



Plan de Salud Menonita
2023 Formulary
(List of Covered Drugs)

INTRODUCCIÓN / INTRODUCTION

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

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

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

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

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

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

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

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

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

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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad];

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Guías de Referencia / Reference Guidelines

Medicamentos que requieren preautorización (PA) / Medications that require preauthorization (PA)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad];
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En un esfuerzo por garantizar la seguridad y el uso apropiado de los medicamentos, algunos necesitan una preautorización para ser adquiridos. Los mismos se han identificado a la derecha con **PA (requiere preautorización)**, en cuyo caso, la farmacia gestiona la preautorización previo al despacho del medicamento.

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

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

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

También, tienen requisito de PA aquellos medicamentos cuyos costos excedan \$750.00 (verifica tu certificado de beneficio ya que esta cantidad puede ser diferente). La farmacia enviará copia de la receta y se encargarán del proceso.

Drugs whose cost goes beyond \$750.00 will require a preauthorization (check your health plan benefits, as this amount could be different). The pharmacy will send a copy of the prescription to the health plan and will take care of the process.

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

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

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

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

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

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

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

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

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

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

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

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

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

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

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

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

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

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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]	130
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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	PHRENILIN	QL(18 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	FIORINAL	QL(18 / 30)
QUTENZA 8 % ext kit	3		
QUTENZA (2 PATCH) 8 % ext kit	3		
TENCON 50-325 mg tab	3		QL(18 / 30)
ZEBUTAL 50-325-40 mg cap	3		QL(18 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
CAMBIA 50 mg pckt	2		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	1	ZIPSOR	
<i>diclofenac sodium 1.5 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 200 mg cap</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i>	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN CHILDRENS	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>INDOCIN 25 mg/5ml susp</i>	2		
<i>INDOCIN 50 mg rect supp</i>	4		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(6 / 15)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	QL(3 / 15)
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>NAPRELAN 750 mg tab er 24 hr</i>	2		
<i>napro 15 % crm</i>	1		
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr</i>	1	VIMOVO	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SPRIX 15.75 mg/spray nasal soln	2		
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
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, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch	1	BUTRANS	
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	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln	2		
levorphanol tartrate 2 mg tab	1		
morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp	1		
morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	KADIAN	
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	
morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr	1	AVINZA	
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	3		PA
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	3		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>oxymorphone hcl er 10 mg tab er 12 hr, 15 mg tab er 12 hr, 20 mg tab er 12 hr, 30 mg tab er 12 hr, 40 mg tab er 12 hr, 5 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
<i>tramadol hcl er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CONZIP	
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>alfentanil hcl 1000 mcg/2ml iv soln, 2500 mcg/5ml iv soln</i>	1		
ASCOMP-CODEINE 50-325-40-30 mg cap	3		
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(18 / 30)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(18 / 30)
<i>butorphanol tartrate 1 mg/ml inj soln, 10 mg/ml nasal soln, 2 mg/ml inj soln</i>	1	STADOL	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
<i>duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ENDOCET 2.5-325 mg tab	3		
endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	1	PERCOCET	
fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	1	ACTIQ	
fentanyl citrate (pf) 100 mcg/2ml inj soln, 250 mcg/5ml inj soln, 2500 mcg/50ml inj soln, 500 mcg/10ml inj soln	1		
fentanyl citrate (pf) 1000 mcg/20ml inj soln	1	SUBLIMAZE	
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	1	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	1	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	1	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	1	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	1	VICOPROFEN	
hydromorphone hcl 3 mg rect supp	1		
hydromorphone hcl 1 mg/ml inj soln, 4 mg/ml inj soln	1		
hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab	1	DILAUDID	
hydromorphone hcl 1 mg/ml liq, 2 mg/ml inj soln	1	DILAUDID	
hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 8 mg tab er 24 hr	1		
hydromorphone hcl pf 10 mg/ml inj soln, 50 mg/5ml inj soln, 500 mg/50ml inj soln	1	DILAUDID	
LORTAB 10-300 mg/15ml oral elix	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
<i>morphine sulfate 10 mg/5ml soln, 2 mg/ml inj soln, 20 mg/5ml soln, 4 mg/ml inj soln</i>	1		
<i>morphine sulfate (concentrate) 100 mg/5ml soln</i>	1	ROXANOL	
<i>morphine sulfate (pf) 0.5 mg/ml inj soln, 1 mg/ml inj soln, 2 mg/ml iv soln</i>	1		
<i>nalbuphine hcl 10 mg/ml inj soln, 20 mg/ml inj soln</i>	1	NUBAIN	
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	ROXICODONE	
<i>oxycodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>agoneaze 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
ANACAINE 10 % oint	2		
<i>anodyne lpt 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>bupivacaine-epinephrine 0.25% - 1:200000 inj soln, 0.5% - 1:200000 inj soln</i>	1	MARCAINE/EPINEPH RINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bupivacaine-epinephrine (pf) 0.25% -1:200000 inj soln, 0.5% -1:200000 inj soln</i>	1	MARCAINE/EPINEPHRINE	
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	2		
GEBAUERS SPRAY AND STRETCH ext aer	2		
GLYDO 2 % External Prefilled Syringe	3		
LIDO BDK 2.5-2.5 % ext kit	3		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	QL(5 / 15)
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-epinephrine 2 %-1:50000 inj soln</i>	1		
<i>lidocaine-epinephrine 0.5 %-1:200000 inj soln, 1 %-1:100000 inj soln, 1.5 %-1:200000 inj soln, 2 %-1:100000 inj soln, 2 %-1:200000 inj soln</i>	1	XYLOCAINE/EPINEPHRINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
LIVIXIL PAK 2.5-2.5 % ext kit	3		
<i>premium lidocaine 5 % oint</i>	1		
RELADOR PAK 2.5-2.5 % ext kit	3		
RELADOR PAK PLUS 2.5-2.5 % ext kit	3		
SENSORCAINE/EPINEPHRINE 0.25% -1:200000 inj soln, 0.5% -1:200000 inj soln	3		
SENSORCAINE-MPF/EPINEPHRINE 0.25% -1:200000 inj soln, 0.5% -1:200000 inj soln, 0.75-1:200000 % inj soln	3		
SYNERA 70-70 mg patch	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Antagonist- Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl, 8-2 mg subl film, 8-2 mg tab subl</i>	1	SUBOXONE	
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 0.3 mg/ml inj soln</i>	1	BUPRENEX	
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
VIVITROL 380 mg im susp	4		
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>apo-varenicline 0.5 mg tab</i>	1	CHANTIX	QL(120 / 365)
<i>apo-varenicline 1 mg tab</i>	1	CHANTIX	QL(240 / 365)
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	QL(360 / 365)
NICOTROL 10 mg inhaler	2		QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	2		QL(160 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	QL(240 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>streptomycin sulfate 1 gm im soln</i>	1		
Antibacterials, Other - Antibiotics [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
ALTABAX 1 % oint	2		
<i>bacitracin 50000 unit im soln</i>	1	BACI-IM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	2		
CLEOCIN 100 mg vag supp	2		
CLINDACIN ETZ 1 % swab	3		
CLINDACIN-P 1 % swab	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>linezolid 600 mg tab</i>	4	ZYVOX	
<i>linezolid 100 mg/5ml susp</i>	4	ZYVOX	
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	3		
SULFAMYLON 85 mg/gm crm	2		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
VANDAZOLE 0.75 % vag gel	3		
XIFAXAN 550 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XIFAXAN 200 mg tab	2		QL(9 / 30)
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefaclor er 500 mg tab er 12 hr	1	CECLOR CD	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	
cefprozime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefprozime 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, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	QL(14 / 7)
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	1		
cephalexin 250 mg cap, 500 mg cap, 750 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	2		QL(8 / 30)
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	2		QL(8 / 30)
BICILLIN L-A 600000 unit/ml im susp pfs	2		QL(2 / 30)
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs	2		QL(8 / 30)
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	1	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
E.E.S. 400 400 mg tab	3		
ery 2 % pad	1		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	2		
ERYTHROCIN STEARATE 250 mg tab	2		
erythromycin 2 % ext soln	1	ERYDERM	
erythromycin 2 % gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 500 mg tab	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 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	1	BLEPH-10	
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]			
avidoxy 100 mg tab	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	2		
demeclocycline hcl 150 mg tab, 300 mg tab	1	DECLOMYCIN	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr	1	DORYX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
MONDOXYNE NL 100 mg cap	3		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
ROWEEPRA 500 mg tab	3		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	2		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	

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Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	
NAYZILAM 5 mg/0.1ml nasal soln	3		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix</i>	1		
<i>phenobarbital sodium 65 mg/ml inj soln</i>	1		
<i>phenobarbital sodium 130 mg/ml inj soln</i>	1	LUMINAL	
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	1	SABRIL	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FYCOMPA 0.5 mg/ml susp	4		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 25 mg tab disint, 50 mg tab disint	2		
LAMICTAL STARTER 35 x 25 mg oral kit, 42 x 25 MG & 7 x 100 mg oral kit	2		
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	3		
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN 125 mg/5ml susp	3		
DILANTIN INFATABS 50 mg tab chew	2		
EPITOL 200 mg tab	3		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	1	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	2		
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TRILEPTAL 150 mg tab, 300 mg tab, 600 mg tab	3		
TRILEPTAL 300 mg/5ml susp	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
<i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MARPLAN 10 mg tab	2		
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	
citalopram hydrobromide 10 mg/5ml soln	1	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
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, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	1	SARAFEM	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	SERZONE	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 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 er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
<i>VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab</i>	2		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlorthalidone-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	

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<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp	3		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	2		PA
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	
EMEND 125 mg/5ml susp	2		PA
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	PA
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	PA, QL(9 / 30)

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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	1		
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	1	ZOFRAN	
ondansetron hcl 24 mg tab	1	ZOFRAN	PA, QL(1 / 30)
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	PA, QL(9 / 30)
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	PA, QL(100 / 30)
SANCUSO 3.1 mg/24hr td patch	3		PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
CICLODAN 8 % ext soln	3		
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
ciclopirox treatment 8 % ext kit	1	PENLAC	
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	
clotrimazole-betamethasone 1-0.05 % lot	1	LOTRISONE	
econazole nitrate 1 % crm	1	SPECTAZOLE	
ERTACZO 2 % crm	2		
EXELDERM 1 % crm	2		
EXELDERM 1 % ext soln	2		
EXODERM 25-1 % lot	3		
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
MENTAX 1 % crm	2		
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1	VUSION	
<i>naftifine hcl 1 % crm</i>	1	NAFTIN	
NAFTIN 1 % gel	2		
NATACYN 5 % ophth susp	2		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	3		
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	2		
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	4	VFEND	
<i>voriconazole 40 mg/ml susp</i>	4	VFEND	
VUSION 0.25-15-81.35 % oint	2		
XOLEGEL 2 % gel	2		
XOLEGEL COREPAK 2 & 1 % ext kit	2		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	2		
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]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
EPIFOAM 1-1 % foam	2		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
PRAMOSONE 1-1 % lot, 1-2.5 % lot	2		
PRAMOSONE 1-1 % crm	3		
PROCTO-MED HC 2.5 % crm	3		
PROCTOSOL HC 2.5 % crm	3		
PROCTOZONE-HC 2.5 % crm	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subl	2		
MIGERGOT 2-100 mg rect supp	2		QL(18 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NURTEC 75 mg tab disint	2		PA
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	1	BLOCADREN	
Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]			
almotriptan malate 6.25 mg tab	1	AXERT	QL(6 / 30)
almotriptan malate 12.5 mg tab	1	AXERT	QL(12 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	1	RELPAX	
frovatriptan succinate 2.5 mg tab	1	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	
rizatriptan benzoate 10 mg tab, 5 mg tab	1	MAXALT	QL(18 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	1	MAXALT MLT	QL(18 / 30)
sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln	1	IMITREX	
sumatriptan succinate 6 mg/0.5ml sc soln	1	IMITREX	
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj	1	IMITREX STATDOSE	
sumatriptan succinate 6 mg/0.5ml sc soln auto-inj	1	IMITREX STATDOSE	QL(2 / 30)
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	1	IMITREX STATDOSE	
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(9 / 30)
zolmitriptan 5 mg nasal soln	1	ZOMIG	QL(0.6 / 30)
zolmitriptan 5 mg tab, 5 mg tab disint	1	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 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]			
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	1	MESTINON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
REGONOL 10 mg/2ml iv soln	2		
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
PASER 4 gm pckt	2		
PRIFTIN 150 mg tab	2		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
TRECTOR 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	2		
LEUKERAN 2 mg tab	4		
MATULANE 50 mg cap	4		
<i>melphalan 2 mg tab</i>	4	ALKERAN	
MYLERAN 2 mg tab	2		
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	
<i>thiotepa 100 mg inj soln</i>	4	TEPADINA	
<i>thiotepa 15 mg inj soln</i>	4	THIOPLEX	
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	1	NILANDRON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 25 mg cap, 5 mg cap</i>	4	REVLIMID	
REVLIMID 10 mg cap, 15 mg cap, 25 mg cap, 5 mg cap	4		
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	4		
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		
<i>fulvestrant 250 mg/5ml im soln pfs</i>	4	FASLODEX	
ORSERDU 345 mg tab, 86 mg tab	4		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	4	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	2		
<i>fluorouracil 0.5 % crm</i>	1	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	1	EFUDEX	
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	
TABLOID 40 mg tab	4		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
COPIKTRA 15 mg cap, 25 mg cap	4		
KOSELUGO 10 mg cap, 25 mg cap	4		PA
<i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>	1		
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	4		
ONCASPAS 750 unit/ml inj soln	4		
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAZVERIK 200 mg tab	4		PA
ZOLINZA 100 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>exemestane 25 mg tab</i>	1	AROMASIN	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
<i>etoposide 50 mg cap</i>	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	4		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALECENSA 150 mg cap	4		
ALUNBRIG 30 mg tab	4		
BOSULIF 100 mg tab, 500 mg tab	4		
BRAFTOVI 75 mg cap	4		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	4		
CAPRELSA 100 mg tab, 300 mg tab	4		
COTELLIC 20 mg tab	4		
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	
<i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	
INLYTA 1 mg tab, 5 mg tab	4		
INQOVI 35-100 mg tab	4		PA
IRESSA 250 mg tab	4		
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	4		
<i>lapatinib ditosylate 250 mg tab</i>	4	TYKERB	
MEKTOVI 15 mg tab	4		PA
NEXAVAR 200 mg tab	4		
RUBRACA 200 mg tab, 300 mg tab	4		PA
RYDAPT 25 mg cap	4		PA
<i>sorafenib tosylate 200 mg tab</i>	4	NEXAVAR	
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
STIVARGA 40 mg tab	4		
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 50 mg cap</i>	4	SUTENT	
TAGRISO 40 mg tab, 80 mg tab	4		
TALZENNA 0.1 mg cap, 0.25 mg cap, 0.35 mg cap, 1 mg cap	4		
TALZENNA 0.5 mg cap, 0.75 mg cap	4		
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	4		
TIBSOVO 250 mg tab	4		
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	4		
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	4		
VOTRIENT 200 mg tab	4		
XALKORI 200 mg cap, 250 mg cap	4		
ZELBORAF 240 mg tab	4		
Monoclonal Antibodies - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
MVASI 400 mg/16ml iv soln	4		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
KANJINTI 150 mg iv soln, 420 mg iv soln	4		PA
MVASI 100 mg/4ml iv soln	4		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	4		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	4		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
PANRETIN 0.1 % gel	2		
TARGRETIN 1 % gel	2		
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
MESNEX 400 mg tab	4		
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	2		QL(180 / 3)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	2		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	QL(6 / 3)
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides-scabies And Lice Drugs [Pediculicidas/Escabícididas - Medicamentos Para Sarna Y Piojos]			
<i>permethrin 5 % crm</i>	1	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	1	TASMAR	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	4	APOKYN	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	4		PA
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>COMPRO 25 mg rect supp</i>	3		
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	3		
<i>FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab</i>	2		
<i>LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	3		
<i>lurasidone hcl 60 mg tab</i>	1	LATUDA	
<i>NUPLAZID 10 mg tab, 34 mg cap</i>	4		PA
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2</i>	1	RISPERDAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>			
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
<i>valganciclovir hcl 450 mg tab</i>	4	VALCYTE	
ZIRGAN 0.15 % ophth gel	2		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	4	HEPSERA	
ALFERON N 5000000 unit/ml inj soln	4		
BARACLUDE 0.05 mg/ml soln	4		
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	
EPCLUSA 200-50 mg tab	4		PA
EPIVIR HBV 5 mg/ml soln	2		
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	4		
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]			
EPCLUSA 400-100 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HARVONI 90-400 mg tab	4		PA
ledipasvir-sofosbuvir 90-400 mg tab	4	HARVONI	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]			
ribavirin 200 mg tab	4	COPEGUS	
ribavirin 200 mg cap	4	REBETOL	
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
DENAVIR 1 % crm	2		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	1	FAMVIR	
penciclovir 1 % crm	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
XERESE 5-1 % crm	2		
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
DOVATO 50-300 mg tab	4		PA
ISENTRESS 400 mg tab	4		
TIVICAY PD 5 mg tab sol	3		
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	4		
EDURANT 25 mg tab	4		
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	4	SUSTIVA	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	4	ATRIPLA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	4	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	4	SYMFI LO	
etravirine 100 mg tab, 200 mg tab	4	INTELENCE	
INTELENCE 100 mg tab	4		
nevirapine 200 mg tab	4	VIRAMUNE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nevirapine er 400 mg tab er 24 hr</i>	4	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	4		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>abacavir sulfate 300 mg tab</i>	4	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	4	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
CIMDUO 300-300 mg tab	4		
<i>emtricitabine 200 mg cap</i>	4	EMTRIVA	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4	TRUVADA	
EMTRIVA 10 mg/ml soln	4		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	COMBIVIR	
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	4	VIREAD	
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	4		
<i>maraviroc 150 mg tab, 300 mg tab</i>	4	SELZENTRY	
SELZENTRY 25 mg tab, 75 mg tab	4		
SELZENTRY 20 mg/ml soln	4		
TROGARZO 200 mg/1.33ml iv soln	4		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	4		
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	4	REYATAZ	
<i>darunavir 600 mg tab, 800 mg tab</i>	4	PREZISTA	
<i>fosamprenavir calcium 700 mg tab</i>	4	LEXIVA	
LEXIVA 50 mg/ml susp	4		
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	4	KALETRA	
NORVIR 100 mg pckt	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NORVIR 80 mg/ml soln	4		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	4		
PREZISTA 100 mg/ml susp	4		
<i>ritonavir 100 mg tab</i>	4	NORVIR	
SYMTUZA 800-150-200-10 mg tab	4		
VIRACEPT 250 mg tab, 625 mg tab	4		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	2		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
TAMIFLU 45 mg cap, 75 mg cap	1		QL(10 / 180)
TAMIFLU 30 mg cap	1		QL(20 / 180)
TAMIFLU 6 mg/ml susp	1		QL(120 / 180)
Antivirals, Others - Drugs To Treat Viral Infections [Antivirales, Otro - Medicamentos Para Tratar Infecciones Virales]			
LAGEVRIO 200 mg cap	3		QL(40 / 5), AL
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
CYCLOSET 0.8 mg tab	2		
FARXIGA 10 mg tab, 5 mg tab	2		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JARDIANCE 10 mg tab, 25 mg tab	2		ST
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 500 mg/5ml soln	1	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	GLUMETZA	
metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	FORTAMET	
miglitol 100 mg tab, 25 mg tab, 50 mg tab	1	GLYSET	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	2		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 mg/3ml sc soln pen-inj	2		ST
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		ST
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		ST
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	1	DUETACT	
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	2		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	2		

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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
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]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGEN HYPOKIT 1 mg inj soln	2		
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml inj soln	2		QL(20 / 30)
HUMALOG KWIKPEN 200 unit/ml sc soln pen-inj	2		QL(12 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		QL(20 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(20 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	2		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	2		QL(20 / 30)
SOLQUA 100-33 unt-mcg/ml sc soln pen-inj	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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	3	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	1	ARIXTRA	
FRAGMIN 10000 unit/4ml sc soln, 7500 unit/0.3ml sc soln pfs	2		
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	3		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		PA
XARELTO STARTER PACK 15 & 20 mg tab pack	2		PA
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MOZOBIL 24 mg/1.2ml sc soln	4		
PROMACTA 12.5 mg pckt, 12.5 mg tab, 25 mg pckt, 25 mg tab, 50 mg tab, 75 mg tab	4		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
UDENYCA 6 mg/0.6ml sc soln pfs	4		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	4		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 1000 mg tab</i>	1	AMICAR	
<i>monsels ferric subsulfate ext soln</i>	1		
<i>tranexamic acid 650 mg tab</i>	1	LYSTEDA	
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		PA
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
<i>norepinephrine bitartrate 1 mg/ml iv soln</i>	1	LEVOPHED	
<i>phenylephrine hcl 10 mg/ml iv soln</i>	1	VAZCULEP	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
<i>EDARBI 40 mg tab, 80 mg tab</i>	3		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab, 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	3		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	3		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	3		
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	3		
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	3		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>atropine sulfate 8 mg/20ml inj soln</i>	1		
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	

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<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
DIGITEK 125 mcg tab, 250 mcg tab	3		
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		PA
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
LANOXIN PEDIATRIC 0.1 mg/ml inj soln	2		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSE	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	

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quinapril-hydrochlorothiazide 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	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	1	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	
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]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	BUMEX	
bumetanide 0.25 mg/ml inj soln	1	BUMEX	
ethacrynic acid 25 mg tab	1	EDECRIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 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	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	1	DYRENIUM	

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Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
<i>DIURIL 250 mg/5ml susp</i>	2		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
<i>ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr</i>	3		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
<i>LIVALO 1 mg tab, 2 mg tab, 4 mg tab</i>	2		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm pckt	3		
PREVALITE 4 gm/dose oral pwdr	3		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<i>papaverine hcl 30 mg/ml inj soln</i>	1		
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	2		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	AL
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	AL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	AL
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	AL
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	AL
<i>lisdexamfetamine dimesylate 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap</i>	1		AL
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	AL
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg	2		AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap			
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	AL
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		AL
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	AL
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	AL
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	AL
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	AL
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	AL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	AL
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		AL
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	AL
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	AL
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	AL
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	2		AL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		AL
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	2		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	2		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>caffeine citrate 20 mg/ml soln, 60 mg/3ml soln</i>	1		
<i>caffeine-sodium benzoate 125-125 mg/ml inj soln</i>	1		
HORIZANT 600 mg tab er	2		
NUEDEXTA 20-10 mg cap	3		
<i>riluzole 50 mg tab</i>	4	RILUTEK	
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	2		
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 PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	4	TECFIDERA STARTER PACK	PA
<i>fingolimod hcl 0.5 mg cap</i>	4	GILENYA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	4	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OCREVUS 300 mg/10ml iv soln	4		PA
TECENTRIQ 1200 mg/20ml iv soln	4		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	4	AUBAGIO	PA
TYSABRI 300 mg/15ml iv conc	4		PA
VUMERITY 231 mg cap dr	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG & 0.46MG 0.92mg(21) cap pack	4		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
MUGARD m/t liq	2		
ORALONE 0.1 % m/t paste	3		
ORAMAGICRX m/t susp	2		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	4	SORIATANE	
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1- 2.5 % gel, 0.3-2.5 % gel</i>	1	EPIDUO	
ALEVICYN ANTIPRURITIC gel	2		
ALEVICYN ANTIPRURITIC SG gel	2		
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
AMNESTEEM 10 mg cap, 20 mg cap, 40 mg cap	3		
ANALPRAM-HC 2.5-1 % lot	3		

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ATOPICLAIR crm	2		
ATRAPRO HYDROGEL gel	2		
AVAR CLEANSER 10-5 % ext liq	3		
AVAR-E EMOLLIENT 10-5 % crm	3		
AVAR-E GREEN 10-5 % crm	3		
AVITA 0.025 % crm, 0.025 % gel	3		
AVO CREAM ext emul	3		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		
BENZEPRO 5.3 % foam	3		
BENZEPRO CREAMY WASH 7 % ext liq	3		
BENZEPRO FOAMING CLOTHS 6 % ext misc	3		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
BIAFINE ext emul	3		
BIONECT 0.2 % crm, 0.2 % gel	2		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bp wash 7 % ext liq</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
CALCITRENE 0.005 % oint	3		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CIBINQO 100 mg tab, 200 mg tab, 50 mg tab	4		PA
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	3		
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	2		
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
DEXERYL crm	2		
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DUPIXENT 100 mg/0.67ml sc soln pfs, 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	4		PA
ELESTONE crm	2		
FABIOR 0.1 % foam	3		
GENADUR ext liq	2		
<i>glycolic acid 70 % soln</i>	1		
HPR PLUS crm, foam	2		
HPR PLUS HYDROGEL ext kit	2		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
HYLATOPIC PLUS crm	2		
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	
INOVA 4 & 5 % ext kit, 8 & 5 % ext kit	3		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % ext kit	3		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % ext kit	3		
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	ABSORICA	
KENDALL AMORPHOUS WOUND gel	2		
KENDALL AMORPHOUS WOUND gel	2		
KENDALL HYDROGEL GAUZE 2"X2" pad	2		
KENDALL HYDROGEL GAUZE 4"X4" pad	2		

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KENDALL HYDROGEL GAUZE 4"X8" pad	2		
KENDALL HYDROGEL WOUND DRESS ext misc	2		
KERAGEL gel	2		
KERAGELT gel	2		
KERALYT SCALP 6 % ext kit	2		
<i>lactic acid 10 % lot</i>	1	LACTINOL	
<i>lactic acid e 10-3500 %-unt/30gm crm</i>	1		
LEVULAN KERASTICK 20 % ext soln	2		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1	RECTAGEL HC	
LUXAMEND crm	3		
<i>methoxsalen rapid 10 mg cap</i>	4	OXSORALEN-ULTRA	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIRODERM BIO MATRIX FENESTRAT 3X7CM sheet	2		
MYORISAN 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	3		
NEOSALUS crm, foam	2		
NEOSALUS lot	2		
NEUAC 1.2-5 % ext kit, 1.2-5 % gel	3		
NIVATOPIC PLUS crm	2		
NORITATE 1 % crm	2		
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	2		
OASIS ULTRA TRI-LAYER MATRIX 7X10CM sheet, 7X20CM sheet	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OASIS WOUND MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	2		
ONEXTON 1.2-3.75 % gel	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
PLEXION CLEANSING CLOTH 9.8-4.8 % pad	3		
PODOCON-25 25 % ext soln	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PR BENZOYL PEROXIDE WASH 7 % ext liq	3		
PR BENZOYL PEROXIDE WASH 7 % ext liq	3		
PR CREAM ext kit	2		
PRESERA foam	2		
PROCORT 1.85-1.15 % crm	2		
PROCTOFOAM HC 1-1 % foam	2		
PROMISEB crm	2		
PRUCLAIR crm	2		
PRUMYX crm	2		
RADIAPLEXRX gel	2		
REFISSA 0.05 % crm	2		
REGENECARE 2 % gel	2		
REGENECARE 2 % gel	2		
REGRANEX 0.01 % gel	2		
RENOVA 0.02 % crm	2		
RENOVA PUMP 0.02 % crm	2		
RETIN-A MICRO PUMP 0.08 % gel	3		
ROSADAN 0.75 % (cream) ext kit	2		
ROSADAN 0.75 % crm	3		
<i>salicylic acid 6 % foam, 6 % gel</i>	1		
<i>salicylic acid 6 % shampoo</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	1		
<i>salicylic acid-cleanser 6 % cream ext kit</i>	1		
SANTYL 250 unit/gm oint	2		
SCALACORT DK 2 & 2-2 % ext kit	2		
SEBUDERM gel	2		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SKYRIZI 150 mg/ml sc soln pfs, 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
SONAFINE ext emul	3		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
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 10 % ext liq	1		
sulfacetamide sodium (cleans) 10 % gel	1		
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 10-2 % crm	1	AVAR-E LS	
sulfacetamide sodium-sulfur 10-5 % crm, 9.8-4.8 % crm, 9.8-4.8 % lot	1	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % ext liq	1	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % ext liq	1	SUMADAN WASH	
sulfacetamide sodium-sulfur 10-4 % pad	1	SUMAXIN	
sulfacetamide sodium-sulfur 8-4 % ext susp	1	SUMAXIN TS	
sulfacetamide sodium-sulfur 8-4 % ext susp	1	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % ext liq	1	SUMAXIN WASH	
sulfacetamide-sulfur in urea 10-5 % ext emul	1	ROSULA CLEANSER	
SULFACLEANSE 8/4 8-4 % ext susp	3		
SUMAXIN CP 10-4 % ext kit	3		
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
TETRIX crm	2		
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
<i>urea hydrating 35 % foam</i>	1		
VANOXIDE-HC 5-0.5 % lot	3		
VENELEX oint	2		
VEREGEN 15 % oint	2		
XERALUX crm	2		
ZACARE 4 & 0.2 % ext kit, 8 & 0.2 % ext kit	3		
<i>zaclir cleansing 8 % lot</i>	1		
<i>zanabin hydrogel gel</i>	1		
ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	3		
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]			
<i>carglumic acid 200 mg tab sol</i>	4	CARBAGLU	
Vitamins [Vitaminas]			
POLY-VI-FLOR/IRON 0.5-10 mg tab chew	3		
STROVITE FORTE syr	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]			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atropine sulfate 0.25 mg/5ml inj soln pfs, 0.5 mg/5ml inj soln pfs, 1 mg/10ml inj soln pfs</i>	1		
<i>atropine sulfate (pf) 0.4 mg/ml inj soln, 1 mg/ml inj soln</i>	1		
<i>belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp</i>	1		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
<i>glycopyrrolate 0.2 mg/ml inj soln, 0.4 mg/2ml inj soln, 1 mg/5ml inj soln</i>	1		
<i>glycopyrrolate 1 mg/5ml soln</i>	1	CUVPOSA	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>glycopyrrolate 4 mg/20ml inj soln</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln, 0.5 mg/ml inj soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBIID	
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
<i>NULEV 0.125 mg tab disint</i>	3		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BIO-KULT INFANTIS pckt	2		
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	1		
CHENODAL 250 mg tab	3		
cromolyn sodium 100 mg/5ml oral conc	1	GASTROCROM	
CULTURELLE ABDOMINAL SUPPORT 4-15 gm-mg pckt	2		
CULTURELLE BABY HEALTHY DEV pckt	2		
CULTURELLE KIDS GROW THRIVE pckt	2		
DIFF-STAT pckt	2		
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	1	LOMOTIL	
FLORATUMMYS KIDS pckt	2		
loperamide hcl 2 mg cap	1	IMODIUM	
MOTOFEN 1-0.025 mg tab	2		
OMNI-BIOTIC AB 10 pckt	2		
OMNI-BIOTIC BALANCE pckt	2		
OMNI-BIOTIC HETOX pckt	2		
OMNI-BIOTIC PANDA pckt	2		
OMNI-BIOTIC STRESS RELEASE pckt	2		
opium 10 MG/ML (1%) oral tinct	1		
PRO NUTRIENTS PROBIOTIC pckt	2		
PROBIOMAX 350 DF pckt	2		
PROBIOMAX PLUS DF pckt	2		
probiotic pckt	2		
PYLERA 140-125-125 mg cap	2		
RE:IMMUNE pckt	2		
RELISTOR 150 mg tab	2		
RELISTOR 12 mg/0.6ml sc soln	2		
restore pckt	2		
SIMILAC PROBIOTIC TRI-BLEND pckt	2		
TALICIA 250-12.5-10 mg cap dr	3		
ursodiol 300 mg cap	1	ACTIGALL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
VISBIOME HIGH POTENCY pckt	2		
VSL#3 pckt	2		
VSL#3 DS pckt	2		
VSL#3 JUNIOR pckt	2		
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	2		
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	
VIBERZI 100 mg tab, 75 mg tab	3		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	3		
GAVILYTE-G 236 gm soln	3		
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	2		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
OSMOPREP 1.102-0.398 gm tab	2		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat 100 gm soln</i>	1	MOVIPREP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm soln</i>	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	2		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		
<i>dexlansoprazole 30 mg cap dr</i>	1		
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	
<i>lansoprazole 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	1	ZEGERID	
<i>pantoprazole sodium 20 mg tab dr, 40 mg pckt, 40 mg tab dr</i>	1	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [DESORDEN GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Desorden Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt,	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
3000-9500 unit cap dr prt, 6000-19000 unit cap dr prt			
CYSTAGON 150 mg cap, 50 mg cap	2		
<i>miglustat 100 mg cap</i>	4	ZAVESCA	
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	4	ORFADIN	
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap	4		
ORFADIN 4 mg/ml susp	4		
<i>sapropterin dihydrochloride 100 mg tab</i>	4	KUVAN	
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	
SUCRAID 8500 unit/ml soln	3		
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]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	2		
HYOPHEN 81.6 mg tab	3		
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	2		
PHOSPHASAL 81.6 mg tab	3		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>tropium chloride 20 mg tab</i>	1	SANCTURA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trospium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
URELLE 81 mg tab	3		
URETRON D/S 81.6 mg tab	3		
URIBEL 118 mg cap	2		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
USTELL 120 mg cap	3		
UTIRA-C 81.6 mg tab	3		
VESICARE LS 5 mg/5ml susp	2		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
GEMTESA 75 mg tab	3		PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
LITHOSTAT 250 mg tab	2		
PHENAZO 200 mg tab	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
CALPHRON 667 mg tab	1		
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	2		
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ACTHAR 80 unit/ml inj gel	2		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	2		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	

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<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	2		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clodermone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	2		
CORDRAN 4 mcg/sqcm tape	2		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	2		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTHIE/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTHIE/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	2		
HALOG 0.1 % ext soln	2		
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	2		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	3		
PANDEL 0.1 % crm	2		
<i>prednicarbate 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISON INTENSOL 5 mg/ml oral conc	2		
SOLU-CORTEF 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	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	1	KENALOG	
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	1	KENALOG	QL(2 / 30)
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
TRIANEX 0.05 % oint	3		
VERDESO 0.05 % foam	2		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	
INCRELEX 40 mg/4ml sc soln	2		
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]			
<i>mifepristone 200 mg tab</i>	1		
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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>methitest 10 mg tab</i>	1		
<i>methyld testosterone 10 mg cap</i>	1	TESTRED	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2		
<i>ALTAVERA 0.15-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab</i>	3		
<i>AMETHIA 0.15-0.03 & 0.01 mg tab</i>	2		QL(91 / 91)
<i>ANGELIQ 0.5-1 mg tab</i>	2		
<i>APRI 0.15-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>ARANELLE 0.5/1/0.5-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>ASHLYNA 0.15-0.03 & 0.01 mg tab</i>	2		QL(91 / 91)
<i>AUBRA 0.1-20 mg-mcg tab</i>	2		QL(28 / 28)
<i>AVIANE 0.1-20 mg-mcg tab</i>	2		QL(28 / 28)
<i>AZURETTE 0.15-0.02/0.01 mg (21/5) tab</i>	2		QL(28 / 28)
<i>BALZIVA 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>BLISOVI 24 FE 1-20 mg-mcg(24) tab</i>	2		QL(28 / 28)
<i>BLISOVI FE 1.5/30 1.5-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>BLISOVI FE 1/20 1-20 mg-mcg tab</i>	2		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CAMRESE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	2		QL(91 / 91)
CHATEAL 0.15-30 mg-mcg tab	2		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch	2		
CRYSELLE-28 0.3-30 mg-mcg tab	2		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	2		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	3		
DELYLA 0.1-20 mg-mcg tab	2		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	2		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	DESOGEN	QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel	2		
DIVIGEL 1 mg/gm td gel	2		
<i>drospirenone-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospirenone-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	2		
ELINEST 0.3-30 mg-mcg tab	2		QL(28 / 28)
ELURYNG 0.12-0.015 mg/24hr vag ring	3		QL(1 / 28)
ENPRESSE-28 50-30/75-40/ 125-30 mcg tab	2		QL(28 / 28)
ENSKYCE 0.15-30 mg-mcg tab	2		QL(28 / 28)
ESTARYLLA 0.25-35 mg-mcg tab	2		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.5 mg/0.5gm td gel</i>	1	DIVIGEL	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	2		
FALMINA 0.1-20 mg-mcg tab	2		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	2		QL(91 / 91)
FEMYNOR 0.25-35 mg-mcg tab	2		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2		
INTROVALE 0.15-0.03 mg tab	2		QL(91 / 91)
JINTELI 1-5 mg-mcg tab	3		
JOLESSA 0.15-0.03 mg tab	2		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	2		QL(28 / 28)
JUNEL 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 24 1-20 mg-mcg(24) tab	2		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KAITLIB FE 0.8-25 mg-mcg tab chew	2		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
KELNOR 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	2		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LAYOLIS FE 0.8-25 mg-mcg tab chew	2		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	2		QL(28 / 28)
LESSINA 0.1-20 mg-mcg tab	2		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	2		QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	2		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	2		QL(28 / 28)
LORYNA 3-0.02 mg tab	2		QL(28 / 28)
LOW-OGESTREL 0.3-30 mg-mcg tab	2		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	2		QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MENOSTAR 14 mcg/24hr tdkw patch	2		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	2		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MIMVEY 1-0.5 mg tab	3		
MONO-LINYAH 0.25-35 mg-mcg tab	2		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	2		QL(28 / 28)
NIKKI 3-0.02 mg tab	2		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	1	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	1	GENERESS FE	QL(28 / 28)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	2	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ORTHO TRI-CYCLEN	QL(28 / 28)
NORTREL 0.5/35 (28) 0.5-35 mg-mcg tab	2		QL(28 / 28)
NORTREL 1/35 (21) 1-35 mg-mcg tab	2		QL(28 / 28)

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NORTREL 1/35 (28) 1-35 mg-mcg tab	2		QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	3		QL(1 / 28)
OCELLA 3-0.03 mg tab	2		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	2		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
PORTIA-28 0.15-30 mg-mcg tab	2		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	2		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
RECLIPSEN 0.15-30 mg-mcg tab	2		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	2		QL(91 / 91)
SAFYRAL 3-0.03-0.451 mg tab	2		QL(28 / 28)
SETLAKIN 0.15-0.03 mg tab	2		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	2		QL(28 / 28)
SRONYX 0.1-20 mg-mcg tab	2		QL(28 / 28)
SYEDA 3-0.03 mg tab	2		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRI-LO-ESTARYLLA 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRIVORA (28) 50-30/75-40/ 125-30 mcg tab	2		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	2		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	2		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	2		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	2		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	2		
YUVAFEM 10 mcg vag tab	2		
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	3		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	1		
CAMILA 0.35 mg tab	2		QL(28 / 28)
CRINONE 4 % vag gel	2		
DEBLITANE 0.35 mg tab	2		QL(28 / 28)
ECONTRA EZ 1.5 mg tab	1		
ECONTRA ONE-STEP 1.5 mg tab	1		
ENDOMETRIN 100 mg vag insert	2		
ERRIN 0.35 mg tab	2		QL(28 / 28)
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	2		
HEATHER 0.35 mg tab	2		QL(28 / 28)
<i>hydroxyprogesterone caproate 250 mg/ml im oil</i>	1	MAKENA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JENCYCLA 0.35 mg tab	2		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
LYZA 0.35 mg tab	2		QL(28 / 28)
MAKENA 275 mg/1.1ml sc soln auto-inj	3		
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	1	MEGACE	
MIRENA (52 MG) 20 mcg/day iud	4		
MY CHOICE 1.5 mg tab	1		
MY WAY 1.5 mg tab	1		
NEW DAY 1.5 mg tab	1		
NEXPLANON 68 mg sc implant	4		
NORA-BE 0.35 mg tab	2		QL(28 / 28)
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
NORLYROC 0.35 mg tab	2		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	1		
OPTION 2 1.5 mg tab	1		
<i>progesterone 50 mg/ml im oil</i>	1		
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
REACT 1.5 mg tab	1		
SHAROBEL 0.35 mg tab	2		QL(28 / 28)
TAKE ACTION 1.5 mg tab	1		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 180 mg tab, 240 mg tab, 300 mg tab	2		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 112 mcg cap, 150 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>thyroid 30 mg tab</i>	1		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 25 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap, 75 mcg cap, 88 mcg cap	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UNITHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	4		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDIA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidia) - Supresor Hormonal]			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
CETROTIDE 0.25 mg sc kit	2		
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	4		PA
FIRMAGON 80 mg sc soln	4		
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	4		
<i>ganirelix acetate 250 mcg/0.5ml sc soln pfs</i>	4		
<i>lanreotide acetate 120 mg/0.5ml sc soln</i>	4		
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	4		PA
SANDOSTATIN LAR DEPOT 10 mg im kit, 20 mg im kit, 30 mg im kit	4		
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	4		
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln	4		
SUPPRELIN LA 50 mg sc kit	2		
SYNAREL 2 mg/ml nasal soln	2		
TRELSTAR MIXJECT 11.25 mg im susp, 22.5 mg im susp, 3.75 mg im susp	4		
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	4		
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents - Drugs To Treat Swelling Underneath The Skin [Agentes De La Angioedema-Medicamentos Para Tratar La Inflamación Debajo De La Piel]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	4		
<i>icatibant acetate 30 mg/3ml sc soln</i>	4	FIRAZYR	
KALBITOR 10 mg/ml sc soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ORLADEYO 110 mg cap, 150 mg cap	4		PA
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
<i>adalimumab-adaz 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs</i>	4	HYRIMOZ	PA
ASTAGRAF XL 0.5 mg cap er 24 hr, 1 mg cap er 24 hr, 5 mg cap er 24 hr	4		
ATGAM 50 mg/ml iv inj	4		
AVSOLA 100 mg iv soln	4		PA
AZASAN 100 mg tab, 75 mg tab	4		
<i>azathioprine 50 mg tab</i>	1	IMURAN	
<i>azathioprine sodium 100 mg inj soln</i>	1	IMURAN	
<i>cyclosporine 100 mg cap, 25 mg cap</i>	1	SANDIMMUNE	
<i>cyclosporine 50 mg/ml iv soln</i>	1	SANDIMMUNE	
<i>cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap</i>	1	NEORAL	
<i>cyclosporine modified 100 mg/ml soln</i>	1	NEORAL	
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
ENVARUS XR 0.75 mg tab er 24 hr, 1 mg tab er 24 hr, 4 mg tab er 24 hr	4		
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	4	ZORTRESS	
GENGRAF 100 mg cap, 25 mg cap	4		
GENGRAF 100 mg/ml soln	4		
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 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
HUMIRA PEN-PEDIATRIC UC START 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
LUPKYNIS 7.9 mg cap	4		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate mofetil hcl 500 mg iv soln</i>	1	CELLCEPT	
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
NULOJIX 250 mg iv soln	4		
ORENCIA 125 mg/ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
PROGRAF 5 mg/ml iv soln	4		
RENFLEXIS 100 mg iv soln	4		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	4		PA
SANDIMMUNE 100 mg/ml soln	4		
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	RAPAMUNE	
<i>sirolimus 1 mg/ml soln</i>	1	RAPAMUNE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	PROGRAF	
THYMOGLOBULIN 25 mg iv soln	4		
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	2		
XELJANZ 5 mg tab	4		PA
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]			
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	3		
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	3		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		
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]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	4		
ARCALYST 220 mg sc soln	4		
ILARIS 150 mg/ml sc soln	2		
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
RIDAURA 3 mg cap	4		
SIMULECT 10 mg iv soln, 20 mg iv soln	4		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	
CORTIFOAM 10 % foam	2		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	2		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	
PROLIA 60 mg/ml sc soln pfs	4		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
XGEVA 120 mg/1.7ml sc soln	4		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
1st tier unifine pentips 29G X 12MM misc	3		QL(150 / 30)
1st tier unifine pentips plus 29G X 12MM misc	3		QL(150 / 30)
1st tier unilet comfortouch misc	1		QL(150 / 30)
ACCU-CHEK AVIVA PLUS in vitro strip	3		QL(150 / 30)
ACCU-CHEK FASTCLIX LANCETS misc	3		QL(150 / 30)
ACCU-CHEK GUIDE in vitro strip	3		QL(150 / 30)
ACCU-CHEK SAFE-T PRO LANCETS misc	3		QL(150 / 30)
ACCU-CHEK SMARTVIEW in vitro strip	3		QL(150 / 30)
ACCU-CHEK SOFTCLIX LANCETS misc	3		QL(150 / 30)
ACCUTREND GLUCOSE in vitro strip	3		QL(150 / 30)
acti-lance 28g misc	1		QL(150 / 30)
acti-lance lite lancets 28g misc	1		QL(150 / 30)
acti-lance special lancets 17g misc	1		QL(150 / 30)
acti-lance universal 23g misc	1		QL(150 / 30)
ADVANCE INTUITION TEST in vitro strip	3		QL(150 / 30)
ADVANCE MICRO-DRAW TEST in vitro strip	3		QL(150 / 30)
advanced mobile lancet misc	1		QL(150 / 30)
ADVOCATE LANCETS misc	3		QL(150 / 30)
ADVOCATE LANCETS 30G misc	3		QL(150 / 30)
ADVOCATE REDI-CODE in vitro strip	3		QL(150 / 30)
ADVOCATE REDI-CODE+ TEST in vitro strip	3		QL(150 / 30)
ADVOCATE SAFETY LANCETS misc	3		QL(150 / 30)
ADVOCATE SAFETY LANCETS 26G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ADVOCATE TEST in vitro strip	3		QL(150 / 30)
AGAMATRIX AMP TEST in vitro strip	3		QL(150 / 30)
AGAMATRIX JAZZ TEST in vitro strip	3		QL(150 / 30)
AGAMATRIX KEYNOTE TEST in vitro strip	3		QL(150 / 30)
AGAMATRIX PRESTO TEST in vitro strip	3		QL(150 / 30)
AGAMATRIX ULTRA-THIN LANCETS misc	3		QL(150 / 30)
<i>aimSCO twist lancets 32g misc</i>	1		QL(150 / 30)
AIMSCO TWIST LANCETS 33G misc	3		QL(150 / 30)
AQUALANCE LANCETS 30G misc	3		QL(150 / 30)
ASSURE 3 TEST in vitro strip	3		QL(150 / 30)
ASSURE 4 TEST in vitro strip	3		QL(150 / 30)
<i>assure comfort lancets 28g misc</i>	1		QL(150 / 30)
ASSURE HAEMOLANCE PLUS HIGH misc	3		QL(150 / 30)
ASSURE HAEMOLANCE PLUS LOW misc	3		QL(150 / 30)
ASSURE HAEMOLANCE PLUS MICRO misc	3		QL(150 / 30)
ASSURE HAEMOLANCE PLUS NORMAL misc	3		QL(150 / 30)
ASSURE HAEMOLANCE PLUS PED misc	3		QL(150 / 30)
ASSURE II in vitro strip	3		QL(150 / 30)
ASSURE II CHECK in vitro strip	3		QL(150 / 30)
ASSURE LANCE LANCETS misc	3		QL(150 / 30)
ASSURE LANCE LANCETS 21G misc	3		QL(150 / 30)
ASSURE LANCE PLUS SAFETY 25G misc	3		QL(150 / 30)
ASSURE LANCE PLUS SAFETY 30G misc	3		QL(150 / 30)
ASSURE LANCE SAFETY LANCET 28G misc	3		QL(150 / 30)
ASSURE PLATINUM in vitro strip	3		QL(150 / 30)
ASSURE PRISM MULTI TEST in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ASSURE PRO TEST in vitro strip	3		QL(150 / 30)
<i>aurora lancet super thin 30g misc</i>	1		QL(150 / 30)
<i>aurora lancet thin 23g misc</i>	1		QL(150 / 30)
<i>aurora pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
BD MICROTAINER LANCETS misc	3		QL(150 / 30)
BIOTEL CARE TEST STRIPS in vitro strip	3		QL(150 / 30)
<i>blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>blood glucose test strips 333 in vitro strip</i>	3		QL(150 / 30)
BLULINK GLUCOSE TEST in vitro strip	3		QL(150 / 30)
CAREFINE PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
CAREONE BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
CAREONE LANCET SUPER THIN 30G misc	3		QL(150 / 30)
<i>careone lancet thin 23g misc</i>	1		QL(150 / 30)
<i>careone unifine pentips 29G X 12MM misc</i>	3		QL(150 / 30)
<i>careone unifine pentips plus 29G X 12MM misc</i>	3		QL(150 / 30)
CARESENS LANCETS misc	3		QL(150 / 30)
CARESENS LANCETS 30G misc	3		QL(150 / 30)
CARESENS N GLUCOSE TEST in vitro strip	3		QL(150 / 30)
CARETOUCH PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
CARETOUCH SAFETY LANCETS misc	3		QL(150 / 30)
CARETOUCH SAFETY LANCETS 26G misc	3		QL(150 / 30)
CARETOUCH TEST in vitro strip	3		QL(150 / 30)
CARETOUCH TWIST LANCETS 28G misc	3		QL(150 / 30)
CARETOUCH TWIST LANCETS 30G misc	3		QL(150 / 30)
CARETOUCH TWIST LANCETS 33G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARETOUCH TWIST MC LANCETS 30G misc	3		QL(150 / 30)
CLEANLET LANCETS 28G misc	3		QL(150 / 30)
CLEVER CHEK AUTO-CODE TEST in vitro strip	3		QL(150 / 30)
CLEVER CHEK AUTO-CODE VOICE in vitro strip	3		QL(150 / 30)
CLEVER CHEK LANCETS misc	3		QL(150 / 30)
CLEVER CHEK TEST in vitro strip	3		QL(150 / 30)
CLEVER CHOICE AUTO-CODE TEST in vitro strip	3		QL(150 / 30)
CLEVER CHOICE COMFORT EZ misc, 29G X 12MM misc	3		QL(150 / 30)
CLEVER CHOICE LANCETS 21G misc	3		QL(150 / 30)
CLEVER CHOICE LANCETS 23G misc	3		QL(150 / 30)
CLEVER CHOICE LANCETS 28G misc	3		QL(150 / 30)
CLEVER CHOICE MICRO TEST in vitro strip	3		QL(150 / 30)
CLEVER CHOICE NO CODING in vitro strip	3		QL(150 / 30)
CLEVER CHOICE TALK SYSTEM in vitro strip	3		QL(150 / 30)
COAGUCHEK LANCETS misc	3		QL(150 / 30)
<i>comfort assured lancets 28g misc</i>	1		QL(150 / 30)
<i>comfort assured lancets 33g misc</i>	1		QL(150 / 30)
<i>comfort lancets misc</i>	1		QL(150 / 30)
COMFORT TOUCH LANCETS 31G misc	3		QL(150 / 30)
COMFORT TOUCH PLUS LANCETS 28G misc	3		QL(150 / 30)
COMFORT TOUCH PLUS LANCETS 30G misc	3		QL(150 / 30)
CONTOUR NEXT TEST in vitro strip	3		QL(150 / 30)
CONTOUR TEST in vitro strip	3		QL(150 / 30)
CONTROL AST in vitro strip	3		QL(150 / 30)
CONTROL TEST in vitro strip	3		QL(150 / 30)
COOL BLOOD GLUCOSE TEST STRIPS in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CVS ADVANCED GLUCOSE TEST in vitro strip	3		QL(150 / 30)
<i>cvs glucose meter test strips in vitro strip</i>	1		QL(150 / 30)
<i>cvs lancets 21g misc</i>	1		QL(150 / 30)
<i>cvs lancets micro thin 33g misc</i>	1		QL(150 / 30)
<i>cvs lancets original misc</i>	1		QL(150 / 30)
<i>cvs lancets thin 26g misc</i>	1		QL(150 / 30)
<i>cvs lancets ultra thin 30g misc</i>	1		QL(150 / 30)
<i>cvs lancets ultra-thin 30g misc</i>	1		QL(150 / 30)
<i>cvs ultra thin lancets misc</i>	1		QL(150 / 30)
D-CARE BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
DIATHRIVE BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
DIATHRIVE GLUCOSE TEST in vitro strip	3		QL(150 / 30)
DIATHRIVE LANCET ULTRA THIN 30 misc	3		QL(150 / 30)
DIATHRIVE LANCETS misc	3		QL(150 / 30)
DIATHRIVE+ GLUCOSE TEST in vitro strip	3		QL(150 / 30)
<i>diatrue plus test in vitro strip</i>	1		QL(150 / 30)
DROPLET LANCETS ULTRA THIN 30G misc	3		QL(150 / 30)
DROPLET PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
DROPLET PERSONAL LANCETS 30G misc	3		QL(150 / 30)
<i>drug mart lancets thin 26g misc</i>	1		QL(150 / 30)
DRUG MART ON-THE-GO LANCET 30G misc	3		QL(150 / 30)
<i>drug mart unifine pentips 29G X 12MM misc</i>	3		QL(150 / 30)
DRUG MART UNILET LANCETS 28G misc	3		QL(150 / 30)
DRUG MART UNILET LANCETS 30G misc	3		QL(150 / 30)
DRUG MART UNILET LANCETS 33G misc	3		QL(150 / 30)
DUO-CARE TEST in vitro strip	3		QL(150 / 30)
<i>easy comfort lancets misc</i>	1		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>easy comfort lancets twist top misc</i>	1		QL(150 / 30)
<i>easy plus ii glucose test in vitro strip</i>	1		QL(150 / 30)
EASY STEP TEST in vitro strip	3		QL(150 / 30)
<i>easy talk blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>easy talk plus ii test strips in vitro strip</i>	3		QL(150 / 30)
EASY TOUCH HEALTHPRO GLUCOSE in vitro strip	3		QL(150 / 30)
EASY TOUCH LANCETS 21G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 23G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 26G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 28G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 28G/TWIST misc	3		QL(150 / 30)
EASY TOUCH LANCETS 30G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 30G/TWIST misc	3		QL(150 / 30)
EASY TOUCH LANCETS 32G misc	3		QL(150 / 30)
EASY TOUCH LANCETS 32G/TWIST misc	3		QL(150 / 30)
EASY TOUCH LANCETS 33G/TWIST misc	3		QL(150 / 30)
EASY TOUCH PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
EASY TOUCH SAFETY LANCETS 21G misc	3		QL(150 / 30)
EASY TOUCH SAFETY LANCETS 23G misc	3		QL(150 / 30)
EASY TOUCH SAFETY LANCETS 26G misc	3		QL(150 / 30)
EASY TOUCH SAFETY LANCETS 28G misc	3		QL(150 / 30)
EASY TOUCH TEST in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>easy trak blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>easy trak ii glucose test in vitro strip</i>	1		QL(150 / 30)
EASYGLUCO in vitro strip	3		QL(150 / 30)
EASYMAX 15 TEST in vitro strip	3		QL(150 / 30)
EASYMAX TEST in vitro strip	3		QL(150 / 30)
EASYPRO BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
EASYPRO PLUS in vitro strip	3		QL(150 / 30)
<i>element compact test in vitro strip</i>	1		QL(150 / 30)
ELEMENT TEST in vitro strip	3		QL(150 / 30)
EMBRACE BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
EMBRACE EVO BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
EMBRACE LANCETS ULTRA THIN 30G misc	3		QL(150 / 30)
EMBRACE PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
EMBRACE PRESSURE ACTIVATED 21G misc	3		QL(150 / 30)
EMBRACE PRESSURE ACTIVATED 28G misc	3		QL(150 / 30)
EMBRACE PRO GLUCOSE TEST in vitro strip	3		QL(150 / 30)
EMBRACE TALK GLUCOSE TEST in vitro strip	3		QL(150 / 30)
EMBRACE WAVE BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
<i>eq blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>eqi color lancets 21g misc</i>	1		QL(150 / 30)
<i>eqi color lancets micro 33g misc</i>	1		QL(150 / 30)
<i>eqi super thin lancets 30g misc</i>	1		QL(150 / 30)
<i>eqi thin lancets 26g misc</i>	1		QL(150 / 30)
EVOLUTION AUTOCODE in vitro strip	3		QL(150 / 30)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc	3		QL(150 / 30)
E-Z JECT LANCET MICRO-THIN 33G misc	3		QL(150 / 30)
E-Z JECT LANCET SUPER THIN 30G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
E-Z JECT LANCETS misc	3		QL(150 / 30)
E-Z JECT LANCETS 21G misc	3		QL(150 / 30)
E-Z JECT LANCETS THIN 26G misc	3		QL(150 / 30)
EZ-LETS LANCETS 21G misc	3		QL(150 / 30)
EZ-LETS LANCETS 26G misc	3		QL(150 / 30)
EZ-LETS LANCETS 28G misc	3		QL(150 / 30)
EZ-LETS LANCETS 30G misc	3		QL(150 / 30)
FC2 FEMALE CONDOM misc	4		
FEMCAP 26 mm vag dev, 30 mm vag dev	3		
FIFTY50 GLUCOSE TEST 2.0 in vitro strip	3		QL(150 / 30)
FIFTY50 SAFETY SEAL LANCETS misc	3		QL(150 / 30)
FIFTY50 UNILET LANCETS 33G misc	3		QL(150 / 30)
FINE 30 misc	3		QL(150 / 30)
FINGERSTIX LANCETS misc	3		QL(150 / 30)
FORA 6 CONNECT in vitro strip	3		QL(150 / 30)
FORA 6 CONNECT/GTEL TEST in vitro strip	3		QL(150 / 30)
FORA BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA D15G BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA D20 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA D40/G31 BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
FORA G20 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA G30/PREM V10 GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA GD20 TEST in vitro strip	3		QL(150 / 30)
FORA GD50 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA GTEL BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA LANCETS misc	3		QL(150 / 30)
FORA TN'G ADVANCE PRO in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FORA TN'G/TN'G VOICE in vitro strip	3		QL(150 / 30)
FORA V10 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA V12 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA V20 BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORA V30A BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
FORACARE GD40 TEST in vitro strip	3		QL(150 / 30)
FORACARE PREMIUM V10 TEST in vitro strip	3		QL(150 / 30)
FORACARE TEST N GO TEST in vitro strip	3		QL(150 / 30)
FORTISCARE G1 TEST STRIP in vitro strip	3		QL(150 / 30)
FORTISCARE TEST in vitro strip	3		QL(150 / 30)
<i>freds pharmacy unilet lanc 28g misc</i>	1		QL(150 / 30)
<i>freds pharmacy unilet lanc 30g misc</i>	1		QL(150 / 30)
FREESTYLE INSULINX TEST in vitro strip	3		QL(150 / 30)
FREESTYLE LANCETS misc	3		QL(150 / 30)
FREESTYLE LITE TEST in vitro strip	3		QL(150 / 30)
FREESTYLE PRECISION NEO TEST in vitro strip	3		QL(150 / 30)
FREESTYLE TEST in vitro strip	3		QL(150 / 30)
FREESTYLE UNISTICK II LANCETS misc	3		QL(150 / 30)
<i>ge100 blood glucose test in vitro strip</i>	1		QL(150 / 30)
GENTEEL BUTTERFLY TOUCH LANCET misc	3		QL(150 / 30)
GENTLE-LET GP LANCETS misc	3		QL(150 / 30)
GENTLE-LET LANCETS misc	3		QL(150 / 30)
GENULTIMATE TEST in vitro strip	3		QL(150 / 30)
<i>ght test in vitro strip</i>	1		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>global ease inject pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>global inject ease lancets 28g misc</i>	1		QL(150 / 30)
<i>global inject ease lancets 30g misc</i>	1		QL(150 / 30)
GLUCO PERFECT 3 TEST in vitro strip	3		QL(150 / 30)
GLUCOCARD 01 SENSOR PLUS in vitro strip	3		QL(150 / 30)
GLUCOCARD EXPRESSION TEST in vitro strip	3		QL(150 / 30)
GLUCOCARD SHINE TEST in vitro strip	3		QL(150 / 30)
GLUCOCARD VITAL TEST in vitro strip	3		QL(150 / 30)
GLUCOCARD X-SENSOR in vitro strip	3		QL(150 / 30)
GLUCOCOM LANCETS 28G misc	3		QL(150 / 30)
GLUCOCOM LANCETS 30G misc	3		QL(150 / 30)
GLUCOCOM LANCETS 33G misc	3		QL(150 / 30)
GLUCOCOM TEST in vitro strip	3		QL(150 / 30)
GLUCONAVII BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
<i>glucose meter test in vitro strip</i>	1		QL(150 / 30)
<i>gnp easy touch glucose test in vitro strip</i>	1		QL(150 / 30)
<i>gnp easy touch glucose test in vitro strip</i>	3		QL(150 / 30)
<i>gnp lancets 21g misc</i>	1		QL(150 / 30)
<i>gnp lancets thin 26g misc</i>	1		QL(150 / 30)
<i>gnp sterile lancets 28g misc</i>	3		QL(150 / 30)
<i>gnp sterile lancets 30g misc</i>	3		QL(150 / 30)
<i>gnp sterile lancets 33g misc</i>	3		QL(150 / 30)
GNP TRUE METRIX GLUCOSE STRIPS in vitro strip	3		QL(150 / 30)
GNP TRUETRACK SMART SYSTEM in vitro strip	3		QL(150 / 30)
GNP TRUETRACK TEST STRIPS in vitro strip	3		QL(150 / 30)
GOJJI BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
GOJJI BLOOD TEST STRIP/LANCETS in vitro strip	3		QL(150 / 30)

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GOJJI STERILE LANCETS misc	3		QL(150 / 30)
<i>goodsense blood glucose in vitro strip</i>	1		QL(150 / 30)
<i>goodsense color lancets 33g misc</i>	1		QL(150 / 30)
<i>goodsense lancets 26g univ misc</i>	1		QL(150 / 30)
<i>goodsense lancets 30g misc</i>	1		QL(150 / 30)
<i>goodsense lancets 30g univ misc</i>	1		QL(150 / 30)
<i>goodsense lancets 33g misc</i>	1		QL(150 / 30)
<i>goodsense lancets 33g univ misc</i>	1		QL(150 / 30)
HAEMOLANCE misc	3		QL(150 / 30)
HAEMOLANCE LOW FLOW LANCETS misc	3		QL(150 / 30)
HAEMOLANCE PLUS misc	3		QL(150 / 30)
HAEMOLANCE PLUS HIGH FLOW misc	3		QL(150 / 30)
HAEMOLANCE PLUS LOW FLOW misc	3		QL(150 / 30)
HAEMOLANCE PLUS MAX FLOW misc	3		QL(150 / 30)
HAEMOLANCE PLUS PEDIATRIC FLOW misc	3		QL(150 / 30)
<i>healthwise pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>healthy accents unifine pentip 29G X 12MM misc</i>	3		QL(150 / 30)
<i>healthy accents unilet lancets misc</i>	1		QL(150 / 30)
<i>h-e-b incontrol lancets 28g misc</i>	1		QL(150 / 30)
<i>h-e-b incontrol lancets 30g misc</i>	1		QL(150 / 30)
<i>h-e-b incontrol lancets 33g misc</i>	1		QL(150 / 30)
<i>h-e-b incontrol pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
HW EMBRACE PRO GLUCOSE TEST in vitro strip	3		QL(150 / 30)
HW EMBRACE TALK GLUCOSE TEST in vitro strip	3		QL(150 / 30)
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	4		PA
HY-VEE LANCETS misc	3		QL(150 / 30)
<i>hy-vee thin lancets misc</i>	1		QL(150 / 30)
IGLUCOSE TEST STRIPS in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IN TOUCH BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
IN TOUCH STERILE LANCETS 30G misc	3		QL(150 / 30)
INFINITY BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
INFINITY VOICE in vitro strip	3		QL(150 / 30)
<i>insupen pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>iodine strong 5 % soln</i>	1		
<i>kinney lancets misc</i>	1		QL(150 / 30)
<i>kinney thin lancets misc</i>	1		QL(150 / 30)
<i>kroger blood glucose test in vitro strip</i>	1		QL(150 / 30)
KROGER HEALTHPRO GLUCOSE TEST in vitro strip	3		QL(150 / 30)
KROGER HEALTHPRO LANCET 26G misc	3		QL(150 / 30)
<i>kroger lancets misc</i>	1		QL(150 / 30)
<i>kroger lancets 21g misc</i>	1		QL(150 / 30)
<i>kroger lancets micro thin 33g misc</i>	1		QL(150 / 30)
<i>kroger lancets super thin misc</i>	1		QL(150 / 30)
<i>kroger lancets thin misc</i>	1		QL(150 / 30)
<i>kroger lancets thin 26g misc</i>	1		QL(150 / 30)
<i>kroger lancets ultrathin 30g misc</i>	1		QL(150 / 30)
<i>kroger pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>kroger premium glucose test in vitro strip</i>	1		QL(150 / 30)
<i>lancets misc</i>	1		QL(150 / 30)
<i>lancets 30g misc</i>	1		QL(150 / 30)
<i>lancets 33g misc</i>	1		QL(150 / 30)
<i>lancets micro thin 33g misc</i>	1		QL(150 / 30)
<i>lancets super thin 28g misc</i>	1		QL(150 / 30)
<i>lancets thin misc</i>	1		QL(150 / 30)
<i>lancets ultra thin misc</i>	3		QL(150 / 30)
LANCETS ULTRA THIN misc	3		QL(150 / 30)
<i>lancets ultra thin 30g misc</i>	1		QL(150 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	

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LIBERTY MEDICAL LANCETS misc	3		QL(150 / 30)
LIBERTY NEXT GENERATION TEST in vitro strip	3		QL(150 / 30)
<i>liberty test in vitro strip</i>	1		QL(150 / 30)
<i>lite touch lancets misc</i>	1		QL(150 / 30)
LITETOUCH LANCETS misc	3		QL(150 / 30)
<i>live better lancet super thin misc</i>	1		QL(150 / 30)
<i>live better lancet ultra thin misc</i>	1		QL(150 / 30)
<i>longs lancets standard misc</i>	1		QL(150 / 30)
<i>longs lancets thin misc</i>	1		QL(150 / 30)
<i>longs lancets ultra thin misc</i>	1		QL(150 / 30)
<i>medichoice safety lancet misc</i>	1		QL(150 / 30)
<i>medichoice safety lancet extra misc</i>	1		QL(150 / 30)
<i>medichoice safety lancet norm misc</i>	1		QL(150 / 30)
<i>medicine shoppe pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
MEDLANCE EXTRA 21G misc	3		QL(150 / 30)
MEDLANCE LITE 25G misc	3		QL(150 / 30)
MEDLANCE PLUS EXTRA 21G misc	3		QL(150 / 30)
MEDLANCE PLUS LANCETS misc	3		QL(150 / 30)
MEDLANCE PLUS LITE 25G misc	3		QL(150 / 30)
MEDLANCE PLUS SPECIAL 0.8MM misc	3		QL(150 / 30)
MEDLANCE PLUS SUPERLITE 30G misc	3		QL(150 / 30)
MEDLANCE PLUS UNIVERSAL 21G misc	3		QL(150 / 30)
MEDLANCE UNIVERSAL 21G misc	3		QL(150 / 30)
<i>meijer blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>meijer essential glucose test in vitro strip</i>	1		QL(150 / 30)
MEIJER LANCETS misc	3		QL(150 / 30)
MEIJER LANCETS THIN misc	3		QL(150 / 30)
MEIJER LANCETS UNIVERSAL 21G misc	3		QL(150 / 30)
MEIJER LANCETS UNIVERSAL 30G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MEIJER LANCETS UNIVERSAL 33G misc	3		QL(150 / 30)
<i>meijer pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
MEIJER SUPER THIN LANCETS misc	3		QL(150 / 30)
MEIJER TRUETEST TEST in vitro strip	3		QL(150 / 30)
MEIJER TRUETRACK TEST in vitro strip	3		QL(150 / 30)
MICRODOT TEST in vitro strip	3		QL(150 / 30)
MICROLET LANCETS misc	3		QL(150 / 30)
MM EASY TOUCH GLUCOSE in vitro strip	3		QL(150 / 30)
MM TWIST LANCETS misc	3		QL(150 / 30)
MONOLET LANCETS misc	3		QL(150 / 30)
MONOLET OPD LANCETS misc	3		QL(150 / 30)
MONOLETTOR SAFETY LANCETS misc	3		QL(150 / 30)
<i>mpd safety lancet 21g misc</i>	1		QL(150 / 30)
<i>mpd safety lancet 23g misc</i>	1		QL(150 / 30)
<i>mpd safety lancet 28g misc</i>	1		QL(150 / 30)
<i>mpd safety lancet 30g misc</i>	1		QL(150 / 30)
MYGLUCOHEALTH LANCETS 30G misc	3		QL(150 / 30)
MYGLUCOHEALTH TEST in vitro strip	3		QL(150 / 30)
NEUTEK 2TEK TEST in vitro strip	3		QL(150 / 30)
NOVA MAX GLUCOSE TEST in vitro strip	3		QL(150 / 30)
NOVA SAFETY LANCETS 23G misc	3		QL(150 / 30)
NOVA SAFETY LANCETS 28G misc	3		QL(150 / 30)
NOVA SUREFLEX LANCETS misc	3		QL(150 / 30)
ON CALL EXPRESS BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
<i>one drop test in vitro strip</i>	1		QL(150 / 30)
ONETOUCH DELICA PLUS LANCET30G misc	3		QL(150 / 30)
ONETOUCH DELICA PLUS LANCET33G misc	3		QL(150 / 30)

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ONETOUCH ULTRA in vitro strip	3		QL(150 / 30)
ONETOUCH ULTRASOFT 2 LANCETS misc	3		QL(150 / 30)
ONETOUCH VERIO in vitro strip	3		QL(150 / 30)
OPTIUMEZ TEST in vitro strip	3		QL(150 / 30)
PARAGARD INTRAUTERINE COPPER iud	4		
<i>pc lancets super thin 30g misc</i>	1		QL(150 / 30)
<i>pc unifine pentips 29G X 12MM misc</i>	3		QL(150 / 30)
<i>pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
PENTIPS 29G X 12MM misc	3		QL(150 / 30)
PERFECT LANCETS 28G misc	3		QL(150 / 30)
PERFECT LANCETS 30G misc	3		QL(150 / 30)
PHARMACIST CHOICE AUTOCODE in vitro strip	3		QL(150 / 30)
PHARMACIST CHOICE LANCETS misc	3		QL(150 / 30)
<i>pharmacist choice no coding in vitro strip</i>	1		QL(150 / 30)
PHARMACY COUNTER LANCETS misc	3		QL(150 / 30)
PIP BLOOD GLUCOSE TEST STRIP in vitro strip	3		QL(150 / 30)
<i>pip lancets 28g misc</i>	1		QL(150 / 30)
<i>pip lancets 30g misc</i>	1		QL(150 / 30)
POCKETCHEM EZ TEST in vitro strip	3		QL(150 / 30)
<i>potassium iodide 1 gm/ml soln</i>	1		
PRECISION THINS GP LANCETS misc	3		QL(150 / 30)
PRECISION XTRA BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
<i>preferred plus lancets colored misc</i>	1		QL(150 / 30)
<i>preferred plus lancets thin misc</i>	1		QL(150 / 30)
<i>preferred plus unifine pentips 29G X 12MM misc</i>	3		QL(150 / 30)
<i>premium blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>pro comfort lancets 30g misc</i>	1		QL(150 / 30)
<i>pro comfort lancets 31g misc</i>	1		QL(150 / 30)
<i>pro comfort safety lancets 30g misc</i>	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pro voice v8/v9 glucose in vitro strip</i>	1		QL(150 / 30)
PRODIGY LANCETS 28G misc	3		QL(150 / 30)
PRODIGY NO CODING BLOOD GLUC in vitro strip	3		QL(150 / 30)
PRODIGY SAFETY LANCETS 26G misc	3		QL(150 / 30)
PRODIGY TWIST TOP LANCETS 28G misc	3		QL(150 / 30)
PSS SELECT GP LANCETS misc	3		QL(150 / 30)
PSS SELECT SAFETY LANCETS misc	3		QL(150 / 30)
PTS PANELS EGLU TEST in vitro strip	3		QL(150 / 30)
<i>pure comfort lancets 30g misc</i>	3		QL(150 / 30)
<i>px lancets microthin 33g misc</i>	3		QL(150 / 30)
<i>px lancets ultra thin misc</i>	1		QL(150 / 30)
<i>px lancets ultra thin 28g misc</i>	1		QL(150 / 30)
<i>px pen needle 29G X 12MM misc</i>	3		QL(150 / 30)
<i>qc lancets super thin 30g misc</i>	1		QL(150 / 30)
<i>qc lancets ultra thin misc</i>	1		QL(150 / 30)
<i>qc pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>qc unilet lancets 28g misc</i>	1		QL(150 / 30)
<i>qc unilet lancets micro thin misc</i>	1		QL(150 / 30)
QUICKTEK TEST in vitro strip	3		QL(150 / 30)
QUINTET AC BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
QUINTET BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
RA E-ZJECT LANCETS 28G misc	3		QL(150 / 30)
RA E-ZJECT LANCETS THIN 26G misc	3		QL(150 / 30)
RA E-ZJECT LANCETS THIN 28G misc	3		QL(150 / 30)
RA E-ZJECT LANCETS ULTRA THIN misc	3		QL(150 / 30)
<i>raya sure pen needle 29G X 12MM misc</i>	3		QL(150 / 30)
READYLANCE SAFETY LANCETS misc	3		QL(150 / 30)
<i>reality lancets misc</i>	1		QL(150 / 30)
<i>reality trigger lancets misc</i>	1		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REFUAH PLUS BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
RELION BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
RELION CONFIRM/MICRO TEST in vitro strip	3		QL(150 / 30)
RELION LANCETS MICRO-THIN 33G misc	3		QL(150 / 30)
RELION LANCETS THIN 26G misc	3		QL(150 / 30)
RELION LANCETS ULTRA-THIN 30G misc	3		QL(150 / 30)
RELION PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
RELION PREMIER TEST in vitro strip	3		QL(150 / 30)
RELION PRIME TEST in vitro strip	3		QL(150 / 30)
RELION TRUE METRIX TEST STRIPS in vitro strip	3		QL(150 / 30)
RELION ULTIMA TEST in vitro strip	3		QL(150 / 30)
RELION ULTRA THIN LANCETS 30G misc	3		QL(150 / 30)
RELION ULTRA THIN PLUS LANCETS misc	3		QL(150 / 30)
REXALL BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
REXALL LANCETS ULTRA THIN 30G misc	3		QL(150 / 30)
RIGHTEST GL300 LANCETS misc	3		QL(150 / 30)
RIGHTEST GS100 BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
RIGHTEST GS300 BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
RIGHTEST GS550 BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
RIGHTEST GT333 BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
RIGHTEST GT333 GLUCOSE TEST in vitro strip	3		QL(150 / 30)
SAFE-T-LANCE misc	3		QL(150 / 30)
SAFE-T-LANCE PLUS misc	3		QL(150 / 30)
<i>safety lancet 30g/pressure act misc</i>	1		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SAFETY LANCETS misc	3		QL(150 / 30)
SAFETY LANCETS 21G misc	3		QL(150 / 30)
SAFETY LANCETS 23G misc	3		QL(150 / 30)
<i>safety lancets 28g misc</i>	1		QL(150 / 30)
<i>safety lancets 28g misc</i>	3		QL(150 / 30)
<i>saps health plus lancets misc</i>	3		QL(150 / 30)
<i>saps health twist top lancets misc</i>	1		QL(150 / 30)
<i>saps twist top lancets misc</i>	1		QL(150 / 30)
<i>sapscare twist top lancets misc</i>	1		QL(150 / 30)
<i>sb lancets thin misc</i>	1		QL(150 / 30)
<i>sb lancets ultra thin misc</i>	1		QL(150 / 30)
SHOPKO ON-THE-GO LANCETS 30G misc	3		QL(150 / 30)
SHOPKO UNIFINE PENTIPS 29G X 12MM misc	3		QL(150 / 30)
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc	3		QL(150 / 30)
SHOPKO UNILET LANCETS 28G misc	3		QL(150 / 30)
SHOPKO UNILET LANCETS 30G misc	3		QL(150 / 30)
SINGLE-LET misc	3		QL(150 / 30)
<i>sm lancets 33g misc</i>	1		QL(150 / 30)
SMART SENSE COLOR LANCETS 33G misc	3		QL(150 / 30)
SMART SENSE PREMIUM TEST in vitro strip	3		QL(150 / 30)
SMART SENSE STANDARD LANCETS misc	3		QL(150 / 30)
SMART SENSE SUPER THIN LANCETS misc	3		QL(150 / 30)
SMART SENSE THIN LANCETS 26G misc	3		QL(150 / 30)
SMART SENSE VALUE TEST in vitro strip	3		QL(150 / 30)
SMARTEST BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
SMARTEST LANCETS 28G misc	3		QL(150 / 30)
SOHONOS 5 mg cap	4		
SOLUS V2 LANCETS 28G misc	3		QL(150 / 30)
SOLUS V2 TEST in vitro strip	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SOLUS V2 TWIST LANCETS 30G misc	3		QL(150 / 30)
STERILANCE TL misc	3		QL(150 / 30)
<i>super thin lancets misc</i>	1		QL(150 / 30)
SUPREME TEST in vitro strip	3		QL(150 / 30)
<i>sure comfort lancets 18g misc</i>	1		QL(150 / 30)
<i>sure comfort lancets 21g misc</i>	1		QL(150 / 30)
<i>sure comfort lancets 23g misc</i>	1		QL(150 / 30)
<i>sure comfort lancets 28g misc</i>	1		QL(150 / 30)
<i>sure comfort lancets 30g misc</i>	1		QL(150 / 30)
SURELITE LANCETS misc	3		QL(150 / 30)
SYNVISC 16 mg/2ml i-artic soln pfs	4		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	4		PA
TECHLITE AST LANCETS misc	3		QL(150 / 30)
TECHLITE LANCETS misc	3		QL(150 / 30)
TECHLITE LANCETS 30G misc	3		QL(150 / 30)
TECHLITE PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
<i>tgt blood glucose test in vitro strip</i>	1		QL(150 / 30)
<i>tgt lancet micro thin 33g misc</i>	1		QL(150 / 30)
<i>tgt lancet thin 26g misc</i>	1		QL(150 / 30)
<i>tgt lancet ultra thin 30g misc</i>	1		QL(150 / 30)
THINLETS GP LANCETS misc	3		QL(150 / 30)
<i>todays health pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>todays health thin lancets 28g misc</i>	1		QL(150 / 30)
<i>todays health thin lancets 30g misc</i>	1		QL(150 / 30)
<i>topcare lancets micro-thin 33g misc</i>	1		QL(150 / 30)
<i>travel lancets misc</i>	1		QL(150 / 30)
TRAVEL LANCETS ADVANCED 28G misc	3		QL(150 / 30)
<i>true comfort safety lancets misc</i>	3		QL(150 / 30)
<i>true comfort twist top lancets misc</i>	1		QL(150 / 30)
<i>true focus blood glucose strip in vitro strip</i>	1		QL(150 / 30)
TRUE METRIX BLOOD GLUCOSE TEST in vitro strip	3		QL(150 / 30)
TRUE METRIX PRO BLOOD GLUCOSE in vitro strip	3		QL(150 / 30)
TRUEPLUS LANCETS 26G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUEPLUS LANCETS 28G misc	3		QL(150 / 30)
TRUEPLUS LANCETS 30G misc	3		QL(150 / 30)
TRUEPLUS LANCETS 33G misc	3		QL(150 / 30)
TRUEPLUS PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
TRUEPLUS SAFETY LANCETS 28G misc	3		QL(150 / 30)
TRUETEST TEST in vitro strip	3		QL(150 / 30)
TRUETRACK TEST in vitro strip	3		QL(150 / 30)
<i>twist top lancets 30g misc</i>	3		QL(150 / 30)
ULTILET CLASSIC LANCETS misc	3		QL(150 / 30)
ULTILET LANCETS misc	3		QL(150 / 30)
ULTILET SAFETY LANCETS misc	3		QL(150 / 30)
ULTILET SAFETY LANCETS 23G misc	3		QL(150 / 30)
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc	3		QL(150 / 30)
<i>ultra thin lancets 31g misc</i>	1		QL(150 / 30)
<i>ultra-care lancets 30g misc</i>	1		QL(150 / 30)
ULTRA-THIN II AUTO LANCET misc	3		QL(150 / 30)
ULTRA-THIN II LANCETS misc	3		QL(150 / 30)
UNIFINE PENTIPS 29G X 12MM misc	3		QL(150 / 30)
UNIFINE PENTIPS PLUS 29G X 12MM misc	3		QL(150 / 30)
UNILET COMFORTOUCH LANCET misc	3		QL(150 / 30)
UNILET EXCELITE misc	3		QL(150 / 30)
UNILET EXCELITE II misc	3		QL(150 / 30)
UNILET G.P. LANCET misc	3		QL(150 / 30)
UNILET G.P. SUPERLITE LANCET misc	3		QL(150 / 30)
UNILET GP 28 ULTRA THIN misc	3		QL(150 / 30)
UNILET LANCET misc	3		QL(150 / 30)
UNILET MICRO-THIN 33G misc	3		QL(150 / 30)
UNILET SUPERLITE LANCET misc	3		QL(150 / 30)
UNILET SUPER-THIN 30G misc	3		QL(150 / 30)
UNILET ULTRA-THIN 28G misc	3		QL(150 / 30)
UNISTIK 3 GENTLE misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UNISTIK PRO SAFETY LANCET misc	3		QL(150 / 30)
UNISTIK SAFETY LANCETS 28G misc	3		QL(150 / 30)
UNISTIK SAFETY LANCETS 30G misc	3		QL(150 / 30)
UNISTIK TOUCH SAFETY LANC 21G misc	3		QL(150 / 30)
UNISTIK TOUCH SAFETY LANC 23G misc	3		QL(150 / 30)
UNISTIK TOUCH SAFETY LANC 28G misc	3		QL(150 / 30)
UNISTIK TOUCH SAFETY LANC 30G misc	3		QL(150 / 30)
UNISTRIP1 GENERIC in vitro strip	3		QL(150 / 30)
UNIVERSAL 1 LANCETS THIN 26G misc	3		QL(150 / 30)
UNIVERSAL 1 LANCETS THIN 33G misc	3		QL(150 / 30)
UNIVERSAL 1 LANCETS ULTRA THIN misc	3		QL(150 / 30)
<i>value plus lancet standard 21g misc</i>	1		QL(150 / 30)
<i>value plus lancets super thin misc</i>	1		QL(150 / 30)
<i>value plus lancets thin 26g misc</i>	1		QL(150 / 30)
<i>valumark lancet super thin 30g misc</i>	1		QL(150 / 30)
<i>valumark lancet ultra thin 28g misc</i>	1		QL(150 / 30)
<i>valumark pen needles 29G X 12MM misc</i>	3		QL(150 / 30)
<i>verasens blood glucose test in vitro strip</i>	1		QL(150 / 30)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc	3		QL(150 / 30)
VERIFINE SAFE LANCET MINI 21G misc	3		QL(150 / 30)
VERIFINE SAFE LANCET MINI 23G misc	3		QL(150 / 30)
VERIFINE SAFE LANCET MINI 28G misc	3		QL(150 / 30)
VERIFINE SAFE LANCET MINI 30G misc	3		QL(150 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VERIFINE UNIVERSAL LANCETS 28G misc	3		QL(150 / 30)
VERIFINE UNIVERSAL LANCETS 30G misc	3		QL(150 / 30)
VERIFINE UNIVERSAL LANCETS 33G misc	3		QL(150 / 30)
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc	3		QL(150 / 30)
VIDA MIA UNILET LANCETS 28G misc	3		QL(150 / 30)
VIDA MIA UNILET LANCETS 30G misc	3		QL(150 / 30)
VIVAGUARD INO TEST STRIPS in vitro strip	3		QL(150 / 30)
VIVAGUARD LANCETS misc	3		QL(150 / 30)
<i>walgreens adv travel lancets misc</i>	1		QL(150 / 30)
WALGREENS LANCETS misc	3		QL(150 / 30)
<i>walgreens lancets micro thin misc</i>	1		QL(150 / 30)
<i>walgreens lancets super thin misc</i>	1		QL(150 / 30)
WALGREENS THIN LANCETS misc	3		QL(150 / 30)
WALGREENS ULTRA THIN LANCETS misc	3		QL(150 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		
<i>zevrx twist top lancets 30g misc</i>	3		QL(150 / 30)
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]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	
HOMATROPAIRE 5 % ophth soln	3		
LACRISERT 5 mg ophth insert	2		
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	3		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	2		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	3		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	1	BEPREVE	
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	1	PATADAY	
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	2		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CILOXAN 0.3 % ophth oint	2		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	2		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
<i>acetazolamide sodium 500 mg inj soln</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	2		
BETOPTIC-S 0.25 % ophth susp	2		
<i>brimonidine tartrate 0.1 % ophth soln</i>	1		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
SIMBRINZA 1-0.2 % ophth susp	2		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
<i>timolol maleate pf 0.5 % ophth soln</i>	1	TIMOPTIC	
TIMOPTIC OCUDOSE 0.25 % ophth soln	2		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	2		
ALOMIDE 0.1 % ophth soln	2		
ALREX 0.2 % ophth susp	2		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	2		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
FLAREX 0.1 % ophth susp	2		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	3		
FML FORTE 0.25 % ophth susp	3		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	2		
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	1		
NEVANAC 0.1 % ophth susp	2		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	2		
PRED-G S.O.P. 0.3-0.6 % ophth oint	2		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
ZYLET 0.5-0.3 % ophth susp	2		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
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]			
<i>azelastine hcl 0.1 % nasal soln</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>diphenhydramine hcl 12.5 mg/5ml oral elix</i>	1	BENADRYL	
<i>olopatadine hcl 0.6 % nasal soln</i>	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		QL(30 / 30)
BECONASE AQ 42 mcg/spray nasal susp	2		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30)
<i>budesonide 1 mg/2ml inh susp</i>	1	PULMICORT	QL(120 / 30)
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act	2		QL(120 / 30)
FLOVENT DISKUS 50 mcg/act inh aer pwdr br act	2		QL(240 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLOVENT HFA 220 mcg/act inh aer	2		QL(12 / 30)
FLOVENT HFA 110 mcg/act inh aer, 44 mcg/act inh aer	2		QL(24 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(17 / 30)
OMNARIS 50 mcg/act nasal susp	3		
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		QL(2 / 30)
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		QL(10.6 / 30)
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	2		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(8 / 30)
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwr br act	2		QL(30 / 30)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1		

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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]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(360 / 30)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(360 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)
<i>AUVI-Q 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	3		
<i>ephedrine sulfate (pressors) 50 mg/ml inj soln</i>	1		
<i>epinephrine 1 mg/10ml inj soln pfs, 1 mg/ml inj soln</i>	1		
<i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	
<i>epinephrine pf 1 mg/ml inj soln</i>	1		
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(60 / 30)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(252 / 28)
<i>SEREVENT DISKUS 50 mcg/act inh aer pwdr br act</i>	3		QL(60 / 30)
<i>STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln</i>	3		QL(60 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
CAYSTON 75 mg inh soln	3		
PULMOZYME 2.5 mg/2.5ml inh soln	4		
tobramycin 300 mg/5ml inh neb soln	4	TOBI	
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	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 500 mcg tab	2		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
roflumilast 500 mcg tab	1	DALIRESP	
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	2		
theophylline 80 mg/15ml oral elix, 80 mg/15ml soln	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		
ambrisentan 10 mg tab, 5 mg tab	1	LETAIRIS	PA
OPSUMIT 10 mg tab	4		
sildenafil citrate 20 mg tab	4	REVATIO	PA
treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	1	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TYVASO REFILL 0.6 mg/ml inh soln	4		PA
TYVASO STARTER 0.6 mg/ml inh soln	4		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	4		PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	2		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEYFORTUS 50 mg/0.5ml im soln pfs	4		QL(0.5 / 365), AL
BEYFORTUS 100 mg/ml im soln pfs	4		QL(1 / 365), AL
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
FASENRA 30 mg/ml sc soln pfs	4		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	4		PA
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	2		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
NEBUSAL 3 % inh neb soln, 6 % inh neb soln	3		
NUCALA 100 mg sc soln	4		PA
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 40 mg/0.4ml sc soln pfs	4		PA
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
PULMOSAL 7 % inh neb soln	3		
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	2		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	2		QL(13.8 / 30)
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	4		PA
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	1		QL(60 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act			
XOLAIR 150 mg sc soln	4		PA
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr</i>	1	AMRIX	
DYSPORT 300 unit im soln, 500 unit im soln	4		
LORZONE 375 mg tab, 750 mg tab	2		
<i>metaxalone 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	1	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	2		
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	QL(6 / 15)
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
XEOMIN 100 unit im soln, 50 unit im soln	2		
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 [Benzodiazepinas - Medicamentos Para Ansiedad]			
EDLUAR 10 mg tab subl, 5 mg tab subl	2		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>quazepam 15 mg tab</i>	1	DORAL	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	2		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
AMYTAL SODIUM 500 mg inj soln	3		
<i>armodafinil 150 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	AL
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	AL
<i>pentobarbital sodium 50 mg/ml inj soln</i>	1		
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
XYREM 500 mg/ml soln	4		
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
INFED 50 mg/ml inj soln	3		
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES - DRUGS TO TREAT VITAMIN, MINERAL AND BODY FLUID DEFICIENCIES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITOS - MEDICAMENTOS PARA TRATAR DEFICIENCIAS DE VITAMINAS, MINERALES Y FLUIDOS CORPORALES]			
Electrolyte/mineral Modifiers - Vitamin, Mineral And Body Fluid Deficiency Drugs [Modificadores De Electrolitos/Minerales/Metales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	2		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	
<i>deferiprone 500 mg tab</i>	4	FERRIPROX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEPEN TITRATABS 250 mg tab	2		
FERRIPROX 100 mg/ml soln	4		
<i>penicillamine 250 mg cap</i>	1	CUPRIMINE	
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
SPS 15 gm/60ml susp	3		
<i>tolvaptan 15 mg tab</i>	1	JYNARQUE	
<i>tolvaptan 30 mg tab</i>	1	SAMSCA	
<i>trientine hcl 250 mg cap</i>	4	SYPRINE	
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
<i>cytra k crystals 3300-1002 mg pkt</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff	2		
EFFER-K 25 meq tab eff	3		
<i>folic acid 1 mg tab</i>	1		
GALZIN 25 mg cap, 50 mg cap	2		
<i>hydroxocobalamin acetate 1000 mcg/ml im soln</i>	1		
KLOR-CON 20 meq pkt, 8 meq tab er	3		
KLOR-CON 10 10 meq tab er	3		
KLOR-CON M10 10 meq tab er	3		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	3		
KLOR-CON/EF 25 meq tab eff	3		
K-PHOS NO 2 305-700 mg tab	2		
K-PRIME 25 meq tab eff	3		
NASCOBAL 500 mcg/0.1ml nasal soln	2		
ORACIT 490-640 mg/5ml soln	2		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	3		
<i>phytonadione 5 mg tab</i>	1	MEPHYTON	
<i>potassium chloride 20 meq pkt</i>	1		

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<i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
Vitamins - Vitamin, Mineral And Body Fluid Deficiency Drugs [Vitaminas- Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>50+ adult eye health cap</i>	3		
<i>actical cap</i>	3		
ACTIVNUTRIENTS cap	3		
ACTIVNUTRIENTS PERFORMANCE cap	3		
ACTIVNUTRIENTS W/O IRON cap	3		
ADRENAL C FORMULA tab	3		
<i>advanced eye health cap</i>	3		
ALIVE EVERYDAY IMMUNE HEALTH cap	3		
AMORYN MOOD BOOSTER cap	3		
<i>antioxidant cap</i>	3		
<i>antioxidant formula/minerals cap</i>	3		
APETIBEX cap	3		
APPE-CURB cap	3		
ATABEX EC 29-1 mg tab dr	2		
<i>b complex-c-folic acid tab</i>	1		
BACMIN tab	3		
<i>bariatric multivitamins/iron cap</i>	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>b-complex balanced tab</i>	1		
<i>b-complex/vitamin c tab</i>	1		
<i>b-complex-c (w/folic acid) tab</i>	1		
BIO-35 GLUTEN-FREE cap	3		
BIO-35 IRON FREE cap	3		
<i>biocal cap</i>	3		
<i>biocel tab</i>	1		
<i>body/hair/skin/nails cap</i>	3		
BONEUP cap	3		
BONEUP 3 PER DAY cap	3		
<i>b-plex tab</i>	1		
<i>b-plex plus tab</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	2		
CELEBRATE MULTI-COMPLETE 18 cap	3		
CELEBRATE MULTI-COMPLETE 36 cap	3		
CELEBRATE MULTI-COMPLETE 45 cap	3		
CELEBRATE MULTI-COMPLETE 60 cap	3		
CHOICEFUL MULTIVITAMIN cap	3		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL HARMONY 27-1-260 mg cap	3		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	2		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
<i>coral calcium plus cap</i>	3		
CORVITA tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs adult 50+ eye health cap</i>	3		
<i>cvs eye health adult 50+ cap</i>	3		
<i>cvs vision health cap</i>	3		
<i>daily multivitamin cap</i>	3		
<i>daily vitamin plus cap</i>	3		
DECUBI-VITE cap	3		
DEKAS PLUS cap	3		
DEKAS PLUS OCEAN cap	3		
DIALYVITE tab	3		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE SUPREME D tab	3		
DIALYVITE/ZINC tab	3		
DRY EYE FORMULA cap	3		
DUET DHA 400 25-1 & 400 mg oral misc	3		
DUET DHA BALANCED 25-1 & 267 mg oral misc	3		
ELITE-OB 50-1.25 mg tab	2		
ENBRACE HR cap	3		
<i>eq vision formula 50+ cap</i>	3		
<i>eql super b complex/vitamin c tab</i>	1		
<i>eye health cap</i>	3		
<i>eye multivitamin cap</i>	3		
<i>eye multivitamin/lutein cap</i>	3		
EYE VITAMINS cap	3		
FLORIVA 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
FLORIVA PLUS 0.25 mg/ml soln	3		
<i>folbee plus tab</i>	1		
FOLBEE PLUS CZ 5 mg tab	3		
FOLGARD OS 500-1.1 mg tab	3		
FOLIVANE-OB 85-1 mg cap	2		
<i>genadek step 1 cap</i>	3		
<i>genadek step 2 cap</i>	3		
<i>glucoten cap</i>	3		
<i>gnp healthy eyes supervision 2 cap</i>	3		
<i>hair skin nails cap</i>	3		
<i>hair/skin/nails cap</i>	3		
<i>healthy eyes supervision 2 cap</i>	3		
<i>healthy eyes/lutein-zeaxanthin cap</i>	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ICAPS cap	3		
ICAPS LUTEIN & OMEGA-3 cap	3		
IMMUNE ESSENTIALS DAILY cap	3		
INATAL GT tab	2		
<i>kp b complex-c tab</i>	1		
LYSIPLEX PLUS tab	3		
MACULAR HEALTH FORMULA cap	3		
<i>mens 50+ advanced cap</i>	3		
<i>mens daily formula/lycopene cap</i>	3		
MOOD FOOD cap	3		
MOOD FOOD ES cap	3		
MULTI COMPLETE cap	3		
<i>multi for her cap</i>	3		
<i>multi for her 50+ cap</i>	3		
MULTI FOR HIM cap	3		
<i>multivitamin/fluoride 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew</i>	1		
<i>multivitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i>	1		
<i>multivitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
MVW COMPLETE FORMULATION cap	3		
MVW COMPLETE FORMULATION D3000 cap	3		
MVW COMPLETE FORMULATION D5000 cap	3		
MVW COMPLETE FORMULATION MINIS cap	3		
MVW SOFTGEL MINIS cap	3		
MYNEPHRON 1 mg cap	3		
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	2		
NEEVO DHA 27-1.13 mg cap	3		
NEPHPLEX RX tab	3		
NEPHRONEX tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	2		
NICADAN tab	3		
NICAZEL tab	3		
NICAZEL FORTE tab	3		
<i>nicotinamide 750-27-2-0.5 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	2		
NUTRICAP tab	3		
NUTRIFAC ZX tab	3		
NUTRIVIT liq	3		
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	2		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	2		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc	2		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	2		
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 mg cap	3		
OBTREX DHA 29-1 & 350 mg oral misc	2		
OCUVEL cap	3		
OCUVITE ADULT 50+ cap	3		
OCUVITE ADULT FORMULA cap	3		
OCUVITE EYE HEALTH FORMULA cap	3		
OCUVITE-LUTEIN cap	3		
<i>one-daily multi caps cap</i>	3		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
POLY-VI-FLOR 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
POLY-VI-FLOR 0.25 mg/ml susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
POLY-VI-FLOR/IRON 0.25-7 mg/ml susp	3		
<i>prena 1 true 30-1.4 & 300 mg oral misc</i>	1		
<i>prena1 1.4 mg tab chew</i>	1		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	1		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	2		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab, tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	2		
PRENATE 0.6-0.4 mg tab chew	3		
PRENATE AM 1 mg tab	3		
PRENATE DHA 18-0.6-0.4-300 mg cap	3		
PRENATE ELITE 20-0.6-0.4 mg tab	3		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	3		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	3		
PRENATE MINI 18-0.6-0.4-350 mg cap	3		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	3		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	3		
PRESERVISION AREDS cap	3		
PRESERVISION AREDS 2 cap	3		
PRESERVISION AREDS 2+MULTI VIT cap	3		
PRESERVISION/LUTEIN cap	3		
<i>prevent cap</i>	3		
PRORENAL + D W/ OMEGA-3 cap	3		
PROTECT CARDIO AF cap	3		
PROTECT PLUS SO cap	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROTEGRA cap	3		
PROVIDA OB 20-20-1.25 mg cap	3		
<i>px b complex/vitamin c tab</i>	1		
QC OCUHEALTH VISION SUPPORT 2 cap	3		
QUFLORA PEDIATRIC 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
QUFLORA PEDIATRIC 0.25 mg/ml soln, 0.5 mg/ml soln	3		
RENAL 1 mg cap	3		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
<i>reno caps 1 mg cap</i>	1		
SELECT-OB 29-1 mg tab chew	2		
SELECT-OB 29-0.6-0.4 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
SIDEROL tab	3		
<i>sm b super vitamin complex tab</i>	1		
<i>sm b-complex/vitamin c tab</i>	1		
SOFTGELS cap	3		
<i>stress formula (folic acid) tab</i>	1		
STROVITE ONE tab	3		
<i>super antioxidant cap</i>	3		
<i>super antioxidants protector cap</i>	3		
<i>super b complex/fa/vit c tab</i>	1		
<i>super b-complex/vit c/fa tab</i>	1		
SUPERVITE liq	3		
<i>support liq</i>	1		
SUPPORT-500 cap	3		
SYSTANE ICAPS AREDS2 cap	3		
TARON-C DHA 35-1 mg cap	2		
THERAMILL FORTE cap	3		
THERANATAL LACTATION ONE cap	3		
<i>thrivite rx 29-1 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRICARE tab	2		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	2		
<i>triphrocaps 1 mg cap</i>	1		
TRI-VI-FLOR 0.25 mg/ml susp, 0.5 mg/ml susp	3		
<i>tri-vi-floro 0.25 mg/ml susp, 0.5 mg/ml susp</i>	1		
UDAMIN SP tab	3		
<i>ultra multi formula/iron cap</i>	3		
<i>urosex tab</i>	1		
<i>v-c forte cap</i>	1		
VIC-FORTE cap	3		
VINATE DHA RF 27-1.13 mg cap	3		
VINATE II 29-1 mg tab	2		
VINATE ONE 60-1 mg tab	2		
<i>virt-caps 1 mg cap</i>	1		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
<i>vision formula 2 cap</i>	3		
<i>vision health cap</i>	3		
<i>vision plus cap</i>	3		
VISTA ADVANCED AREDS2 FORMULA cap	3		
VISTA ADVANCED DRY EYE FORMULA cap	3		
VITA S FORTE tab	3		
<i>vitabex cap</i>	3		
<i>vitabex plus cap</i>	3		
VITACEL tab	3		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	3		
VITAFOL-NANO 18-0.6-0.4 mg tab	3		
VITAFOL-OB tab	2		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAL-D RX 1 mg tab	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		

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VITAMEDMD REDICHEW RX 1.4 mg tab chew	3		
<i>vita-min cap</i>	3		
<i>vitamins acd-fluoride 0.25 mg/ml soln</i>	1		
VITAPEARL 30-1.4-200 mg cap er	3		
VITATRUE 30-1.4 & 300 mg oral misc	3		
VITEYES CLASSIC ADVANCED cap	3		
VITEYES CLASSIC MACULAR SUPPOR cap	3		
VITEYES CLASSIC+OMEGA-3 cap	3		
VITEYES COMPLETE cap	3		
VIVA DHA 28-1-200 mg cap	2		
<i>vp-vite rx 1 mg tab</i>	1		
<i>womens 50+ advanced cap</i>	3		
<i>womens multi cap</i>	3		
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		

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1		
1st tier unifine pentips	105	
1st tier unifine pentips plus.....	105	
1st tier unilet comfortouch	105	
5		
50+ adult eye health.....	140	
A		
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<i>methenamine hippurate</i>	25
<i>methenamine mandelate</i>	25
<i>methimazole</i>	100
<i>methitest</i>	90
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<i>methotrexate sodium</i>	102
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