<i>amlodipine besylate</i>	80
AJOVY.....	47	<i>amlodipine besylate-valsartan</i>	82
<i>ak-poly-bac</i>	122	<i>amlodipine-atorvastatin</i>	82
AKTEN.....	122	<i>amlodipine-olmesartan</i>	82
<i>ala-cort</i>	104	<i>amlodipine-valsartan-hctz</i>	82, 85
Alaway.....	149	<i>ammonium lactate</i>	94
<i>albendazole</i>	52	<i>amnesteem</i>	94
<i>albuterol sulfate</i>	130	<i>amoxapine</i>	42
<i>albuterol sulfate hfa</i>	130	<i>amoxicill-clarithro-lansopraz</i>	99
<i>alclometasone dipropionate</i>	104	<i>amoxicillin</i>	32
ALDACTAZIDE.....	82, 85	<i>amoxicillin-pot clavulanate</i>	32
<i>alendronate sodium</i>	120	<i>amoxicillin-pot clavulanate er</i>	33
<i>alfuzosin hcl er</i>	103	<i>amphetamine sulfate</i>	89
ALINIA.....	52	<i>amphetamine-dextroamphet er</i>	89
<i>allopurinol</i>	46	<i>amphetamine-dextroamphetamine</i>	90
<i>almotriptan malate</i>	47	<i>ampicillin</i>	33
ALOCRI.....	123	<i>anagrelide hcl</i>	73, 74
ALOMIDE.....	123	<i>ana-lex</i>	94
<i>alose tron hcl</i>	100	ANALPRAM-HC.....	94
		<i>anastrozole</i>	50

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ANDRODERM	109	AVONEX PREFILLED	92
ANGELIQ	109	AYUNA	140
ANORO ELLIPTA	131	AZASITE	126
ANTARA	87	<i>azathioprine</i>	115
<i>anucort-hc</i>	28	<i>azelaic acid</i>	94
<i>anusol-hc</i>	28	<i>azelastine hcl</i>	123, 128
ANZEMET	44	<i>azelastine-fluticasone</i>	128
APEXICON E	104	AZELEX	94
APLENZIN	39	<i>azilsartan medoxomil</i>	77
<i>apraclonidine hcl</i>	125	<i>azithromycin</i>	33
<i>aprepitant</i>	44	AZURETTE	140
APRETUDE	60, 146	B	
APRI	140	B-12 COMPLIANCE INJECTION	135
APTIVUS	60	BABY SUNSCREEN	153
<i>arformoterol tartrate</i>	130	<i>bac (butalbital-acetamin-caff)</i>	26
<i>aripiprazole</i>	39, 56, 65, 66	<i>bacitracin</i>	126
<i>armodafinil</i>	134	<i>bacitracin-polymyxin b</i>	122
ARMOUR THYROID	112	<i>bacitra-neomycin-polymyxin-hc</i>	123
ARNUITY ELLIPTA	127	<i>baclofen</i>	58
aspirin chewable	138	<i>balsalazide disodium</i>	119
aspirin delayed release	138	BAQSIMI ONE PACK	70
<i>aspirin-dipyridamole er</i>	74	BAQSIMI TWO PACK	70
<i>atazanavir sulfate</i>	60	BARACLUDE	62
<i>atenolol</i>	79	<i>beau rx</i>	94
<i>atenolol-chlorthalidone</i>	82	BECONASE AQ	127
<i>atomoxetine hcl</i>	90	BELBUCA	23
<i>atorvastatin</i>	146	BELSOMRA	134
<i>atorvastatin calcium</i>	87	<i>benazepril hcl</i>	78
<i>atovaquone</i>	52	<i>benazepril-hydrochlorothiazide</i>	83, 85
<i>atovaquone-proguanil hcl</i>	52	BENEFIX	75
<i>atropine sulfate</i>	122	BENLYSTA	115
ATROVENT HFA	129	BENZEPRO	94
AUBRA EQ	140	BENZEPRO CREAMY WASH	94
AUGMENTIN	33	<i>benzebro foaming cloths</i>	94
AUROVELA 24 FE	140	<i>benznidazole</i>	52
AUROVELA FE 1.5/30	140	<i>benzonatate</i>	131
AUROVELA FE 1/20	140	<i>benzoyl perox-hydrocortisone</i>	94
AURYXIA	103	<i>benzoyl peroxide</i>	94
AUVI-Q	130	<i>benzoyl peroxide forte- hc</i>	94
<i>avar cleanser</i>	94	<i>benzoyl peroxide-erythromycin</i>	94
<i>avar-e emollient</i>	94	<i>benztropine mesylate</i>	53
<i>avar-e green</i>	94	<i>bepotastine besilate</i>	123
AVEENO SUNSCREEN	153	BESIVANCE	126
AVIANE	140	<i>betaine</i>	98
<i>avidoxy</i>	34	<i>betamethasone dipropionate</i>	104
<i>avita</i>	94	<i>betamethasone dipropionate aug</i>	104
AVONEX PEN	92		

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<i>betamethasone sod phos & acet</i>	104
<i>betamethasone valerate</i>	104
BETASERON.....	92, 118
<i>betaxolol hcl</i>	79, 125
<i>bethanechol chloride</i>	48, 103
BETIMOL.....	125
BETOPTIC-S	125
<i>bexarotene</i>	52
<i>bicalutamide</i>	115
BICILLIN L-A.....	33
BIKTARVY	61
BILDYOS	120
<i>bimatoprost</i>	122
<i>bis subcit-metronid-tetracyc</i>	99
<i>bismuth/metronidaz/tetracyclin</i>	99
<i>bisoprolol fumarate</i>	79
<i>bisoprolol-hydrochlorothiazide</i>	83, 85
BLEPHAMIDE.....	123
BLEPHAMIDE S.O.P.	123
BLISOVI 24 FE	140
BLISOVI FE 1.5/30	140
BLISOVI FE 1/20	140
<i>bosentan</i>	131
BOSULIF.....	51
<i>bosutinib</i>	51
<i>bp 10-1</i>	94
BREO ELLIPTA	132
<i>breyna</i>	132
BREZTRI AEROSPHERE.....	130, 132
<i>brimonidine tartrate</i>	94, 125
<i>brimonidine tartrate-timolol</i>	125
<i>brimonidine-dorzolamide</i>	125
<i>brinzolamide</i>	125
<i>brivaracetam</i>	35
BRIVIACT	35
<i>bromfenac sodium</i>	123
<i>bromfenac sodium (once-daily)</i>	123
<i>bromocriptine mesylate</i>	54, 114
<i>budesonide</i>	119, 127
Budesonide	149
<i>budesonide er</i>	119
<i>budesonide-formoterol fumarate</i>	132
BULL FROG SUNSCREEN	153
<i>bumetanide</i>	85
<i>bupap</i>	26
<i>buprenorphine</i>	23
<i>buprenorphine hcl</i>	27

<i>buprenorphine hcl-naloxone hcl</i>	27
<i>bupropion hcl</i>	147
<i>bupropion hcl</i>	39
<i>bupropion hcl er (sr)</i>	39
<i>bupropion hcl er (xl)</i>	40
<i>buspirone hcl</i>	63
<i>butalbital-acetaminophen</i>	26
<i>butalbital-apap-caff-cod</i>	24
<i>butalbital-apap-caffeine</i>	26
<i>butalbital-asa-caff-codeine</i>	24
<i>butalbital-aspirin-caffeine</i>	26

C

<i>cabergoline</i>	114
<i>calcipotriene</i>	94
<i>calcipotriene-betameth diprop</i>	94
<i>calcitonin (salmon)</i>	120
<i>calcitriol</i>	94, 121
<i>calcium acetate (phos binder)</i>	103
CALQUENCE.....	51
CAMILA.....	144
CAMRESE LO.....	140
<i>candesartan cilexetil</i>	77
<i>candesartan cilexetil-hctz</i>	83, 85
<i>capecitabine</i>	49
CAPEX.....	104
<i>captopril</i>	78
<i>captopril-hydrochlorothiazide</i>	83, 85
<i>carbamazepine</i>	38, 66, 67
<i>carbamazepine er</i>	38, 67
<i>carbidopa</i>	54
<i>carbidopa-levodopa</i>	54
<i>carbidopa-levodopa er</i>	54
<i>carbidopa-levodopa-entacapone</i>	55
<i>carbinoxamine maleate</i>	128
<i>carisoprodol</i>	133
<i>carisoprodol-aspirin-codeine</i>	24
<i>carteolol hcl</i>	125
<i>cartia xt</i>	80
<i>carvedilol</i>	79
<i>carvedilol phosphate er</i>	79
CAYA CONTOURED DIAPHRAGM.....	138
<i>cefaclor</i>	31
<i>cefaclor er</i>	31
<i>cefadroxil</i>	31
<i>cefazolin sodium</i>	31
<i>cefdinir</i>	31

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<i>cefepime</i>	32	<i>ciprofloxacin-dexamethasone</i>	126
<i>cefixime</i>	32	<i>ciprofloxacin-fluocinolone pf</i>	126
<i>cefpodoxime proxetil</i>	32	<i>ciprofloxacin-hydrocortisone</i>	126
<i>cefprozil</i>	32	<i>citalopram hydrobromide</i>	40, 41, 63
<i>ceftriaxone sodium</i>	32	<i>claravis</i>	94
<i>cefuroxime axetil</i>	32	CLARINEX-D 12 HOUR	132
<i>celecoxib</i>	22, 28	<i>clarithromycin</i>	33
CEM-UREA.....	94	<i>clarithromycin er</i>	33
CENTANY.....	30	CLEAR ZINC SUNSCREEN	153
CENTANY AT	30	<i>clemastine fumarate</i>	128
<i>cephalexin</i>	32	CLENPIQ	100
CERAVE SUNSCREEN.....	153	CLEOCIN	30
<i>cerovel</i>	94	CLIMARA PRO	109
<i>cetirizine hcl</i>	128	<i>clindacin etz</i>	30
Cetirizine HCl.....	149	CLINDACIN ETZ	95
Cetirizine HCl Allergy Child	149	CLINDACIN PAC.....	95
Cetirizine HCl Childrens	149	<i>clindacin-p</i>	30
Cetirizine-Pseudoephedrine ER.....	149	<i>clindamycin hcl</i>	30
<i>cevimeline hcl</i>	93	<i>clindamycin palmitate hcl</i>	30
CHATEAL EQ	140	<i>clindamycin phos (once-daily)</i>	30
CHEMET	135	<i>clindamycin phos (twice-daily)</i>	30
<i>chlordiazepoxide hcl</i>	65	<i>clindamycin phos-benzoyl perox</i>	95
<i>chlordiazepoxide-amitriptyline</i>	42	<i>clindamycin phosphate</i>	30
<i>chlordiazepoxide-clidinium</i>	98	<i>clindamycin-tretinoin</i>	95
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<i>ciclopirox olamine</i>	45	<i>clomipramine hcl</i>	42
<i>cilostazol</i>	74	<i>clonazepam</i>	36
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<i>cimetidine</i>	100	<i>clonidine hcl er</i>	90
<i>cimetidine hcl</i>	100	<i>clopidogrel bisulfate</i>	74
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<i>colestipol hcl</i>	88
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<i>covaryx</i>	110
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<i>cyclopentolate hcl</i>	122
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<i>dantrolene sodium</i>	58
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<i>fluconazole</i>	45
<i>flucytosine</i>	45
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<i>foscarnet sodium</i>	59
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<i>fosinopril sodium</i>	78
<i>fosinopril sodium-hctz</i>	83, 86
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<i>hydrocortisone ace-pramoxine</i>	28
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<i>hydrocortisone butyr lipo base</i>	106
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<i>hydrocortisone valerate</i>	106
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<i>isosorbide mononitrate</i>	89
<i>isosorbide mononitrate er</i>	89
<i>isotretinoin</i>	95
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KISQALI FEMARA (600 MG DOSE)	50
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