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

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

Lista de Medicamentos o Formulario
Plan Federal 2023

Drug List or Formulary
Federal Plan 2023

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Español

Introducción

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

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

La segunda parte tiene los medicamentos por clase terapéutica.

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

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

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

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

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

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

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

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

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

¿Cómo puedo usar mi Lista de Medicamentos?

La forma más fácil en que puedes conseguir tus medicamentos en la Lista es buscando tu medicamento en el Índice que comienza en la página 143. El Índice provee una lista por orden alfabético de todos los medicamentos en este documento. Ambos, medicamentos de marca y genéricos, están en el Índice. Busca el Índice y encuentra tu medicamento. Al lado de tu medicamento, encontrarás el número de la página dónde sale la información de la cubierta. Busca la página indicada en el Índice y encuentra el nombre del medicamento en la primera columna de la Lista.

¿Cuánto voy a pagar por los medicamentos cubiertos?

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

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

¿Qué son Medicamentos Genéricos (Nivel 1)?

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

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

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

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

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

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

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

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

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

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

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

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

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

¿Puede cambiar la Lista?

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

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY:866-215-1999)

Guía de Referencia

Programa de Terapia Escalonada

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

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

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

Medicamentos que Necesitan Preautorización (PA)

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

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

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

Límites de Cantidad (QL)

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

Límites de Especialidad Médica (SL)

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

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

Límites de Edad (AL)

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

Uso de medicamentos en investigación o experimentales

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

Recetas de Compuestos

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

Éditos de Análisis de Utilización (DUR)

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

- Édito de Validación de Dosis - coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica.

- Édito de Terapia Duplicada - verifica tu historial de medicamentos para recetas duplicadas, de dos formas:

    1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes).

    2. Si recibes dos medicamentos de la misma clase terapéutica, como, por ejemplo, dos antidepresivos o dos analgésicos, entre otros.

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

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

    2. Cuando la dosis del medicamento se ajusta de acuerdo a los niveles en la sangre, el médico debe indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos y warfarina).

    3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia necesitará una precertificación de Triple-S Salud, Inc.

Leyenda - Símbolos y Abreviaturas

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

Símbolos y Abreviaturas	Descripción
Susp	Suspensión
Tab	Tableta
Td	Transdermal

Política para el Mantenimiento de la Lista de Medicamentos

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

Derechos Reservados

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

English

Introduction

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

The Drug List has three parts.

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

The second part has the drugs by therapeutic class.

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

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

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

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

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

Part I - Drug List Design

Presentation

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

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

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

How do I use the Drug List?

The easiest way to find your drugs is seeking them in the Index that starts on page 143. The Index provides an alphabetical list of all the drugs in this List. Both brand and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the List.

How much will I pay for covered drugs?

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

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

- Level 1 – Generic Drugs
- Level 2 – Preferred Brand Drugs

- Level 3 – Non-Preferred Brand Drugs
- Level 4 – Preferred Specialty or Biotech Drugs
- Level 5 – Non-Preferred Specialty o Biotech Drugs

What are Generic Drugs (Level 1)?

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

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

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

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

What are Preferred Brand Drugs (Level 2)?

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

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

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

What are Preferred Specialty Drugs (Level 4)?

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

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

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

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

Can the Drug List change?

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

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

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

Reference Guide

Step Therapy Program

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

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

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

Drugs that Need a Prior Authorization (PA)

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

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

Quantity Limits (QL) on the amount to be dispensed

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

Medical Specialty Limits

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

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

Age Limits (AL)

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

Investigational or Experimental Drugs

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

Compounded Prescriptions

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

Edits for Drug Utilization Analysis (DUR)

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

- Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population. In the most of cases, the maximum dose is the one approved by the FDA.

- Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:
    1. If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).

    2. If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.

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

- Change in Dose

    If the dose is increased and you need your drug right away, a letter from your doctor justifying the dose change will be needed. The pharmacy will need a prior authorization after the necessary information is received.

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

    2. When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).

    3. When the dose written in the prescription does not exist in the pharmaceutical dosage form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted).

Table of Abbreviations and Symbols

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

Policy for the Review and Maintenance of the Drug List

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

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THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
butalbital-acetaminophen 50-325 mg tab	1	PHRENILIN	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	1	FIORICET	QL(18 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	1	FIORINAL	QL(18 / 30)
TENCON 50-325 mg tab	3		QL(18 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	ST
diclofenac epolamine 1.3 % patch	1	FLECTOR	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
diflunisal 500 mg tab	1	DOLOBID	
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	1	LODINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	1		
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen 50 mg cap, 75 mg cap	1	ORUDIS	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		QL(20 / 5)
ketorolac tromethamine 10 mg tab	1	TORADOL	QL(20 / 5)
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	QL(20 / 5)
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen 125 mg/5ml susp	1	NAPROSYN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
tolmetin sodium 200 mg tab	1		
tolmetin sodium 400 mg cap, 600 mg tab	1	TOLECTIN	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	1	BUTRANS	QL(4 / 28)
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	1	DURAGESIC	QL(10 / 30), ST
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	1	MS CONTIN	QL(60 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	1	OXYCONTIN	QL(60 / 30)
tramadol hcl er 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tramadol hcl er 100 mg tab er 24 hr	1	ULTRAM ER	QL(90 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-60 mg tab	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(2700 / 30), AL
acetaminophen-codeine #2 300-15 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine #3 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine #4 300-60 mg tab	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	QL(180 / 30), AL
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	FIORINAL WITH CODEINE	QL(180 / 30), AL
butorphanol tartrate 10 mg/ml nasal soln	1	STADOL	QL(150 / 30)
codeine sulfate 60 mg tab	1		QL(180 / 30), AL
codeine sulfate 30 mg tab	1		QL(360 / 30), AL
codeine sulfate 15 mg tab	1		QL(720 / 30), AL
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln	3		QL(2 / 30)
fentanyl citrate (pf) 100 mcg/2ml inj soln	1		QL(2 / 30)
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	1	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	1	NORCO	QL(240 / 30)
hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab	1	VICODIN	QL(180 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydrocodone-acetaminophen 5-300 mg tab	1	VICODIN	QL(240 / 30)
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	1	REPREXAIN	QL(150 / 30)
hydrocodone-ibuprofen 7.5-200 mg tab	1	VICOPROFEN	QL(150 / 30)
hydromorphone hcl 8 mg tab	1	DILAUDID	QL(90 / 30)
hydromorphone hcl 4 mg tab	1	DILAUDID	QL(180 / 30)
hydromorphone hcl 2 mg tab	1	DILAUDID	QL(540 / 30)
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln	1	DEMEROL	QL(2 / 30)
morphine sulfate 30 mg tab	1		QL(60 / 30)
morphine sulfate 20 mg/5ml soln	1		QL(90 / 30)
morphine sulfate 15 mg tab	1		QL(120 / 30)
morphine sulfate 10 mg/5ml soln	1		QL(1800 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln	1	ROXANOL	QL(180 / 30)
oxycodone hcl 5 mg cap	1	OXYIR	QL(540 / 30)
oxycodone hcl 100 mg/5ml oral conc	1	ROXICODONE	QL(150 / 30)
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	1	ROXICODONE	QL(180 / 30)
oxycodone hcl 5 mg tab	1	ROXICODONE	QL(360 / 30)
oxycodone hcl 5 mg/5ml soln	1	ROXICODONE	QL(5400 / 30)
oxycodone-acetaminophen 10-325 mg tab	1	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	QL(360 / 30)
oxymorphone hcl 10 mg tab	1	OPANA	QL(90 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ethyl chloride ext aer	1		
lidocaine 5 % oint	1		
lidocaine 5 % patch	1	LIDODERM	PA
lidocaine hcl 3 % crm	1	LIDAMANTLE	
lidocaine hcl 3 % lot	1	LIDAMANTLE	
lidocaine hcl 1 % inj soln, 2 % inj soln, 4 % ext soln	1	XYLOCAINE	
lidocaine hcl (pf) 1 % inj soln, 2 % inj soln	1	XYLOCAINE	
lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe	1	GLYDO	
lidocaine hcl urethral/mucosal 2 % gel	1	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % crm	1	EMLA	
lidocaine-prilocaine 2.5-2.5 % ext kit	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]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
acamprosate calcium 333 mg tab dr	1	CAMPRAL	
disulfiram 250 mg tab, 500 mg tab	1	ANTABUSE	
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl	1	SUBUTEX	PA, QL(60 / 30)
buprenorphine hcl 8 mg tab subl	1	SUBUTEX	PA, QL(240 / 30)
buprenorphine hcl-naloxone hcl 12-3 mg subl film	1	SUBOXONE	PA, QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl	1	SUBOXONE	PA, QL(90 / 30)
buprenorphine hcl-naloxone hcl 4-1 mg subl film	1	SUBOXONE	PA, QL(180 / 30)
buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl	1	SUBOXONE	PA, QL(360 / 30)
naltrexone hcl 50 mg tab	1	REVIA	
ZUBSOLV 11.4-2.9 mg tab subl	2		PA, QL(30 / 30)
ZUBSOLV 8.6-2.1 mg tab subl	2		PA, QL(60 / 30)
ZUBSOLV 5.7-1.4 mg tab subl	2		PA, QL(90 / 30)
ZUBSOLV 2.9-0.71 mg tab subl	2		PA, QL(150 / 30)
ZUBSOLV 1.4-0.36 mg tab subl	2		PA, QL(360 / 30)
ZUBSOLV 0.7-0.18 mg tab subl	2		PA, QL(720 / 30)
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln	1	ROMAZICON	
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	1	NARCAN	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
gentamicin sulfate 0.1 % crm, 0.1 % oint	1	GARAMYCIN	
gentamicin sulfate 40 mg/ml inj soln	1	GENTAK	
neomycin sulfate 500 mg tab	1		
paromomycin sulfate 250 mg cap	1	HUMATIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	3		
clindamycin hcl 150 mg cap, 300 mg cap	1	CLEOCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clindamycin palmitate hcl 75 mg/5ml soln	1	CLEOCIN	
clindamycin phosphate 2 % vag crm	1	CLEOCIN	
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln	1	CLEOCIN	
clindamycin phosphate 1 % swab	1	CLEOCIN-T	
clindamycin phosphate 1 % gel	1	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot	1	CLEOCIN-T	
colistimethate sodium (cba) 150 mg inj soln	1	COLY-MYCIN	
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
FIRVANQ 25 mg/ml soln	3		
fosfomycin tromethamine 3 gm pckt	1	MONUROL	
lincomycin hcl 300 mg/ml inj soln	1	LINCOCIN	
linezolid 600 mg tab	1	ZYVOX	PA
linezolid 100 mg/5ml susp	1	ZYVOX	PA
mafenide acetate 5 % ext pckt	1	SULFAMYLON	
methenamine hippurate 1 gm tab	1	HIPREX	
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 0.75 % vag gel	1	METROGEL	
mupirocin 2 % oint	1	BACTROBAN	
mupirocin calcium 2 % crm	1	BACTROBAN	
nitrofurantoin 25 mg/5ml susp	1	FURADANTIN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	1	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	1	MACROBID	
RELAGARD 0.9-0.025 % vag gel	3		
silver sulfadiazine 1 % crm	1	SILVADENE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SIVEXTRO 200 mg tab	3		PA
SULFAMYLON 85 mg/gm crm	3		
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 250 mg/5ml soln	1	FIRVANQ	
vancomycin hcl 125 mg cap, 250 mg cap	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	1	SPECTRACEF	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
FORTAZ 500 mg inj soln	3		
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ertapenem sodium 1 gm inj soln	4	INVANZ	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
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	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 500 mg cap	1		
ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1		
ampicillin sodium 1 gm inj soln	1	TOTACILLIN-N	
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp, 600000 unit/ml im susp pfs	3		
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
nafcillin sodium 10 gm iv soln	1		
penicillin g procaine 600000 unit/ml im susp	1		
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	1	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	1	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
ERY-TAB 250 mg tab dr, 333 mg tab dr	1		
ERY-TAB 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
erythromycin 2 % pad	1		
erythromycin 2 % ext soln	1	ERYDERM	
erythromycin 2 % gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	1	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	1	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	1	ERYPED	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
ciprofloxacin 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr	1	CIPRO XR	QL(3 / 30)
ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr	1	CIPRO XR	QL(14 / 30)
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium (acne) 10 % lot	1	KLARON	
sulfadiazine 500 mg tab	1		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	DORYX	
doxycycline hyclate 20 mg tab	1	PERIOSTAT	
doxycycline hyclate 100 mg tab	1	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	1	VIBRAMYCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab	1	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	1	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	1	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	1	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	1	MINOCIN	
tetracycline hcl 250 mg cap, 500 mg cap	1		
VIBRAMYCIN 50 mg/5ml syr	3		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam 100 mg/ml soln	1	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA XR	ST
phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln	1		
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
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	1	KLONOPIN	
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	1	DIASTAT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	
gabapentin 250 mg/5ml soln, 300 mg/6ml soln	1	NEURONTIN	
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	1		
primidone 250 mg tab, 50 mg tab	1	MYSOLINE	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
vigabatrin 500 mg pckt, 500 mg tab	4	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	1	TOPAMAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
DILANTIN 30 mg cap	3		
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	VIMPAT	AL
lacosamide 10 mg/ml soln	1	VIMPAT	AL
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	1	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	1	TRILEPTAL	
phenytoin 50 mg tab chew	1	DILANTIN	
phenytoin 125 mg/5ml susp	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	1		
phenytoin sodium 50 mg/ml inj soln	1	DILANTIN	
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	1	DILANTIN	
rufinamide 200 mg tab, 400 mg tab	1	BANZEL	PA
rufinamide 40 mg/ml susp	1	BANZEL	PA
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		AL
VIMPAT 10 mg/ml soln	3		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ergoloid mesylates 1 mg tab	1	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 &28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	1	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	1	ARICEPT ODT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	1	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	1	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	1	EXELON	QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	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]			
memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 2 mg/ml soln	1	NAMENDA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	1	NAMENDA XR	ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 mg cap er 24 hr	3		ST
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	1	WELLBUTRIN XL	
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		PA
MARPLAN 10 mg tab	3		
phenelzine sulfate 15 mg tab	1	NARDIL	
tranylcypromine sulfate 10 mg tab	1	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
citalopram hydrobromide 10 mg/5ml soln	1	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	ST
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	ST
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluoxetine hcl 90 mg cap dr	1	PROZAC	ST
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	1	LUDIOMIL	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	SERZONE	
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	1	SYMBYAX	
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	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	
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 cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
nortriptyline hcl 10 mg/5ml soln	1	PAMELOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	1	TRIAVIL	
protriptyline hcl 10 mg tab, 5 mg tab	1	VIVACTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
AKYNZEO 300-0.5 mg cap	3		PA, QL(1 / 7)
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg rect supp, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 100 mg tab, 50 mg tab	3		
aprepitant 125 mg cap	1	EMEND	PA, QL(1 / 7)
aprepitant 80 mg cap	1	EMEND	PA, QL(2 / 7)
aprepitant 80 & 125 mg cap, 80 & 125 mg oral misc	1	EMEND	PA, QL(3 / 7)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ondansetron hcl 4 mg/2ml inj soln pfs	4		
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
bio-statin oral pwdr	1		
bio-statin 500000 unit cap	3		
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	QL(6.6 / 90)
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % ext soln	1	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	1	LOTRISONE	AL
clotrimazole-betamethasone 1-0.05 % lot	1	LOTRISONE	AL
CRESEMBA 186 mg cap	3		
econazole nitrate 1 % crm	1	SPECTAZOLE	
EXODERM 25-1 % lot	3		
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	1	ALCORTIN A	
itraconazole 100 mg cap	1	SPORANOX	
itraconazole 10 mg/ml soln	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
MENTAX 1 % crm	3		
naftifine hcl 1 % crm, 1 % gel, 2 % crm	1	NAFTIN	
NAFTIN 2 % gel	3		
NATACYN 5 % ophth susp	3		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	1		
nystatin 500000 unit tab	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	
oxiconazole nitrate 1 % crm	1	OXISTAT	
OXISTAT 1 % lot	3		
posaconazole 40 mg/ml susp	1		
posaconazole 100 mg tab dr	1	NOXAFIL	
sulconazole nitrate 1 % crm	1	EXELDERM	
sulconazole nitrate 1 % ext soln	1	EXELDERM	
terbinafine hcl 250 mg tab	1	LAMISIL	QL(84 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	
voriconazole 40 mg/ml susp	1	VFEND	
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
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	PA, QL(30 / 30)
probenecid 500 mg tab	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
ANUSOL-HC 25 mg rect supp	1		
hydrocortisone (perianal) 2.5 % crm	1	ANUSOL HC	
hydrocortisone ace-pramoxine 2.5-1 % crm	1	PRAMOSONE	
hydrocortisone acetate 25 mg rect supp	1		
hydrocortisone acetate 30 mg rect supp	1	PROCTOCORT	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
dihydroergotamine mesylate 4 mg/ml nasal soln	1	MIGRANAL	
ERGOMAR 2 mg tab subl	3		
ergotamine-caffeine 1-100 mg tab	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
almotriptan malate 12.5 mg tab, 6.25 mg tab	1	AXERT	QL(6 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	1	RELPAX	QL(6 / 30), ST
frovatriptan succinate 2.5 mg tab	1	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	QL(9 / 30)
rizatriptan benzoate 10 mg tab	1	MAXALT	QL(12 / 30)
rizatriptan benzoate 5 mg tab	1	MAXALT	QL(24 / 30)
rizatriptan benzoate 10 mg tab disint	1	MAXALT MLT	QL(12 / 30)
rizatriptan benzoate 5 mg tab disint	1	MAXALT MLT	QL(24 / 30)
sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln	1	IMITREX	QL(6 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs	1	IMITREX	QL(5 / 30)
sumatriptan succinate 100 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan succinate 25 mg tab, 50 mg tab	1	IMITREX	QL(18 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	1	IMITREX STATDOSE	QL(5 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	1	IMITREX STATDOSE	QL(5 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(10 / 30)
zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln, 5 mg tab, 5 mg tab disint	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]			
guanidine hcl 125 mg tab	1		
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	1	MESTINON	
pyridostigmine bromide er 180 mg tab er	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	1		
ethambutol hcl 100 mg tab, 400 mg tab	1	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	1		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pyrazinamide 500 mg tab	1		
RIFAMATE 150-300 mg cap	3		
rifampin 150 mg cap, 300 mg cap	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
SIRTURO 100 mg tab, 20 mg tab	5		PA
TRECATOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		
melphalan 2 mg tab	4	ALKERAN	
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	4	TEMODAR	PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab, 500 mg tab	4	ZYTIGA	PA
bicalutamide 50 mg tab	1	CASODEX	
ERLEADA 60 mg tab	5		PA
flutamide 125 mg cap	1	EULEXIN	
nilutamide 150 mg tab	4	NILANDRON	PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA
XTANDI 40 mg cap, 40 mg tab, 80 mg tab	5		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 2.5 mg cap, 20 mg cap	1	REVLIMID	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
lenalidomide 10 mg cap, 15 mg cap, 25 mg cap, 5 mg cap	4	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	5		
tamoxifen citrate 10 mg tab, 20 mg tab	1	NOLVADEX	PA
toremifene citrate 60 mg tab	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
fluorouracil 0.5 % crm	1	CARAC	
fluorouracil 5 % crm	1	EFUDEX	
fluorouracil 2 % ext soln	1	EFUDEX	
hydroxyurea 500 mg cap	1	HYDREA	
mercaptopurine 50 mg tab	1	PURINETHOL	
TABLOID 40 mg tab	5		
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 (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
leucovorin calcium 10 mg tab, 5 mg tab	1		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		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]			
anastrozole 1 mg tab	1	ARIMIDEX	
letrozole 2.5 mg tab	1	FEMARA	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
etoposide 50 mg cap	4		
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALECENSA 150 mg cap	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
BRAFTOVI 50 mg cap, 75 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap	4		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
ERIVEDGE 150 mg cap	5		PA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	4	TARCEVA	PA
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	4	AFINITOR	PA
everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	4	AFINITOR DISPERZ	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA
imatinib mesylate 100 mg tab, 400 mg tab	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
KOSELUGO 10 mg cap, 25 mg cap	4		PA
lapatinib ditosylate 250 mg tab	4	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKTOVI 15 mg tab	5		PA
NEXAVAR 200 mg tab	5		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4	SUTENT	PA
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAFINLAR 50 mg cap, 75 mg cap	5		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TIBSOVO 250 mg tab	5		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	5		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZEJULA 100 mg cap	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg cap	5		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 1 % gel	1	TARGRETIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
bexarotene 75 mg cap	4	TARGRETIN	
PANRETIN 0.1 % gel	5		
TARGRETIN 1 % gel	5		
tretinoin 10 mg cap	4	VESANOID	
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
MESNEX 400 mg tab	5		
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
albendazole 200 mg tab	1	ALBENZA	
EMVERM 100 mg tab chew	3		QL(18 / 365)
ivermectin 3 mg tab	1	STROMECTOL	
praziquantel 600 mg tab	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	3		QL(60 / 30)
atovaquone 750 mg/5ml susp	1	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab	1	MALARONE	QL(12 / 365)
atovaquone-proguanil hcl 62.5-25 mg tab	1	MALARONE	QL(48 / 365)
chloroquine phosphate 250 mg tab	1		PA
chloroquine phosphate 500 mg tab	1	ARALEN	PA
COARTEM 20-120 mg tab	3		QL(24 / 365)
hydroxychloroquine sulfate 200 mg tab	1	PLAQUENIL	PA
mefloquine hcl 250 mg tab	1		
nitazoxanide 500 mg tab	1	ALINIA	QL(6 / 30)
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
pentamidine isethionate 300 mg inj soln	1	PENTAM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
primaquine phosphate 26.3 (15 Base) mg tab	1		
pyrimethamine 25 mg tab	4	DARAPRIM	PA
quinine sulfate 324 mg cap	1	QUALAQUIN	QL(42 / 365)
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
ivermectin 0.5 % lot	1	SKLICE	
lindane 1 % shampoo	1		
permethrin 5 % crm	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]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
entacapone 200 mg tab	1	COMTAN	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
apomorphine hcl 30 mg/3ml sc soln cart	5	APOKYN	
bromocriptine mesylate 2.5 mg tab, 5 mg cap	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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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		ST
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	1	MIRAPEX	
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	1	MIRAPEX ER	
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	1	REQUIP	
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	1	REQUIP XL	ST
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa 25 mg tab	1	LODOSYN	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	1	AZILECT	QL(60 / 30), ST
selegiline hcl 5 mg tab	1		QL(60 / 30)
selegiline hcl 5 mg cap	1	ELDEPRYL	QL(60 / 30)
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	THORAZINE	
fluphenazine decanoate 25 mg/ml inj soln	1	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	1	PROLIXIN	
haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	1	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln	1	HALDOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	1	LOXITANE	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	
pimozide 1 mg tab, 2 mg tab	1	ORAP	
prochlorperazine 25 mg rect supp	1	COMPRO	
prochlorperazine edisylate 10 mg/2ml inj soln	1		
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	MELLARIL	
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	4		QL(1 / 30)
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	1	SAPHRIS	
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	4		ST
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs			
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	4		ST
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		QL(30 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 9 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	1	SEROQUEL XR	QL(60 / 30), ST
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Intramuscular Suspension Reconstituted ER			
risperidone 1 mg/ml soln	1	RISPERDAL	
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(60 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	CLOZARIL	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	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]			
foscarnet sodium 6000 mg/250ml iv soln	4	FOSCAVIR	
valganciclovir hcl 450 mg tab	4	VALCYTE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
BARACLUDE 0.05 mg/ml soln	4		PA
entecavir 0.5 mg tab, 1 mg tab	4	BARACLUDE	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	5		PA
VEMLIDY 25 mg tab	4		PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab, 50-20 mg pckt	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
MODERIBA 200 mg tab	4		PA
MODERIBA (1200 MG PACK) 600 mg tab pack	5		PA
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
PEGASYS PROCLICK 180 mcg/0.5ml sc soln auto-inj	5		PA
PEGINTRON 50 mcg/0.5ml sc kit	5		PA
RIBASPHERE 200 mg cap, 200 mg tab	4		PA
RIBASPHERE 400 mg tab, 600 mg tab	5		PA
RIBASPHERE RIBAPAK (1000 PACK) 400 & 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (600 PACK) 200 & 400 mg tab pack	5		PA
RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	QL(30 / 15)
DENAVIR 1 % crm	3		
famciclovir 125 mg tab, 500 mg tab	1	FAMVIR	QL(21 / 7)
famciclovir 250 mg tab	1	FAMVIR	QL(60 / 30)
penciclovir 1 % crm	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
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		
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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	3		
DELSTRIGO 100-300-300 mg tab	3		
EDURANT 25 mg tab	2		
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	1	SUSTIVA	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab, 600-300-300 mg tab	1	SYMFI	
etravirine 100 mg tab, 200 mg tab	1	INTELENCE	PA
INTELENCE 25 mg tab	2		PA
nevirapine 200 mg tab	1	VIRAMUNE	
nevirapine 50 mg/5ml susp	1	VIRAMUNE	
nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr	1	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	3		
RESCRIPTOR 200 mg tab	2		
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]			
abacavir sulfate 300 mg tab	1	ZIAGEN	
abacavir sulfate 20 mg/ml soln	1	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	1	EPZICOM	
abacavir-lamivudine-zidovudine 300-150-300 mg tab	1	TRIZIVIR	
CIMDUO 300-300 mg tab	3		
didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr	1	VIDEX	
emtricitabine 200 mg cap	1	EMTRIVA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	1	TRUVADA	
emtricitabine-tenofovir df 200-300 mg tab	1	TRUVADA	PA
EMTRIVA 10 mg/ml soln	2		
lamivudine 150 mg tab, 300 mg tab	1	EPIVIR	
lamivudine 10 mg/ml soln	1	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	1	COMBIVIR	
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ZERIT	
tenofovir disoproxil fumarate 300 mg tab	1	VIREAD	PA
VIDEX 2 gm soln, 4 gm soln	2		
VIDEX EC 125 mg cap dr	2		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
zidovudine 100 mg cap, 300 mg tab	1	RETROVIR	
zidovudine 50 mg/5ml syr	1	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	5		PA
maraviroc 150 mg tab, 300 mg tab	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]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
APTIVUS 250 mg cap	2		PA
APTIVUS 100 mg/ml soln	2		PA
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
EVOTAZ 300-150 mg tab	2		
fosamprenavir calcium 700 mg tab	1	LEXIVA	
INVIRASE 500 mg tab	2		
LEXIVA 50 mg/ml susp	3		
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	3		
NORVIR 80 mg/ml soln	3		
PREZCOBIX 800-150 mg tab	2		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	3		
ritonavir 100 mg tab	1	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	1	TAMIFLU	
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack, 2 x 20 mg tab pack	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack, 2 x 40 mg tab pack	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
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	1	XANAX XR	
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	1	XANAX XR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	1	TRANXENE	
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	
estazolam 1 mg tab, 2 mg tab	1	PROSOM	QL(30 / 30)
lorazepam 4 mg/ml inj soln	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml inj soln	1	ATIVAN	
midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln	1		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	1	SERAX	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
lithium 8 meq/5ml soln	1		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	1	PRECOSE	
ACTOPLUS MET XR 15-1000 mg tab er 24 hr, 30-1000 mg tab er 24 hr	3		ST
BYDUREON 2 mg sc pen-inj	2		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
chlorpropamide 100 mg tab, 250 mg tab	1	DIABINESE	
FARXIGA 10 mg tab, 5 mg tab	2		ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	FORTAMET	ST
miglitol 100 mg tab, 25 mg tab, 50 mg tab	1	GLYSET	ST
nateglinide 120 mg tab, 60 mg tab	1	STARLIX	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		QL(3 / 28), ST
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	ST
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	1	DUETACT	ST
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	ST
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	ST
RIOMET ER 500 mg/5ml Oral Suspension Reconstituted ER	3		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
glucagon emergency 1 mg inj kit	1	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		
NOVOLIN N 100 unit/ml sc susp	2		
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		
NOVOLIN N RELION 100 unit/ml sc susp	2		
NOVOLIN R 100 unit/ml inj soln	2		
NOVOLIN R RELION 100 unit/ml inj soln	2		
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs	1	LOVENOX	
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 unt/0.72ml sc soln pfs,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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			
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	1		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
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, 2.5 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	
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	5		PA
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln	4		PA
NEULASTA 6 mg/0.6ml sc soln pfs	5		
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
ZARXIO 300 mcg/0.5ml inj soln pfs	4		
ZIEXTENZO 6 mg/0.6ml sc soln pfs	4		PA
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
adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln	5		PA
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
aminocaproic acid 1000 mg tab, 500 mg tab	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	4		PA
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 250 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
MONOCLATE-P 1000 unit iv kit	5		PA
MONONINE 1000 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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 1500 unit iv kit, 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
obizur 500 unit iv soln	5		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
REBINYN 1000 unit iv soln, 2000 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
rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
tranexamic acid 1000 mg/10ml iv soln	4	CYKLOKAPRON	
VONVENDI 1300 unit iv soln, 650 unit iv soln	5		PA
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	1	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	1	TENEX	
methyldopa 250 mg tab, 500 mg tab	1	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MINIPRESS	
Angiotensin Ii Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina Ii - Medicamentos Para La Presión Sanguínea]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	1	ATACAND	ST
EDARBI 40 mg tab, 80 mg tab	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	1	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	1	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	1	BENICAR	ST
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	1	MICARDIS	ST
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	1	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	1	NORPACE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	1	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	1	TAMBOCOR	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	1	MEXITIL	
MULTAQ 400 mg tab	3		ST
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	1		
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	1	RYTHMOL	
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	1	RYTHMOL SR	
quinidine gluconate er 324 mg tab er	1		
quinidine sulfate 200 mg tab, 300 mg tab	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	1	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	1	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	1	COREG CR	ST
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL 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	ST
pindolol 10 mg tab, 5 mg tab	1	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
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	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl er beads 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	1	TIAZAC	
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	1	CARDIZEM CD	
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	
isradipine 2.5 mg cap, 5 mg cap	1	DYNACIRC	
nicardipine hcl 20 mg cap, 30 mg cap	1	CARDENE	
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
nimodipine 30 mg cap	1	NIMOTOP	
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	1	SULAR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 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		
aliskiren fumarate 150 mg tab, 300 mg tab	1	TEKTURNA	
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	ST
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	ST
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	ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
metyrosine 250 mg cap	1	DEMSER	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	ST
pentoxifylline er 400 mg tab er	1	TRENTAL	
propranolol-hctz 40-25 mg tab, 80-25 mg tab	1	INDERIDE	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ACCURETIC	
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	1	RANEXA	PA
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	ST
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	1	TARKA	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
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	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	BUMEX	
bumetanide 0.25 mg/ml inj soln	1	BUMEX	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln	1	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	1	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	1	INSPRA	ST
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorothiazide 250 mg tab, 500 mg tab	1	DIURIL	
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
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	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 mg cap, 90 mg cap	3		
fenofibrate 150 mg cap, 50 mg cap	1	LIPOFEN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	1	TRICOR	
fenofibrate micronized 130 mg cap, 43 mg cap	1	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	1	TRICOR	
fenofibric acid 135 mg cap dr, 45 mg cap dr	1	TRILIPIX	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		ST
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	1	LESCOL	
fluvastatin sodium er 80 mg tab er 24 hr	1	LESCOL XL	
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ZOCOR	
simvastatin 80 mg tab	1	ZOCOR	ST
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	1	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	1	QUESTRAN	
cholestyramine light 4 gm pckt	1	QUESTRAN LIGHT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cholestyramine light 4 gm/dose oral pwdr	1	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	1	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	1	COLESTID	
colestipol hcl 5 gm oral gr	1	COLESTID	
ezetimibe 10 mg tab	1	ZETIA	ST
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	1	VYTORIN	ST
icosapent ethyl 0.5 gm cap, 1 gm cap	1	VASCEPA	
niacin (antihyperlipidemic) 500 mg tab	1	NIACOR	
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	1	NIASPAN	
omega-3-acid ethyl esters 1 gm cap	1	LOVAZA	
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ISORDIL TITRADOSE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
isosorbide dinitrate er 40 mg tab er	1	ISORDIL	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	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		
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	1	NITRO-DUR	
nitroglycerin 0.4 mg/spray tl soln	1	NITROLINGUAL	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	1	NITROSTAT	
nitroglycerin er 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	1		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	QL(30 / 30), ST
amphetamine-dextroamphet er 30 mg cap er 24 hr	1	ADDERALL XR	QL(90 / 30), ST
amphetamine-dextroamphetamine 30 mg tab	1	ADDERALL	QL(30 / 30)
amphetamine-dextroamphetamine 10 mg tab,	1	ADDERALL	QL(90 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
12.5 mg tab, 15 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab			
dextroamphetamine sulfate 5 mg tab	1	DEXTROSTAT	QL(90 / 30)
dextroamphetamine sulfate 10 mg tab	1	DEXTROSTAT	QL(120 / 30)
dextroamphetamine sulfate er 5 mg cap er 24 hr	1	DEXEDRINE	QL(90 / 30)
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr	1	DEXEDRINE	QL(120 / 30)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	STRATTERA	AL
clonidine hcl er 0.1 mg tab er 12 hr	1	KAPVAY	QL(120 / 30)
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	FOCALIN	QL(60 / 30)
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	1	FOCALIN XR	QL(30 / 30)
guanfacine hcl er 4 mg tab er 24 hr	1	INTUNIV	QL(60 / 30)
guanfacine hcl er 1 mg tab er 24 hr, 3 mg tab er 24 hr	1	INTUNIV	QL(90 / 30)
guanfacine hcl er 2 mg tab er 24 hr	1	INTUNIV	QL(120 / 30)
METADATE ER 20 mg tab er	1		QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylphenidate hcl 5 mg/5ml soln	1	METHYLIN	QL(90 / 30)
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	1	RITALIN	QL(90 / 30)
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	1		QL(30 / 30)
methylphenidate hcl er 10 mg tab er, 20 mg tab er	1	RITALIN SR	QL(30 / 30)
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	1	METADATE CD	QL(30 / 30)
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	1	RITALIN LA	QL(30 / 30)
methylphenidate hcl er (osm) 72 mg tab er	1		QL(30 / 30)
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 54 mg tab er	1	CONCERTA	QL(30 / 30)
methylphenidate hcl er (osm) 36 mg tab er	1	CONCERTA	QL(60 / 30)
QUILLICHEW ER 40 mg tab chew er	2		QL(30 / 30), AL
QUILLICHEW ER 30 mg tab chew er	2		QL(60 / 30), AL
QUILLICHEW ER 20 mg tab chew er	2		QL(90 / 30), AL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		QL(360 / 30), AL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CONTRAVE 8-90 mg tab er 12 hr	3		PA
phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab	1		PA
PLENITY cap	3		PA
PLENITY WELCOME KIT cap	3		PA
QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr	3		PA
riluzole 50 mg tab	4	RILUTEK	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
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	1	LYRICA	ST
pregabalin 20 mg/ml soln	1	LYRICA	ST
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	1	LYRICA CR	ST
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
dalfampridine er 10 mg tab er 12 hr	4	AMPYRA	PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	PA
dimethyl fumarate starter pack 120 & 240 mg oral misc	4	TECFIDERA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	PA
MAYZENT 0.25 mg tab, 1 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 0.25 mg tab pack, 12 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
ZEPOSIA 0.92 mg cap	5		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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]			
cevimeline hcl 30 mg cap	1	EVOXAC	
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	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]			
ACCUTANE 10 mg cap, 20 mg cap	1		
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	1	SORIATANE	
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	1	DIFFERIN	
adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel	1	EPIDUO	
ammonium lactate 12 % crm, 12 % lot	1	LAC-HYDRIN	
ANALPRAM-HC 2.5-1 % lot	3		
azelaic acid 15 % gel	1	FINACEA	
AZELEX 20 % crm	3		
benzoyl peroxide-erythromycin 5-3 % gel	1	BENZAMYCIN	
bp 10-1 10-1 % ext emul	1		
brimonidine tartrate 0.33 % gel	1		
calcipotriene 0.005 % crm	1	DOVONEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
calcipotriene 0.005 % ext soln	1	DOVONEX	
calcitriol 3 mcg/gm oint	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
clindamycin phos-benzoyl perox 1.2-2.5 % gel	1	ACANYA	
clindamycin phos-benzoyl perox 1-5 % gel	1	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % gel	1	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	1	ZIANA	
CONDYLOX 0.5 % gel	3		
dapsone 5 % gel, 7.5 % gel	1	ACZONE	
doxycycline 40 mg cap dr	1	ORACEA	
DUPIXENT 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	4		PA
FINACEA 15 % foam	3		
hydrocortisone ace-pramoxine 1-1 % crm	1	ANALPRAM HC	
hydrocort-pramoxine (perianal) 2.5-1 % crm	1	ANALPRAM HC	
ILUMYA 100 mg/ml sc soln pfs	5		PA
imiquimod 5 % crm	1	ALDARA	
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	1	ABSORICA	
ivermectin 1 % crm	1	SOOLANTRA	
lidocaine-hydrocort (perianal) 3-0.5 % crm	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	1	ANAMANTLE HC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
lidocaine-hydrocortisone ace 2-2 % rect kit	1	PERANEX HC	
methoxsalen rapid 10 mg cap	1	OXSORALEN-ULTRA	
metronidazole 0.75 % crm	1	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	1	METROGEL	
metronidazole 0.75 % lot	1	METROLOTION	
MIRVASO 0.33 % gel	2		
pimecrolimus 1 % crm	1	ELIDEL	ST
podofilox 0.5 % ext soln	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	5		PA
ROSADAN 0.75 % crm, 0.75 % gel	1		
SANTYL 250 unit/gm oint	3		
selenium sulfide 2.5 % lot	1	SELSUN	
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI 150 mg/ml sc soln pfs	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
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	1		
sulfacetamide sodium-sulfur 10-2 % ext liq	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-5 % crm	1	PLEXION	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sulfacetamide sodium-sulfur 8-4 % ext susp	1	SUMAXIN TS	
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
tretinoin 0.05 % gel	1	ATRALIN	AL
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	1	RETIN-A	AL
tretinoin microsphere 0.04 % gel, 0.1 % gel	1	RETIN-A	AL
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	1	RETIN-A	AL
urea 39 % crm, 40 % crm	1		
urea 40 % lot	1	CARMOL 40	
urea nail 45 % gel	1		
urea-c40 40 % lot	1	CARMOL 40	
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ferocon cap	1		
ferotrinsic cap	1		
FERROCITE PLUS 106-1 mg tab	1		
FERRO-PLEX HEMATINIC 115-1 mg tab	3		
foltrin cap	1		
FUSION PLUS cap	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hematinic plus vit/minerals 106-1 mg tab	1		
hematinic/folic acid 324-1 mg tab	1		
hemetab 22-6-1-0.025 mg tab	3		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	1		
INFED 50 mg/ml inj soln	3		
INTEGRA F 125-1 mg cap	3		
INTEGRA PLUS cap	3		
KLOR-CON 20 meq pckt, 8 meq tab er	1		
KLOR-CON 10 10 meq tab er	1		
KLOR-CON M10 10 meq tab er	1		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	1		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	1		
K-PHOS NO 2 305-700 mg tab	3		
K-TAN PLUS 162-115.2-1 mg cap	1		
lactated ringers iv soln	1		
MULTIGEN 70 mg tab	3		
MULTIGEN PLUS 50-101-1 mg tab	3		
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	1	FERRLECIT	
ORACIT 490-640 mg/5ml soln	3		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	1		
potassium chloride 20 meq pckt	1		
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	1	K-SOL	
potassium chloride crys er 10 meq tab er	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
potassium chloride crys er 15 meq tab er, 20 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq tab er, 8 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	1	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	1	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	1		
PROFERRIN-FORTE 12-1 mg tab	3		
PROTECTIRON 60-1 mg tab	3		
purefe plus 106-1 mg cap	3		
ringers iv soln	1		
se-tan plus 162-115.2-1 mg cap	1		
sod citrate-citric acid 500-334 mg/5ml soln	1	SHOHLS MODIFIED	
sodium chloride 0.45 % iv soln, 0.9 % inj soln, 0.9 % iv soln, 2.5 meq/ml inj soln	1		
sodium chloride (pf) 0.9 % inj soln	1		
TANDEM F 162-115.2-1 mg cap	3		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	4	EXJADE	PA
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	4	JADENU	PA
deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
deferiprone 500 mg tab	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
KIONEX 15 gm/60ml susp	1		
penicillamine 250 mg tab	1	DEPEN TITRATABS	
sodium polystyrene sulfonate oral pwdr	1	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	1	SPS	
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	1	FOSRENOL	PA
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	RENVELA	PA
sevelamer hcl 800 mg tab	1	RENAGEL	PA
VELPHORO 500 mg tab chew	2		PA
Vitamins [Vitaminas]			
ABANEU-SL 600-600 mcg tab subl	1		
aminobenzoate potassium 2 gm pckt	1		
AQUASOL A 15 mg/ml im soln	3		
ascorbic acid 500 mg/ml inj soln	1		
ATABEX EC 29-1 mg tab dr	3		
ATABEX OB 29-1 mg tab	3		
b-plex tab	1		
complete natal dha 29-1-200 & 200 mg oral misc	3		
completenate 29-1 mg tab chew	3		
CO-NATAL FA tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
CORVITA tab	3		
cyanocobalamin 1000 mcg/ml inj soln	1		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE/ZINC tab	3		
ergocal 62.5 MCG (2500 ut) cap	3		
folbee 2.5-25-1 mg tab	1		
folbee plus tab	1		
FOLBEE PLUS CZ 5 mg tab	3		
folic acid 1 mg tab	1		
folic acid 5 mg/ml inj soln	1		
FOLIVANE-OB 85-1 mg cap	3		
hydroxocobalamin acetate 1000 mcg/ml im soln	1		
INFUVITE PEDIATRIC iv soln	3		
M.V.I. ADULT iv inj	3		
M.V.I. PEDIATRIC iv soln	3		
m-natal plus 27-1 mg tab	3		
multi-vitamin/fluoride 0.25 mg/ml soln	1		
multi-vitamin/fluoride/iron 0.25-10 mg/ml soln	1		
mynate 90 plus tab er	3		
NATALVIT tab	3		
NEPHRONEX tab	1		
NIVA-PLUS 27-1 mg tab	3		
NUTRIVIT liq	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
OBSTETRIX ONE 38-1-225 mg cap	3		
O-CAL PRENATAL tab	3		
onevite tab	1		
phytonadione 1 mg/0.5ml inj soln	1		
phytonadione 5 mg tab	1	MEPHYTON	
pnv tabs 29-1 29-1 mg tab	3		
POTABA 500 mg cap	3		
PRENATABS RX 29-1 mg tab	3		
prenatal 27-1 mg tab	3		
prenatal 19 tab chew, 29-1 mg tab, 29-1 mg tab chew	3		
prenatal plus 27-1 mg tab	3		
prenatal plus iron 29-1 mg tab	3		
prenatal vitamin plus low iron 27-1 mg tab	3		
preplus 27-1 mg tab	3		
pretab 29-1 mg tab	3		
PROVIDA OB 20-20-1.25 mg cap	3		
pyridoxine hcl 100 mg/ml inj soln	1		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
se-natal 19 29-1 mg tab, 29-1 mg tab chew	3		
SUPERVITE liq	3		
support liq	3		
SUPPORT-500 cap	3		
TARON-C DHA 35-1 mg cap	3		
thiamine hcl 100 mg/ml inj soln	1		
thrivite 19 tab	1		
thrivite rx 29-1 mg tab	3		
TL G-FOL OS 500-1.1 mg tab	3		
trinatal rx 1 60-1 mg tab	3		
urosex tab	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VINATE II 29-1 mg tab	3		
VINATE M 27-1 mg tab	3		
VITAL-D RX 1 mg tab	3		
vitamin b complex 100 inj	1		
vitamin b-complex 100 inj	1		
vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap	1	DRISDOL	
vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln	1		
vitamins acd-fluoride 0.25 mg/ml soln	1		
vita-rx diabetic vitamin cap	3		
vol-plus 27-1 mg tab	3		
vol-tab rx 29-1 mg tab	3		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
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	
glycopyrrolate 1 mg tab, 2 mg tab	1	ROBINUL	
hyoscyamine sulfate 0.125 mg tab	1	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	1	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	1	LEVBID	
hyoscyamine sulfate sl 0.125 mg tab subl	1	LEVSIN/SL	
methscopolamine bromide 2.5 mg tab, 5 mg tab	1	PAMINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SL 0.125 mg tab subl	1		
SYMAX-SR 0.375 mg tab er 12 hr	1		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
cromolyn sodium 100 mg/5ml oral conc	1	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	1	LOMOTIL	
loperamide hcl 2 mg cap	1	IMODIUM	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
MYTESI 125 mg tab dr	5		PA
PYLERA 140-125-125 mg cap	3		
SYMPROIC 0.2 mg tab	2		PA, QL(30 / 30)
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 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	
famotidine (pf) 20 mg/2ml iv soln	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab	1	ZANTAC	
ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 50 mg/2ml inj soln, 75 mg/5ml syr	1	ZANTAC	
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	PA, QL(60 / 30)
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
GAVILYTE-C 240 gm soln	3		QL(4000 / 15)
GAVILYTE-G 236 gm soln	1		QL(4000 / 15)
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	1		QL(4000 / 15)
generlac 10 gm/15ml soln	1	CONSTULOSE	
GOLYTELY 227.1 gm soln	3		QL(1 / 15)
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350/electrolytes 240 gm soln	1		QL(4000 / 15)
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	QL(4000 / 15)
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	QL(4000 / 15)
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TRILYTE 420 gm soln	1		QL(4000 / 15)
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
sucralfate 1 gm tab	1	CARAFATE	
sucralfate 1 gm/10ml susp	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
dexlansoprazole 60 mg cap dr	1	DEXILANT	ST
esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	1	NEXIUM	ST
lansoprazole 15 mg cap dr, 30 mg cap dr	1	PREVACID	
lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	1	PREVACID SOLUTAB	ST
NEXIUM 2.5 mg pckt, 5 mg pckt	3		ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	1	ZEGERID	ST
pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	1	PROTONIX	ST
rabeprazole sodium 20 mg tab dr	1	ACIPHEX	ST
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ADAGEN 250 unit/ml im soln	5		PA
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
betaine oral pwdr	4	CYSTADANE	PA
CERDELGA 84 mg cap	5		PA
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
CREON 12000-38000 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
ELELYSO 200 unit iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
MEPSEVII 10 mg/5ml iv soln	5		PA
miglustat 100 mg cap	4	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	5		PA
nitisinone 10 mg cap, 2 mg cap, 5 mg cap	4	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 20 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
sodium phenylbutyrate 500 mg tab	4	BUPHENYL	PA
sodium phenylbutyrate 3 gm/tsp oral pwdr	4	BUPHENYL	PA
VPRIV 400 unit iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 3000-10000 unit cap dr prt	2		
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	1	ENABLEX	
fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr	1	TOVIAZ	
flavoxate hcl 100 mg tab	1		
GEMTESA 75 mg tab	3		PA
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		ST
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		ST
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml syr	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
solifenacin succinate 10 mg tab, 5 mg tab	1	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
VESICARE LS 5 mg/5ml susp	2		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	1	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	1	JALYN	
finasteride 5 mg tab	1	PROSCAR	
silodosin 4 mg cap, 8 mg cap	1	RAPAFLO	
tadalafil 2.5 mg tab, 5 mg tab	1	CIALIS	PA, QL(30 / 30), AL
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	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]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	1	URECHOLINE	
ELMIRON 100 mg cap	3		
PHOSPHASAL 81.6 mg tab	1		
RIMSO-50 50 % i-vesic soln	3		
sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab	1	VIAGRA	QL(6 / 30), AL
tadalafil 10 mg tab, 20 mg tab	1	CIALIS	QL(6 / 30), AL
URETRON D/S 81.6 mg tab	1		
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
UTIRA-C 81.6 mg tab	1		
vardenafil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	LEVITRA	QL(6 / 30), AL
vardenafil hcl 10 mg tab disint	1	STAXYN	QL(4 / 30), AL
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALA SCALP 2 % lot	1		
alclometasone dipropionate 0.05 % crm, 0.05 % oint	1	ACLOVATE	
APEXICON E 0.05 % crm	3		AL
betamethasone dipropionate 0.05 % crm, 0.05 % oint	1	DIPROSONE	AL
betamethasone dipropionate 0.05 % lot	1	DIPROSONE	AL
betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint	1	DIPROLENE	AL
betamethasone dipropionate aug 0.05 % lot	1	DIPROLENE	AL
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	1	CELESTONE SOLUSPAN	
betamethasone valerate 0.1 % crm	1	BETA-VAL	
betamethasone valerate 0.1 % lot	1	BETA-VAL	
betamethasone valerate 0.1 % oint	1	BETA-VAL	AL
betamethasone valerate 0.12 % foam	1	LUXIQ	AL
CAPEX 0.01 % shampoo	3		
clobetasol prop emollient base 0.05 % crm	1	TEMOVATE-E	AL
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	1	CLOBEX	AL
clobetasol propionate 0.05 % foam	1	OLUX	AL
clobetasol propionate 0.05 % gel, 0.05 % oint	1	TEMOVATE	AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clobetasol propionate 0.05 % ext soln	1	TEMOVATE	AL
clobetasol propionate 0.05 % crm	1	TEMOVATE-E	AL
clobetasol propionate e 0.05 % crm	1	TEMOVATE-E	AL
clocortolone pivalate 0.1 % crm	1	CLODERM	
clocortolone pivalate pump 0.1 % crm	1	CLODERM	
cortisone acetate 25 mg tab	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
desonide 0.05 % crm, 0.05 % oint	1	DESOWEN	
desonide 0.05 % lot	1	DESOWEN	
desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	1	TOPICORT	AL
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1		
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diflorasone diacetate 0.05 % crm, 0.05 % oint	1	PSORCON	AL
fludrocortisone acetate 0.1 mg tab	1	FLORINEF	
fluocinolone acetonide 0.01 % crm	1	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	1	SYNALAR	
fluocinolone acetonide 0.025 % crm, 0.025 % oint	1	SYNALAR	AL
fluocinolone acetonide body 0.01 % ext oil	1	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % ext oil	1	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	1	LIDEX	AL
fluocinonide 0.05 % ext soln	1	LIDEX	AL
fluocinonide 0.1 % crm	1	VANOS	AL
fluocinonide emulsified base 0.05 % crm	1	LIDEX-E	AL
flurandrenolide 0.05 % crm	1	CORDRAN	
flurandrenolide 0.05 % lot	1	CORDRAN	
fluticasone propionate 0.005 % oint, 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.05 % lot	1	CUTIVATE	
halcinonide 0.1 % crm	1	HALOG	AL
halobetasol propionate 0.05 % crm, 0.05 % oint	1	ULTRAVATE	AL
HALOG 0.1 % ext soln	3		
HALOG 0.1 % oint	3		AL
hydrocortisone 1 % crm	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	1	CORTEF	
hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	1	HYTONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydrocortisone butyr lipo base 0.1 % crm	1	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	1	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	1	LOCOID	
hydrocortisone valerate 0.2 % crm, 0.2 % oint	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 50 mg/ml inj susp	1		
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
mometasone furoate 0.1 % crm, 0.1 % oint	1	ELOCON	
mometasone furoate 0.1 % ext soln	1	ELOCON	
PANDEL 0.1 % crm	3		AL
prednicarbate 0.1 % crm, 0.1 % oint	1	DERMATOP	
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	1	PEDIAPRED	
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	1		
prednisone 5 mg/5ml soln	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln	3		
TEXACORT 2.5 % ext soln	3		
triamcinolone acetonide 0.025 % oint, 0.1 % oint	1	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	1	KENALOG	
triamcinolone acetonide 0.5 % oint	1	KENALOG	AL
triamcinolone acetonide 0.05 % oint	1	TRIANEX	
triamcinolone acetonide 0.025 % crm, 0.1 % crm	1	TRIDERM	
triamcinolone acetonide 0.5 % crm	1	TRIDERM	AL
TRIANEX 0.05 % oint	1		
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,			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
chorionic gonadotropin 10000 unit im soln	4	PREGNYL	
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
FOLLISTIM AQ 300 unt/0.36ml sc soln, 600 unt/0.72ml sc soln, 900 unt/1.08ml sc soln	5		
GENOTROPIN 12 mg sc cart, 5 mg sc cart	4		PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	4		PA
INCRELEX 40 mg/4ml sc soln	5		PA
MENOPUR 75 unit sc soln	5		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NOVAREL 10000 unit im soln, 5000 unit im soln	5		
OVIDREL 250 mcg/0.5ml sc inj	5		
PREGNYL 10000 unit im soln	5		
STIMATE 1.5 mg/ml nasal soln	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
KORLYM 300 mg tab	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
oxandrolone 10 mg tab, 2.5 mg tab	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
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	1	ANDROGEL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	1	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	1		
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
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		
COVARYX HS 0.625-1.25 mg tab	1		
DUAVEE 0.45-20 mg tab	2		
EEMT 1.25-2.5 mg tab	1		
EEMT HS 0.625-1.25 mg tab	1		
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 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075	1	CLIMARA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch			
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	
estradiol 0.1 mg/gm vag crm	1	ESTRACE	
estradiol 10 mcg vag tab	1	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1	VIVELLE-DOT	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab	1		
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MIMVEY 1-0.5 mg tab	1		
MIMVEY LO 0.5-0.1 mg tab	1		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
YUVAFEM 10 mcg vag tab	1		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CRINONE 4 % vag gel	3		QL(6.75 / 15)
CRINONE 8 % vag gel	3		QL(16.88 / 15)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	1	MEGACE	
megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp	1	MEGACE	
norethindrone acetate 5 mg tab	1	AYGESTIN	
progesterone 100 mg cap, 200 mg cap	1	PROMETRIUM	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
clomiphene citrate 50 mg tab	1		
OSPHENA 60 mg tab	3		
raloxifene hcl 60 mg tab	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]			
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	1	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	1	CYTOMEL	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	5		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
cabergoline 0.5 mg tab	1	DOSTINEX	
ganirelix acetate 250 mcg/0.5ml sc soln pfs	5		
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 (ped) im kit, 30 mg (ped) im kit	4		PA
octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs	4		PA
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200	4	SANDOSTATIN	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln			
ORILISSA 150 mg tab, 200 mg tab	3		
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	5		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	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]			
AVSOLA 100 mg iv soln	4		PA
azathioprine 50 mg tab	1	IMURAN	
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, 2 X 200 mg/ml sc pfs kit	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit	5		PA
cyclosporine 100 mg cap, 25 mg cap	1	SANDIMMUNE	
cyclosporine 50 mg/ml iv soln	4	SANDIMMUNE	
cyclosporine modified 100 mg cap, 25 mg cap	1	NEORAL	
cyclosporine modified 100 mg/ml soln	1	NEORAL	
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
GENGRAF 100 mg cap, 25 mg cap	1		
GENGRAF 100 mg/ml soln	1		
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit, 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
INFLECTRA 100 mg iv soln	5		PA
infliximab 100 mg iv soln	4		PA
LUPKYNIS 7.9 mg cap	4		PA
methotrexate 2.5 mg tab	1		
methotrexate sodium 2.5 mg tab	1		
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
mycophenolate mofetil 250 mg cap, 500 mg tab	1	CELLCEPT	
mycophenolate mofetil 200 mg/ml susp	1	CELLCEPT	
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	1	MYFORTIC	
OLUMIANT 1 mg tab, 2 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
RENFLEXIS 100 mg iv soln	5		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr	4		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA

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 - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
CARIMUNE NF 12 gm iv soln, 6 gm iv soln	5		
CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
CYTOGAM 50 mg/ml iv inj	5		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln	5		
GAMASTAN im inj	5		
GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln	5		
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	4		
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		
HEPAGAM B 312 unit/ml inj soln	5		
HIZENTRA 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs	5		
HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	3		
HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit	5		
IMOGAM RABIES-HT 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
OCTAGAM 1 gm/20ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25 gm/500ml iv soln, 5 gm/100ml iv soln	5		
PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln	5		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	3		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
ARCALYST 220 mg sc soln	5		PA
ENTYVIO 300 mg iv soln	5		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
leflunomide 10 mg tab, 20 mg tab	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
Vaccines [Vacunas]			
ACTHIB im soln	3		QL(0.5 / 30), AL
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		AL
AFLURIA im susp	3		
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
bcg vaccine 50 mg inj soln	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BEXSERO im susp pfs	3		AL
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		AL
DAPTACEL 23-15-5 im susp	3		QL(0.5 / 30), AL
diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp	1		QL(0.5 / 30), AL
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
ENGERIX-B 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		QL(4 / 365)
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUCELVAX QUADRIVALENT 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs	3		
FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs	3		
GARDASIL 9 im susp, im susp pfs	3		QL(1.5 / 365), AL
HAVRIX 720 el u/0.5ml im susp	3		QL(1.5 / 365), AL
HAVRIX 1440 el u/ml im susp	3		QL(3 / 365), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs	3		QL(1 / 999), AL
HIBERIX 10 mcg inj soln	3		QL(0.5 / 30), AL
HYPERTET 250 unit/ml im soln pfs	5		
INFANRIX 25-58-10 im susp	3		QL(0.5 / 30), AL
IPOL inj	3		AL
KINRIX im susp, 0.5 ml im susp pfs	3		QL(0.5 / 999), AL
MENACTRA im soln	3		
MENVEO im soln	3		AL
M-M-R II inj soln	3		AL
PEDIARIX im susp pfs	3		QL(0.5 / 30), AL
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		QL(0.5 / 30), AL
PENTACEL im susp	3		QL(0.5 / 30), AL
PNEUMOVAX 23 25 mcg/0.5ml inj	3		QL(1 / 365), AL
PREVNAR 13 im susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp	3		QL(0.5 / 999), AL
RECOMBIVAX HB 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe	3		AL
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		AL
TDVAX 2-2 lf/0.5ml im susp	3		AL
TENIVAC 5-2 lfu im inj	3		QL(0.5 / 30), AL
tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp	1		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TRUMENBA im susp pfs	3		AL
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		QL(3 / 180), AL
VAQTA 25 unit/0.5ml im susp	3		QL(1.5 / 365), AL
VAQTA 50 unit/ml im susp	3		QL(3 / 365), AL
VARIVAX 1350 pfu/0.5ml sc inj	3		
VARIZIG 125 unit/1.2ml im soln	5		
VAXNEUVANCE 0.5 ml im susp pfs	3		
ZOSTAVAX 19400 unt/0.65ml sc susp	3		AL
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]			
balsalazide disodium 750 mg cap	1	COLAZAL	
mesalamine 800 mg tab dr	1	ASACOL HD	
mesalamine 1000 mg rect supp	1	CANASA	
mesalamine 1.2 gm tab dr	1	LIALDA	
mesalamine 4 gm rect enema	1	ROWASA	
mesalamine er 0.375 gm cap er 24 hr	1	APRISO	
mesalamine er 500 mg cap er	1	PENTASA	
mesalamine-cleanser 4 gm rect kit	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 3 mg cap dr prt	1	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	1	UCERIS	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		ST
ibandronate sodium 150 mg tab	1	BONIVA	ST
ibandronate sodium 3 mg/3ml iv soln	4	BONIVA	PA
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA
paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	1	ACTONEL	ST
risedronate sodium 35 mg tab dr	1	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(2.4 / 30)
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA, QL(100 / 365)
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
ANASCORP iv soln	5		
antivenin latrodectus mactans inj kit	4		
antivenin micrurus fulvius iv soln	4		
ARGYLE STERILE SALINE 0.9 % irrig soln	1		
CARNITOR 200 mg/ml iv soln	3		
CROFAB iv soln	5		
deferoxamine mesylate 500 mg inj soln	4	DESFERAL	PA
IMCIVREE 10 mg/ml sc soln	5		PA
levocarnitine 330 mg tab	1	CARNITOR	
levocarnitine 1 gm/10ml soln	1	CARNITOR	
methylergonovine maleate 0.2 mg tab	1	METHERGINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SAXENDA 18 mg/3ml sc soln pen-inj	3		PA
sodium chloride 0.9 % irrig soln	1		
XENICAL 120 mg cap	3		PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
ak-poly-bac 500-10000 unit/gm ophth oint	1	POLYSPORIN	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclosporine 0.05 % ophth emul	1	RESTASIS	PA
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	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
XIIDRA 5 % ophth soln	3		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	ST
cromolyn sodium 4 % ophth soln	1	OPTICROM	
EMADINE 0.05 % ophth soln	3		ST
LASTACAFT 0.25 % ophth soln	3		ST
olopatadine hcl 0.1 % ophth soln	1	PATADAY	
olopatadine hcl 0.2 % ophth soln	1	PATADAY	ST
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
bacitracin 500 unit/gm ophth oint	1	BACI-IM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	1	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	1	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	
ofloxacin 0.3 % ophth soln	1	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brinzolamide 1 % ophth susp	1	AZOPT	ST
carteolol hcl 1 % ophth soln	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	1	ISOPTO CARPINE	
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	1	TIMOPTIC XE	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
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		
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	
FLAREX 0.1 % ophth susp	3		
fluorometholone 0.1 % ophth susp	1	FML	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
flurbiprofen sodium 0.03 % ophth soln	1	OCUFEN	
FML 0.1 % ophth oint	2		
ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln	1	ACULAR	
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
loteprednol etabonate 0.5 % ophth gel	1	LOTEMAX	
loteprednol etabonate 0.5 % ophth susp	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	1	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	1	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	1	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	1		
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
prednisolone acetate 1 % ophth susp	1	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	1		
PROLENSA 0.07 % ophth soln	2		
sulfacetamide-prednisolone 10-0.23 % ophth soln	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tobramycin-dexamethasone 0.3-0.1 % ophth susp	1	TOBRADEX	
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
latanoprost 0.005 % ophth soln	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
travoprost (bak free) 0.004 % ophth soln	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
acetic acid 2 % otic soln	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
ciprofloxacin hcl 0.2 % otic soln	1	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	1	CIPRODEX	
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
FLAC 0.01 % otic oil	1		
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	1	CORTISPORIN	
ofloxacin 0.3 % otic soln	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	1	ZYRTEC	ST
CLARINEX 0.5 mg/ml syr	3		ST
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	1	CLARINEX	ST
diphenhydramine hcl 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 hcl 25 mg/ml im soln, 50 mg/ml im soln	1	VISTARIL	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	ST
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	ST
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
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		
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	1	PULMICORT	
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
flunisolide 25 MCG/ACT (0.025%) nasal soln	1	NASALIDE	
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	
mometasone furoate 50 mcg/act nasal susp	1	NASONEX	ST
QNASL 80 mcg/act nasal aer soln	3		ST
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	1	ACCOLATE	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln	1	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	
SPIRIVA HANDIHALER 18 mcg inh cap	2		
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	ACCUNEB	
albuterol sulfate 2 mg tab, 2.5 mg/0.5ml inh neb soln, 4 mg tab	1	PROVENTIL	
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	1	PROAIR HFA	
epinephrine 0.3 mg/0.3ml inj soln auto-inj	1	ADRENACLICK	QL(2 / 365)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	1	EPIPEN JR	QL(2 / 365)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	1	XOPENEX	
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	XOPENEX	
levalbuterol tartrate 45 mcg/act inh aer	1	XOPENEX HFA	
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		
terbutaline sulfate 2.5 mg tab, 5 mg tab	1	BRETHINE	
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA
TOBI PODHALER 28 mg inh cap	5		PA
tobramycin 300 mg/4ml inh neb soln	4	BETHKIS	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tobramycin 300 mg/5ml inh neb soln	4	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	1	INTAL	
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DIFIL-G FORTE 100-100 mg/5ml liq	3		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
theophylline 80 mg/15ml oral elix	1		
theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr	1	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
ambrisentan 10 mg tab, 5 mg tab	4	LETAIRIS	PA
bosentan 125 mg tab, 62.5 mg tab	4	TRACLEER	PA
epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln	4	FLOLAN	PA
OPSUMIT 10 mg tab	4		PA
sildenafil citrate 20 mg tab	4	REVATIO	PA
tadalafil (pah) 20 mg tab	4	ADCIRCA	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	4	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	5		PA
TYVASO REFILL 0.6 mg/ml inh soln	5		PA
TYVASO STARTER 0.6 mg/ml inh soln	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
ESBRIET 267 mg tab, 801 mg tab	5		PA
OFEV 100 mg cap, 150 mg cap	5		PA
pirfenidone 267 mg tab, 801 mg tab	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	1	MUCOMYST	
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		
BROMFED DM 30-2-10 mg/5ml syr	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		ST
ESBRIET 267 mg cap	5		PA
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	1	ADVAIR DISKUS	
GILPHEX TR 10-388 mg tab	3		
GILTUSS PEDIATRIC 2.5-7.5-88 mg/ml liq	1		
GILTUSS TR 10-28-388 mg tab	3		
GLASSIA 1000 mg/50ml iv soln	5		PA
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC ER	AL
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
pirfenidone 267 mg cap	1		PA
promethazine vc/codeine 6.25-5-10 mg/5ml syr	1		AL
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		AL
promethazine-dm 6.25-15 mg/5ml syr	1		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	1		AL
pseudoeph-bromphen-dm 30-2-10 mg/5ml syr	1		
ribavirin 6 gm inh soln	4	VIRAZOLE	
SEMPREX-D 8-60 mg cap	3		
sodium chloride 0.9 % inh neb soln	1		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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)
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1		QL(60 / 30)
XOLAIR 150 mg sc soln	5		PA
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
METAXALL 800 mg tab	1		
metaxalone 800 mg tab	1	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
orphenadrine citrate 30 mg/ml inj soln	1	NORFLEX	
orphenadrine citrate er 100 mg tab er 12 hr	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]			
dexmedetomidine hcl 200 mcg/2ml iv soln	1	PRECEDEX	
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	QL(30 / 30)
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	QL(30 / 30)
triazolam 0.125 mg tab	1	HALCION	QL(30 / 30)
triazolam 0.25 mg tab	1	HALCION	QL(60 / 30)
zaleplon 5 mg cap	1	SONATA	QL(30 / 30)
zaleplon 10 mg cap	1	SONATA	QL(60 / 30)
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	QL(30 / 30)
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	QL(30 / 30)
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	QL(30 / 30), ST
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
doxepin hcl 3 mg tab, 6 mg tab	1	SILENOR	QL(30 / 30)
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	PA
ramelteon 8 mg tab	1	ROZEREM	QL(30 / 30)
XYREM 500 mg/ml soln	5		PA

APÉNDICE I – TERAPIAS ESCALONADAS / *APPENDIX I – STEP THERAPIES*

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Valsartan +/- htcz
		STEP 2	Azilsartan / Edarbi
			Azilsartan-Chlorthalidone / Edarbyclor
			Candesartan / Atacand
			Candesartan-Hydrochlorothiazide / Atacand HCT
			Olmesartan / Benicar
			Olmesartan-Hydrochlorothiazide / Benicar HCT
			Telmisartan / Micardis
			Telmisartan-Hydrochlorothiazide / Micardis HCT
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide
		STEP 2	Brinzolamide / Azopt
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR / Coreg CR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (Nsaids)**
		STEP 2	Celecoxib / Celebrex
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR / Pristiq
			Desvenlafaxine Tab SR / Khedezla
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Sitagliptin / Januvia
			Sitagliptin-Metformin / Janumet / Janumet XR
DPP-4 & SGLT-2	60 days in 365 days	STEP 1	DPP-4 (eg. Linagliptin)
			SGLT-2 (eg. Empagliflozin)
		STEP 2	Empagliflozin-Linagliptin -Metformin/ Trijardy
			Empagliflozin-Linagliptin / Glyxambi
Dronedarone	30 days in 365 days	STEP 1	Amiodarone
		STEP 2	Dronedarone / Multaq
Eplerenone	30 days in 365 days	STEP 1	Spironolactone
			Spironolactone & Hydrochlorothiazide
		STEP 2	Eplerenone / Inspra
Ezetimibe	60 days in 365 days	STEP 1	Statins (eg. atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe / Zetia
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release / Prozac Weekly
Glitazones	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
		STEP 2	Pioglitazone / Actos
			Pioglitazone HCl-Glimepiride / Duetact
			Pioglitazone HCl-Metformin / Actoplus met / Actoplus met XT

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
GLP-1	60 days in 365 days	STEP 1	Biguanides
			Glitazones
			Sulfonylureas
		STEP 2	Dulaglutide / Trulicity
			ExenatideExtended Release / Bydureon
			Exenatide / Byetta
			Semaglutide / Ozempic
			Liraglutide / Victoza
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab ER / Keppra XR/ Roweepra
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting opioids
		STEP 2	Fentanyl TD Patch / Duragesic
Memantine SR	30 days in 365 days	STEP 1	Memantine
		STEP 2	Memantine HCl Cap SR / Namenda XR
Metformin Osmotic /Modified Release	30 days in 365 days	STEP 1	Metformin
		STEP 2	Metformin HCl Tab SR 24HR Osmotic / Fortamet
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol / Glyset
Mirabegron	30 days in 365 days	STEP 1	Urinary Antispasmodic - Antimuscarinics (Oxybutinin, Tolterodine)
		STEP 2	Mirabegron Tab SR / Myrbetriq
Nasal Corticosteroid	1 prescription in 365 days	STEP 1	Budesonide
			Flunisolide
			Fluticasone Propionate
			Triamcinolone Acetonide

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Alendronate -Cholecalciferol / Fosamax Plus D
			Ibandronate / Boniva
			Risedronate / Actonel
			Risedronate / Atelvia
Paliperidone palmitate (Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza
Pimecrolimus / Tacrolimus	15 days in 365 days	STEP 1	Corticosteroids - Topical**
			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus / Elidel
			Tacrolimus / Protopic
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
			OTCs (Lansoprazole / Prevacid OTC, Omeprazole /Prilosec OTC, Esomeprazole / Nexium OTC, Omeprazole-Sodium Bicarbonate / Zegerid OTC)
		STEP 2	Dexlansoprazole C/ Dexilant
			Esomeprazole / Nexium
			Lansoprazole / Prevacid SoluTab
			Omeprazole-Sodium Bicarbonate / Zegerid
			Pantoprazole / Protonix Oral Pack
			Rabeprazole / Aciphex
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Duloxetine
			Tricyclic antidepressants
		STEP 2	Pregabalin / Lyrica
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR / Seroquel XR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate / Azilect
Repaglinide	60 days in 365 days	STEP 1	Nateglinide
		STEP 2	Repaglinide Tab
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR / Requip XL
Rotigotine	30 days in 365 days	STEP 1	Pramipexole
			Ropinirole
		STEP 2	Rotigotine TD Patch / Neupro
SGLT-2 Inhibitors	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Canagliflozin / Invokana
			Canagliflozin-Metformin / Invokamet / Invokamet XR
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
Simvastatin 80 mg	360 days in 365 days	STEP 1	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
		STEP 2	Ezetimibe-Simvastatin Tab 10-80 MG

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Simvastatin Tab 80 MG
Statins	60 days in 365 days	STEP 1	Atorvastatin
			Lovastatin Tab IR
			Pravastatin
			Rosuvastatin
			Simvastatin
		STEP 2	Ezetimibe-Simvastatin / Vytorin
			Lescol
			Lescol XL
			Lovastatin Tab SR / Altoprev
			Pitavastatin Calcium / Livalo
Triptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan / Relpax
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem
		STEP 2	Zolpidem Tartrate Tab CR / Ambien CR

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

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

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

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

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

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

FEMCAP CERVICAL CAP 22MM, 26MM, 30MM	QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)	
PARAGARD INTRAUTERINE COPPER	QL (1EA per 3650 days)
Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE ORAL TABLET 1.5MG	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	

NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
PREVENTEZA ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2190 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 ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)

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)
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel -ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)

drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
GIANVI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG (24)	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)
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)

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

NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
PREVENTEZA ORAL TABLET 1.5 MG	QL (28 tablets per 28 days)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
RAJANI ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)

TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	QL (28 tablets per 28 days)
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)

ZARAH ORAL TABLET 3-0.03 MG	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)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
QUASENSE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipildora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
LYZA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYROC ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
TULANA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	

XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30MG	
Vaginal Ring (Anillo Vaginal)	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	QL (1EA per 28 days)
EluRyng Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	AL (patients less than or equal to 5 years)
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
FLUORITAB ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	AL (patients less than or equal to 5 years)

LUDENT ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F)mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (18ml/30 days)

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

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

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
omeprazole-sodium bicarbonate 20-1100 mg cap	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
esomeprazole magnesium 20 mg cap dr	NEXIUM
lansoprazole 15 mg cap dr	PREVACID
NEXIUM 24HR 20 mg cap dr, 20 mg tab dr	
NEXIUM 24HR CLEAR MINIS 20 mg cap dr	
omeprazole 20 mg tab dr	
omeprazole magnesium 20.6 (20 Base) mg cap dr	
PREVACID 24HR 15 mg cab dr	
PRILOSEC OTC 20 mg tab dr	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
ketotifen fumarate 0.025 % ophth soln	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
ALLEGRA ALLERGY CHILDRENS 30 mg tab, 30 mg tab disint	
cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew	
cetirizine hcl allergy child 5 mg/5ml soln	ZYRTEC
cetirizine hcl childrens 1 mg/ml soln	ZYRTEC
CLARITIN 10 mg tab, 5 mg tab chew	
CLARITIN ALLERGY CHILDRENS 5 mg/5ml syr	
CLARITIN CHILDRENS 5 mg tab chew	
CLARITIN REDITABS 5 mg tab disint	
fexofenadine hcl 180 mg tab, 60 mg tab	
fexofenadine hcl childrens 30 mg/5ml susp	
levocetirizine dihydrochloride 5 mg tab	XYZAL
loratadine 10 mg cap, 10 mg tab	
loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr	
XYZAL ALLERGY 24HR 5 mg tab	
XYZAL ALLERGY 24HR CHILDRENS 2.5 mg/5ml soln	
ZYRTEC ALLERGY 10 mg tab disint	
ZYRTEC ALLERGY CHILDRENS 10 mg tab disint	
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
budesonide 32 mcg/act nasal susp	RHINOCORT
FLONASE ALLERGY RELIEF 50 mcg/act nasal susp	
FLONASE SENSIMIST 27.5 mcg/spray nasal susp	
fluticasone propionate 50 mcg/act nasal susp	FLONASE
RHINOCORT ALLERGY 32 mcg/act nasal susp	
triamcinolone acetonide 55 mcg/act nasal aer	NASACORT

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr	
fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr	
loratadine-d 12hr 5-120 mg tab er 12 hr	
loratadine-d 24hr 10-240 mg tab er 24 hr	

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