DRUG FORMULARY 2025

TRIPLE-S ADVANTAGE

Triple-S Advantage

2025 Formulary

(List of Covered Drugs or "Drug List")

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID: 00025412, Version 20

This formulary was updated on **September 23, 2025**. We have made no changes to this formulary since **September 23, 2025**. For more recent information or other questions, please contact Triple-S Advantage Member Service at 1-888-620-1919 (TTY users should call 1-866-620-2520), Monday to Sunday from 8:00 a.m. to 8:00 p.m. or visit www.sssadvantage.com.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means Triple-S Advantage. When it refers to "plan" or "our plan," it means **Real (HMO), Enlace Plus (HMO), Contigo Plus (HMO-SNP), Magno (HMO-POS), Brillante (HMO-POS), Óptimo Plus (PPO), Triple-S Advantage Group Plan (HMO) and Triple-S Advantage Group Plan (PPO).**

This document includes a Drug List (formulary) for our plan which is current as of **September 23, 2025**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the Triple-S Advantage formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Triple-S Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Triple-S Advantage may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.sssadvantage.com.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Triple-S Advantage’s Formulary?”

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Triple-S Advantage’s ’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **September 23, 2025**. To get updated information about the drugs covered by **Real (HMO), Enlace Plus (HMO), Contigo Plus (HMO-SNP), Magno (HMO-POS), Brillante (HMO-POS), Óptimo Plus (PPO), Triple-S Advantage Group Plan (HMO) y Triple-S Advantage Group Plan (PPO)**, please contact us. Our contact information appears on the front and back cover pages. In the case of mid-year formulary changes to non-maintenance drugs, all affected members will be notified by mail (at least 60 days before the change becomes effective). Our plan updates the printed formulary each month, and you can access the updated formulary by visiting www.sssadvantage.com.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on **page 15**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used

to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on **page 13**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 87**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Triple-S Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 9 tabs for 30 days per prescription for *sumatriptan 100mg tabs*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 15**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our, prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Triple-S Advantage's formulary?" on **page 6** for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. Our plan will provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Triple-S Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Triple-S Advantage's Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

The following is the transition process for current members with level of care changes.

Level of Care Changes

- Level of Care Changes- include the following changes from one treatment setting to another:
    a. Beneficiaries discharged from a hospital to a home.
    b. Beneficiaries who end a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges), and revert to coverage under Part D.
    c. Beneficiaries who give up hospice status to revert standard Medicare Part A and B benefits.
    d. Beneficiaries who end a long-term care facility and return to the community.
    e. Beneficiaries who are discharged from a psychiatric hospital with drugs regimens that are highly individualized.

Transition processes will allow a one-month transition supplies to be provided to current enrollees with Level of Care Changes. For more information, you can contact Triple-S Advantage Member Services.

For more information

For more detailed information about your Triple-S Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Triple-S Advantage, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Triple-S Advantage Formulary

The formulary provides coverage information about the drugs covered by Triple-S Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on **page 87**.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lower-case italics (e.g., *diclofenac potassium*).

The information in the Requirements/Limits column tells you if Triple-S Advantage has any special requirements for coverage of your drug.

ABBREVIATIONS DESCRIPTION REQUIREMENTS / LIMITS

Description	Abbreviations
High Risk This prescription drug is considered high risk for people 65 years of age and older.	HR
Home Infusion This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-620-1919, from Monday to Sunday from 8:00 a.m. to 8:00 p.m. TTY users should call 1-866-620-2520 or visit www.sssadvantage.com.	HI
Limit Access This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-888-620-1919, from Monday to Sunday from 8:00 a.m. to 8:00 p.m. TTY users should call 1-866-620-2520 or visit www.sssadvantage.com.	LA
Mail Order	MO
Prior Authorization	PA
Prior Authorization B vs D	PA (*)
Prior Authorization Clinical Criteria and Part B vs D	PA^
Quantity Limit	QL
First Fill Quantity Limit	FQL
Step Therapy	ST

At the end of the formulary you will find a chart name *"List of additional covered medication";* This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Member Services also has free language interpreter services available for non-English speakers.

This document is also available in alternate formats such as Braille, large print, and audio tapes.

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Dosage Form and Route of Administrations, Abbreviations

Description [Descripción]	Abbreviation [Abreviatura]
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
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
intravenous injectable [inyectable intravenoso]	iv inj
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat paste [pasta para boca/garganta]	m/t paste
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth

Description [Descripción]	Abbreviation [Abreviatura]
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
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

Table of Contents

Formulary Drug List

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS [ANALGÉSICOS]			
Analgesics (combination Product) [Analgésicos (Productos En Combinación)]			
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30)
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30)
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	QL(180 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	2	ESGIC	PA, QL(180 / 30), HR
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	2	ARTHROTEC	MO
endocet 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
endocet 5-325 mg tab	1	PERCOCET	QL(360 / 30)
endocet 10-325 mg tab	2	PERCOCET	QL(180 / 30)
hydrocodone-acetaminophen 7.5-325 mg tab	1	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	1	NORCO	QL(360 / 30)
hydrocodone-acetaminophen 10-325 mg tab	2	NORCO	QL(180 / 30)
JOURNAVX 50 mg tab	4		QL(30 / 90)
oxycodone-acetaminophen 5-325 mg tab	1	PERCOCET	QL(360 / 30)
oxycodone-acetaminophen 10-325 mg tab	2	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	2	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab	2	PERCOCET	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
celecoxib 100 mg cap	1	CELEBREX	ST, MO
celecoxib 200 mg cap, 400 mg cap, 50 mg cap	2	CELEBREX	ST, MO
diclofenac epolamine 1.3 % patch	2	FLECTOR	QL(60 / 30)
diclofenac potassium 50 mg tab	2	CATAFLAM	MO
diclofenac sodium 1.5 % ext soln	2	PENNSAID	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diclofenac sodium 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	MO
diclofenac sodium 25 mg tab dr	2	VOLTAREN	MO
diclofenac sodium er 100 mg tab er 24 hr	2	VOLTAREN XR	MO
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	2	LODINE	MO
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	2	LODINE XL	MO
flurbiprofen 100 mg tab	2	ANSAID	MO
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	MO
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	2	INDOCIN	PA, MO, HR
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	MO
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	MO
naproxen 250 mg tab, 375 mg tab, 500 mg tab	1	NAPROSYN	MO
naproxen 375 mg tab dr	2	NAPROSYN	MO
naproxen dr 500 mg tab dr	2	NAPROSYN	MO
naproxen sodium 275 mg tab, 550 mg tab	2	ANAPROX	MO
piroxicam 10 mg cap, 20 mg cap	2	FELDENE	MO
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	MO
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	2	DURAGESIC	PA, QL(10 / 30)
fentanyl 87.5 mcg/hr td patch 72 hr	5	DURAGESIC	PA, QL(10 / 30)
morphine sulfate er 100 mg tab er	2	MS CONTIN	PA, QL(36 / 30)
morphine sulfate er 200 mg tab er	2	MS CONTIN	PA, QL(60 / 30)
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	2	MS CONTIN	PA, QL(90 / 30)
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
DEMEROL 50 mg/ml inj soln	4		PA, HR
meperidine hcl 50 mg/ml inj soln	2	DEMEROL	PA, HR
morphine sulfate 15 mg tab, 30 mg tab	2		QL(180 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln	2	ROXANOL	
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30)
ANESTHETICS [ANESTÉSICOS]			
Local Anesthetics [Anestésicos Locales]			

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lidocaine 5 % patch	2	LIDODERM	PA
lidocaine hcl 4 % ext soln	2	XYLOCAINE	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/anti-craving [Disuasivos Del Alcohol/Anti Ansiedad]			
acamprosate calcium 333 mg tab dr	2	CAMPRAL	MO
disulfiram 250 mg tab, 500 mg tab	2	ANTABUSE	MO
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
buprenorphine hcl 2 mg tab subl	2	SUBUTEX	QL(90 / 30)
buprenorphine hcl 8 mg tab subl	2	SUBUTEX	QL(360 / 30)
buprenorphine hcl-naloxone hcl 12-3 mg subl film	2	SUBOXONE	QL(60 / 30)
buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl	2	SUBOXONE	QL(90 / 30)
buprenorphine hcl-naloxone hcl 2-0.5 mg subl film	2	SUBOXONE	QL(120 / 30)
buprenorphine hcl-naloxone hcl 4-1 mg subl film	2	SUBOXONE	QL(180 / 30)
buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl	2	SUBOXONE	QL(240 / 30)
naltrexone hcl 50 mg tab	2	REVIA	
Opioid Reversal Agents [Agentes Para La Reversión De Opioides]			
naloxone hcl 0.4 mg/ml inj soln cart	1	NARCAN	
naloxone hcl 0.4 mg/ml inj soln, 2 mg/2ml inj soln pfs	2	NARCAN	
OPVEE 2.7 mg/0.1ml nasal soln	4		
Smoking Cessation Agents [Agentes Para La Cesación De Fumar]			
bupropion hcl 100 mg tab	1	WELLBUTRIN	QL(90 / 30), MO
bupropion hcl 75 mg tab	2	WELLBUTRIN	QL(180 / 30), MO
bupropion hcl er (smoking det) 150 mg tab er 12 hr	2	ZYBAN	QL(60 / 30)
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	1	WELLBUTRIN SR	QL(60 / 30), MO
bupropion hcl er (sr) 200 mg tab er 12 hr	2	WELLBUTRIN SR	QL(60 / 30), MO
bupropion hcl er (xl) 300 mg tab er 24 hr	2	WELLBUTRIN XL	QL(30 / 30), MO
bupropion hcl er (xl) 150 mg tab er 24 hr	2	WELLBUTRIN XL	QL(60 / 30), MO
NICOTROL NS 10 mg/ml nasal soln	4		QL(360 / 365)
varenicline tartrate 0.5 mg tab, 1 mg tab	3	CHANTIX	PA, QL(336 / 365)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack	3	CHANTIX	PA, QL(53 / 28)
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
amikacin sulfate 500 mg/2ml inj soln	2	AMIKIN	HI
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
gentamicin sulfate 0.1 % crm, 0.1 % oint	2	GARAMYCIN	
gentamicin sulfate 40 mg/ml inj soln	1	GENTAK	PA(*), HI
neomycin sulfate 500 mg tab	1		
streptomycin sulfate 1 gm im soln	2		PA(*)
tobramycin 0.3 % ophth soln	1	TOBREX	
tobramycin sulfate 80 mg/2ml inj soln	1		PA(*), HI
tobramycin sulfate 10 mg/ml inj soln	2		PA(*), HI
Antibacterials (combination Product) [Antibacterianos (Productos En Combinación)]			
ampicillin-sulbactam sodium 3 (2-1) gm inj soln	2	UNASYN	HI
ampicillin-sulbactam sodium 15 (10-5) gm iv soln	2	UNASYN	PA(*), HI
imipenem-cilastatin 250 mg iv soln, 500 mg iv soln	2	PRIMAXIN	PA(*), HI
piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln	2	ZOSYN	HI
Antibacterials, Other [Antibacterianos, Otros]			
acetic acid 2 % otic soln	2	VOSOL	
alcohol preps pad	1		
bacitracin 500 unit/gm ophth oint	2	BACI-IM	
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	2	CLEOCIN	
clindamycin phos (once-daily) 1 % gel	2	CLEOCIN-T	
clindamycin phos (twice-daily) 1 % gel	2	CLEOCIN-T	
clindamycin phosphate 2 % vag crm	2	CLEOCIN	
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln	2	CLEOCIN	HI
clindamycin phosphate 900 mg/6ml inj soln	2	CLEOCIN	PA(*), HI
clindamycin phosphate 1 % swab	2	CLEOCIN-T	
clindamycin phosphate 1 % ext soln	2	CLEOCIN-T	
clindamycin phosphate in d5w 300 mg/50ml iv soln, 600 mg/50ml iv soln, 900 mg/50ml iv soln	2	CLEOCIN	PA(*), HI

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
colistimethate sodium (cba) 150 mg inj soln	2	COLY-MYCIN	PA(*), HI
daptomycin 350 mg iv soln	5		HI, FQL
daptomycin 500 mg iv soln	5	CUBICIN	HI, FQL
FIRVANQ 25 mg/ml soln	3		
FIRVANQ 50 mg/ml soln	4		
linezolid 600 mg tab	2	ZYVOX	PA
linezolid 600 mg/300ml iv soln	2	ZYVOX	PA(*), HI, FQL
linezolid 100 mg/5ml susp	5	ZYVOX	PA, FQL
LIVTENCITY 200 mg tab	5		PA, MO
MACRODANTIN 25 mg cap, 50 mg cap	4		QL(90 / 90), HR
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 500 mg/100ml iv soln	2	FLAGYL	PA(*), HI
metronidazole 0.75 % crm	2	METROCREAM	
metronidazole 0.75 % gel, 0.75 % vag gel	2	METROGEL	
metronidazole 0.75 % lot	2	METROLOTION	
mupirocin 2 % oint	1	BACTROBAN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	2	MACRODANTIN	QL(90 / 90), HR
nitrofurantoin monohyd macro 100 mg cap	2	MACROBID	QL(90 / 90), HR
polymyxin b sulfate 500000 unit inj soln	2		PA(*), HI
SIVEXTRO 200 mg tab	5		PA, FQL
SIVEXTRO 200 mg iv soln	5		PA(*), HI
SULFAMYLON 85 mg/gm crm	4		
tigecycline 50 mg iv soln	5	TYGACIL	PA(*), HI
tinidazole 250 mg tab, 500 mg tab	2	TINDAMAX	
trimethoprim 100 mg tab	1	PROLOPRIM	
VANCOCIN 125 mg cap	4		FQL
VANCOCIN 250 mg cap	5		FQL
vancomycin hcl 1 gm iv soln, 750 mg iv soln	2		HI
vancomycin hcl 125 mg cap, 250 mg cap	2	VANCOCIN	FQL
vancomycin hcl 500 mg iv soln	2	VANCOCIN	HI
vancomycin hcl 10 gm iv soln	2	VANCOCIN	PA(*), HI, FQL
XDEMVY 0.25 % ophth soln	5		PA, QL(10 / 42)
XIFAXAN 550 mg tab	5		PA, MO, FQL
ZYVOX 600 mg/300ml iv soln	4		PA(*), HI, FQL
ZYVOX 100 mg/5ml susp	5		PA
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
cefaclor 250 mg cap, 500 mg cap	2	CECLOR	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 1 gm tab	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefazolin sodium 1 gm inj soln	1	ANCEF	HI
cefazolin sodium 500 mg inj soln	2	ANCEF	HI
cefazolin sodium 10 gm inj soln	2	ANCEF	PA(*), HI
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	2	OMNICEF	
cefepime hcl 1 gm inj soln, 2 gm iv soln	2	MAXIPIME	HI
cefixime 400 mg cap	2	SUPRAX	FQL
cefoxitin sodium 10 gm iv soln	2		PA(*), HI
cefoxitin sodium 1 gm iv soln, 2 gm iv soln	2	MEFOXIN	PA(*), HI
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	2	VANTIN	
ceftazidime 2 gm iv soln	2		HI
ceftazidime 1 gm inj soln, 6 gm inj soln	2	FORTAZ	PA(*), HI
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
ceftriaxone sodium 10 gm iv soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	2	CEFTIN	
cefuroxime sodium 1.5 gm iv soln, 750 mg inj soln	2	ZINACEF	PA(*), HI
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	
TEFLARO 400 mg iv soln, 600 mg iv soln	5		PA(*), HI, FQL
Beta-lactam, Other [Beta-Lactámicos, Otros]			
aztreonam 1 gm inj soln	2	AZACTAM	HI
ertapenem sodium 1 gm inj soln	2	INVANZ	HI
meropenem 500 mg iv soln	2	MERREM	HI
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 875 mg tab	1	AMOXIL	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 250-125 mg tab	2	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	2	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	2	AUGMENTIN XR	
ampicillin 500 mg cap	1		
ampicillin sodium 10 gm iv soln	2		PA(*), HI
ampicillin sodium 1 gm inj soln	2	TOTACILLIN-N	PA(*), HI
BICILLIN C-R 1200000 unit/2ml im susp	4		PA(*), FQL
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		PA(*), FQL
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		FQL
dicloxacillin sodium 250 mg cap, 500 mg cap	2	DYCILL	
oxacillin sodium 1 gm inj soln, 10 gm iv soln, 2 gm inj soln	2		PA(*), HI
penicillin g pot in dextrose 40000 unit/ml iv soln, 60000 unit/ml iv soln	2		PA(*), HI
penicillin g potassium 20000000 unit inj soln	2	PFIZERPEN	PA(*), HI
penicillin g sodium 5000000 unit inj soln	5		PA(*), HI, FQL
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	
Macrolides [Macrólidos]			
AZASITE 1 % ophth soln	4		
azithromycin 250 mg tab, 250 mg tab pack, 500 mg tab, 500 mg tab pack	1	ZITHROMAX	
azithromycin 600 mg tab	2	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	2	ZITHROMAX	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
azithromycin 500 mg iv soln	2	ZITHROMAX	PA(*), HI
clarithromycin 250 mg tab	1	BIAXIN	
clarithromycin 500 mg tab	2	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	2	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	2	BIAXIN XL	
DIFICID 40 mg/ml susp	5		
DIFICID 200 mg tab	5		QL(20 / 10)
ery 2 % pad	3		
ERYTHROCIN LACTOBIONATE 500 mg iv soln	4		PA(*), HI, FQL
erythromycin 500 mg tab dr	2	ERY-TAB	FQL
erythromycin 2 % ext soln	2	ERYDERM	
erythromycin 2 % gel	2	ERYGEL	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
erythromycin ethylsuccinate 400 mg tab	2	E.E.S.	
Quinolones [Quinolonas]			
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
ciprofloxacin in d5w 200 mg/100ml iv soln	2	CIPRO	PA(*), HI
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	2	LEVAQUIN	
levofloxacin in d5w 500 mg/100ml iv soln	2	LEVAQUIN	HI
moxifloxacin hcl 400 mg tab	2	AVELOX	
moxifloxacin hcl in nacl 400 mg/250ml iv soln	2	AVELOX	PA(*), HI
ofloxacin 400 mg tab	2	FLOXIN	
ofloxacin 0.3 % otic soln	2	FLOXIN	
ofloxacin 0.3 % ophth soln	2	OCUFLOX	
Sulfonamides [Sulfonamidas]			
silver sulfadiazine 1 % crm	2	SILVADENE	
SSD 1 % crm	2		
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	2	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	2	KLARON	
sulfadiazine 500 mg tab	2		FQL
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	2	SEPTRA	
Tetracyclines [Tetraciclinas]			
DOXY 100 100 mg iv soln	4		PA(*), HI
doxycycline monohydrate 100 mg cap, 50 mg cap	1	MONODOX	
doxycycline monohydrate 75 mg cap	2	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	2	VIBRAMYCIN	
minocycline hcl 100 mg cap, 50 mg cap	1	MINOCIN	
minocycline hcl 75 mg cap	2	MINOCIN	
tetracycline hcl 250 mg cap, 500 mg cap	2		
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		MO
BRIVIACT 10 mg/ml soln	5		MO
EPIDIOLEX 100 mg/ml soln	5		PA, MO, FQL
FINTEPLA 2.2 mg/ml soln	5		MO, FQL
levetiracetam 250 mg tab, 500 mg tab	1	KEPPRA	MO
levetiracetam 1000 mg tab, 750 mg tab	2	KEPPRA	MO
levetiracetam 100 mg/ml soln	2	KEPPRA	MO
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA XR	MO
NAYZILAM 5 mg/0.1ml nasal soln	4		
SPRITAM 250 mg tab disint sol, 500 mg tab disint sol	4		MO, FQL
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
CELONTIN 300 mg cap	4		MO, FQL
ethosuximide 250 mg cap	2	ZARONTIN	MO
ethosuximide 250 mg/5ml soln	2	ZARONTIN	MO
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	2	LYRICA	MO
pregabalin 20 mg/ml soln	2	LYRICA	QL(900 / 30), MO
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	2	LYRICA CR	MO
ZARONTIN 250 mg cap	4		MO, FQL
ZARONTIN 250 mg/5ml soln	4		MO, FQL
ZONISADE 100 mg/5ml susp	4		MO
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	2	ZONEGRAN	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Gamma-aminobutyric Acid (gaba) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba)]			
clobazam 10 mg tab, 20 mg tab	2	ONFI	MO, FQL
clobazam 2.5 mg/ml susp	2	ONFI	MO, FQL
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	KLONOPIN	QL(120 / 30)
clonazepam 2 mg tab, 2 mg tab disint	2	KLONOPIN	QL(300 / 30)
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		MO
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	5		MO, FQL
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	2	DIASTAT	
diazepam 5 mg/5ml soln	2	VALIUM	
diazepam 10 mg tab	2	VALIUM	QL(120 / 30)
diazepam 5 mg tab	2	VALIUM	QL(240 / 30)
diazepam 2 mg tab	2	VALIUM	QL(360 / 30)
DIAZEPAM INTENSOL 5 mg/ml oral conc	2		
divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	MO
divalproex sodium 125 mg cap dr sprinkle	2	DEPAKOTE	MO
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE ER	MO
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	MO
gabapentin 250 mg/5ml soln	2	NEURONTIN	MO
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	2	ATIVAN	
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		
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	2		PA, MO, HR
phenobarbital 20 mg/5ml oral elix	2		PA, MO, HR
primidone 125 mg tab	2		MO
primidone 50 mg tab	1	MYSOLINE	MO
primidone 250 mg tab	2	MYSOLINE	MO
SYMPAZAN 5 mg oral film	4		MO
SYMPAZAN 10 mg oral film, 20 mg oral film	5		MO
tiagabine hcl 2 mg tab	2	GABITRIL	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tiagabine hcl 12 mg tab, 16 mg tab, 4 mg tab	2	GABITRIL	MO, FQL
valproic acid 250 mg cap	2	DEPAKENE	MO
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	5		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	5		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	5		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	5		
vigabatrin 500 mg pckt, 500 mg tab	5	SABRIL	LA, MO, FQL
VIGAFYDE 100 mg/ml soln	5		PA, MO, FQL
ZTALMY 50 mg/ml susp	5		PA, MO, FQL
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
EPRONTIA 25 mg/ml soln	4		MO
felbamate 400 mg tab, 600 mg tab	2	FELBATOL	MO
felbamate 600 mg/5ml susp	2	FELBATOL	MO
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		MO, FQL
FYCOMPA 0.5 mg/ml susp	4		MO, FQL
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	1	LAMICTAL	MO
lamotrigine 25 mg tab chew, 5 mg tab chew	2	LAMICTAL	MO
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	2	LAMICTAL ODT	
lamotrigine starter kit-blue 35 x 25 mg oral kit	2	LAMICTAL STARTER	
lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit	2	LAMICTAL STARTER	
lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit	2	LAMICTAL STARTER	
topiramate 50 mg cap sprinkle	2		MO
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	MO
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	2	TOPAMAX	MO
topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	2	QUDEXY XR	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
XCOPRI 25 mg tab	3		PA, MO, FQL
XCOPRI 14 x 12.5 MG & 14 x 25 mg tab pack	4		PA, FQL
XCOPRI 14 x 150 MG & 14 x200 mg tab pack, 14 x 50 MG & 14 x100 mg tab pack	5		PA, FQL
XCOPRI 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA, MO, FQL
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	5		PA, MO, FQL
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	5		PA, MO, FQL
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
BANZEL 40 mg/ml susp	5		MO, FQL
carbamazepine 200 mg tab chew	2		MO
carbamazepine 100 mg tab chew, 200 mg tab	2	TEGRETOL	MO
carbamazepine 100 mg/5ml susp	2	TEGRETOL	MO
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2	TEGRETOL XR	MO
DILANTIN 100 mg cap, 30 mg cap	4		MO
DILANTIN INFATABS 50 mg tab chew	4		MO
DILANTIN-125 125 mg/5ml susp	4		MO
eslicarbazepine acetate 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	2		MO, FQL
lacosamide 10 mg/ml soln	1	VIMPAT	MO
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2	VIMPAT	MO, FQL
oxcarbazepine 150 mg tab	1	TRILEPTAL	MO
oxcarbazepine 300 mg tab, 600 mg tab	2	TRILEPTAL	MO
oxcarbazepine 300 mg/5ml susp	2	TRILEPTAL	MO
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr	4		ST, MO
OXTELLAR XR 600 mg tab er 24 hr	5		ST, MO
phenytek 200 mg cap, 300 mg cap	2	DILANTIN	MO
phenytoin 50 mg tab chew	2	DILANTIN	MO
phenytoin 125 mg/5ml susp	2	DILANTIN	MO
phenytoin sodium extended 100 mg cap	2	DILANTIN	MO
rufinamide 200 mg tab	2	BANZEL	MO, FQL
rufinamide 400 mg tab	5	BANZEL	MO, FQL
TRILEPTAL 300 mg/5ml susp	4		MO
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
donepezil hcl 10 mg tab, 5 mg tab	1	ARICEPT	MO
donepezil hcl 23 mg tab	2	ARICEPT	MO
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	MO
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	QL(60 / 30), MO
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	QL(180 / 30), MO
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	QL(30 / 30), MO
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2	EXELON	MO
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	MO
N-methyl-d-aspartate (nmda) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda)]			
memantine hcl 10 mg tab, 5 mg tab	1	NAMENDA	MO
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	
memantine hcl 2 mg/ml soln	2	NAMENDA	PA, MO
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	2	NAMENDA XR	PA, MO
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants, Other [Antidepresivos, Otros]			
ABILIFY ASIMTUFII 720 mg/2.4ml im pfs, 960 mg/3.2ml im pfs	5		ST
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		ST, MO, FQL
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ABILIFY	MO
aripiprazole 1 mg/ml soln	2	ABILIFY	ST, MO, FQL
aripiprazole 10 mg tab disint, 15 mg tab disint	2	ABILIFY DISCMELT	ST, MO, FQL
AUVELITY 45-105 mg tab er	4		QL(60 / 30), ST, MO
mirtazapine 15 mg tab, 30 mg tab, 45 mg tab	1	REMERON	QL(30 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	2	REMERON	QL(30 / 30), MO
mirtazapine 7.5 mg tab	2	REMERON	QL(60 / 30), MO
OPIPZA 10 mg oral film, 2 mg oral film, 5 mg oral film	5		ST, MO
quetiapine fumarate 150 mg tab	2		QL(60 / 30), MO
quetiapine fumarate 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30), MO
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30), MO
ZURZUVAE 20 mg cap, 25 mg cap, 30 mg cap	5		PA, QL(28 / 365)
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminooxidasa]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	5		MO, FQL
MARPLAN 10 mg tab	4		MO, FQL
NARDIL 15 mg tab	4		MO
phenelzine sulfate 15 mg tab	2	NARDIL	MO
tranylcypromine sulfate 10 mg tab	2	PARNATE	MO
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin - Norepinephrine Reuptake Inhibitors) [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina - Norepinefrina)]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	MO
citalopram hydrobromide 10 mg/5ml soln	2	CELEXA	MO
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	2	KHEDEZLA	QL(30 / 30), ST, MO
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	2	PRISTIQ	QL(30 / 30), ST, MO
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		MO
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	MO
escitalopram oxalate 20 mg tab	1	LEXAPRO	QL(30 / 30), MO
escitalopram oxalate 10 mg tab, 5 mg tab	1	LEXAPRO	QL(60 / 30), MO
escitalopram oxalate 5 mg/5ml soln	2	LEXAPRO	QL(600 / 30), MO
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		ST, MO, FQL

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		ST
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	PROZAC	MO
fluoxetine hcl 60 mg tab	2	PROZAC	MO
fluoxetine hcl 20 mg/5ml soln	2	PROZAC	MO
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	2	LUVOX	MO
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	SERZONE	MO
paroxetine hcl 10 mg/5ml susp	1	PAXIL	PA, MO, HR
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	PA, MO, HR
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	2	PAXIL CR	PA, MO, HR
RALDESY 10 mg/ml soln	5		PA, MO
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	MO
sertraline hcl 20 mg/ml oral conc	2	ZOLOFT	MO
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	MO
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		MO, FQL
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	QL(90 / 30), MO
venlafaxine hcl er 150 mg cap er 24 hr	1	EFFEXOR XR	QL(30 / 30), MO
venlafaxine hcl er 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	QL(60 / 30), MO
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	2	VIIBRYD	ST, MO
Tricyclics [Tricíclicos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	ELAVIL	MO, HR
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	2	ASENDIN	MO, HR
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	2	ANAFRANIL	MO, HR, FQL
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	NORPRAMIN	MO, HR

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	MO, HR
doxepin hcl 10 mg/ml oral conc	2	SINEQUAN	MO, HR
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	TOFRANIL	MO, HR
imipramine pamoate 125 mg cap	2	TOFRANIL-PM	MO, HR
imipramine pamoate 100 mg cap, 150 mg cap, 75 mg cap	2	TOFRANIL-PM	MO, HR, FQL
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	PAMELOR	MO, HR
nortriptyline hcl 10 mg/5ml soln	2	PAMELOR	MO, HR
protriptyline hcl 10 mg tab, 5 mg tab	2	VIVACTIL	MO, HR
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	2	SURMONTIL	MO, HR
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc	4		MO, FQL
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	THORAZINE	MO, FQL
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	HR
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 5 mg/5ml soln	2	REGLAN	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	TRILAFON	MO
prochlorperazine 25 mg rect supp	2	COMPRO	
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	MO
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp	2	PHENERGAN	PA, HR
scopolamine 1 mg/3days td patch 72 hr	2	TRANSDERM-SCOP	PA, QL(10 / 30), HR
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
aprepitant 40 mg cap	2	EMEND	PA(*), QL(1 / 30)
aprepitant 125 mg cap	2	EMEND	PA(*), QL(2 / 28)
aprepitant 80 mg cap	2	EMEND	PA(*), QL(4 / 28)
aprepitant 80 & 125 mg cap	2	EMEND	PA(*), QL(6 / 28)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	2	MARINOL	PA(*), FQL
EMEND 125 mg/5ml susp	4		PA(*), QL(3 / 30)
granisetron hcl 1 mg tab	2	KYTRIL	PA(*)
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	PA(*)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	PA(*)
ondansetron hcl 4 mg/5ml soln	2	ZOFRAN	PA(*)
SANCUSO 3.1 mg/24hr td patch	5		
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
ABELCET 5 mg/ml iv susp	4		PA(*), HI
AMBISOME 50 mg iv susp	5		PA(*), HI
amphotericin b 50 mg iv soln	2	FUNGIZONE	PA(*), HI
caspofungin acetate 50 mg iv soln, 70 mg iv soln	2	CANCIDAS	HI
ciclopirox 0.77 % gel	2	LOPROX	
ciclopirox 1 % shampoo	2	LOPROX	
ciclopirox 8 % ext soln	2	PENLAC	
ciclopirox olamine 0.77 % crm	2	LOPROX	
ciclopirox olamine 0.77 % ext susp	2	LOPROX	
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole 1 % ext soln	2	MYCELEX	
CRESEMBA 186 mg cap, 74.5 mg cap	5		PA, FQL
DIFLUCAN 40 mg/ml susp	4		
ERAXIS 50 mg iv soln	4		PA(*), HI, FQL
ERAXIS 100 mg iv soln	5		PA(*), HI, FQL
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	2	DIFLUCAN	
fluconazole in sodium chloride 200-0.9 mg/100ml-% iv soln, 400-0.9 mg/200ml-% iv soln	2	DIFLUCAN	PA(*), HI
flucytosine 250 mg cap, 500 mg cap	5	ANCOBON	FQL
griseofulvin microsize 500 mg tab	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	2	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	2	GRIS-PEG	
itraconazole 100 mg cap	2	SPORANOX	QL(360 / 90)
ketoconazole 2 % shampoo	1	NIZORAL	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % crm	2	NIZORAL	
nystatin 100000 unit/gm crm, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin 100000 unit/gm ext pwdr	2	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	2	MYCOSTATIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	2	MYCOLOG	
posaconazole 40 mg/ml susp	5		PA, MO
posaconazole 100 mg tab dr	5	NOXAFIL	PA, MO
SPORANOX 100 mg cap	4		QL(360 / 90)
terbinafine hcl 250 mg tab	1	LAMISIL	QL(90 / 180)
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	2	TERAZOL 3	
VFEND 40 mg/ml susp	5		PA, FQL
VFEND IV 200 mg iv soln	4		PA(*), HI, FQL
voriconazole 200 mg tab, 50 mg tab	2	VFEND	PA, FQL
voriconazole 200 mg iv soln	2	VFEND	PA(*), HI, FQL
voriconazole 40 mg/ml susp	5	VFEND	PA, FQL
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	MO
colchicine 0.6 mg tab	2	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	2	COLBENEMID	MO
febuxostat 40 mg tab, 80 mg tab	2	ULORIC	ST, MO
probenecid 500 mg tab	2	BENEMID	MO
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Ergot Alkaloids [Alcaloides De Ergot]			
dihydroergotamine mesylate 4 mg/ml nasal soln	5	MIGRANAL	QL(16 / 30)
ergotamine-caffeine 1-100 mg tab	2	CAFERGOT	QL(40 / 30)
Prophylactic [Profilaxis]			
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA, QL(2 / 28), MO
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA, QL(3 / 28), MO
NURTEC 75 mg tab disint	5		PA, QL(16 / 30)
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	2	BLOCADREN	MO
Serotonin (5-ht) 1b/1d Receptor Agonists [Agonistas Receptores De Serotonina (5-Ht) 1B/1D]			
eletriptan hydrobromide 40 mg tab	2	RELPAX	QL(6 / 30), ST
eletriptan hydrobromide 20 mg tab	2	RELPAX	QL(12 / 30), ST
naratriptan hcl 1 mg tab, 2.5 mg tab	2	AMERGE	QL(9 / 30), ST
rizatriptan benzoate 5 mg tab	1	MAXALT	QL(12 / 30)
rizatriptan benzoate 10 mg tab	2	MAXALT	QL(12 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	2	MAXALT MLT	QL(12 / 30)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln	2	IMITREX	QL(4 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	2	IMITREX STATDOSE	QL(4 / 30), ST
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide er 180 mg tab er	2	MESTINON	
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
dapsone 100 mg tab, 25 mg tab	2		MO
rifabutin 150 mg cap	2	MYCOBUTIN	
Antituberculars [Antituberculosos]			
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		MO
isoniazid 50 mg/5ml syr	2		MO
pretomanid 200 mg tab	2		PA
PRIFTIN 150 mg tab	4		
pyrazinamide 500 mg tab	2		
rifampin 150 mg cap, 300 mg cap	2	RIFADIN	
rifampin 600 mg iv soln	2	RIFADIN	PA(*), HI
SIRTURO 100 mg tab, 20 mg tab	5		PA, FQL
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Alkylating Agents [Agentes Alquilantes]			
cyclophosphamide 25 mg cap, 50 mg cap	2		PA(*), FQL
GLEOSTINE 10 mg cap, 40 mg cap	4		PA
GLEOSTINE 100 mg cap	5		PA
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		FQL
VALCHLOR 0.016 % gel	5		
Antiandrogens [Antiandrógenos]			
abiraterone acetate 250 mg tab	2	ZYTIGA	PA, FQL
abiraterone acetate 500 mg tab	5	ZYTIGA	PA, FQL
bicalutamide 50 mg tab	1	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	5		PA, FQL
EULEXIN 125 mg cap	5		FQL
nilutamide 150 mg tab	5	NILANDRON	FQL
NUBEQA 300 mg tab	5		PA, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
XTANDI 40 mg cap, 40 mg tab, 80 mg tab	5		PA, FQL
Antiangiogenic Agents [Agentes Antiangiogénicos]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5	REVLIMID	PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA, FQL
THALOMID 100 mg cap, 50 mg cap	5		PA, MO, FQL
Antiestrogens/modifiers [Antiestrógenos/Modificadores]			
ORSERDU 345 mg tab, 86 mg tab	5		PA, FQL
SOLTAMOX 10 mg/5ml soln	5		MO, FQL
tamoxifen citrate 10 mg tab, 20 mg tab	2	NOLVADEX	MO
toremifene citrate 60 mg tab	5	FARESTON	MO, FQL
Antimetabolites [Antimetabolitos]			
BESREMI 500 mcg/ml sc soln pfs	5		PA^, QL(2 / 28), MO
hydroxyurea 500 mg cap	2	HYDREA	
l-glutamine 5 gm pckt	5		PA
mercaptopurine 50 mg tab	2	PURINETHOL	
ONUREG 200 mg tab, 300 mg tab	5		PA, FQL
PURIXAN 2000 mg/100ml susp	5		
TABLOID 40 mg tab	5		
Antineoplastics, Other [Antineoplásicos, Otros]			
AKEEGA 100-500 mg tab, 50-500 mg tab	5		PA, FQL
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 mg pack	5		PA, QL(66 / 28), FQL
FRUZAQLA 1 mg cap, 5 mg cap	5		PA, FQL
INQOVI 35-100 mg tab	5		PA, FQL
IWILFIN 192 mg tab	5		PA, MO, FQL
JYLAMVO 2 mg/ml soln	4		PA^
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA, FQL
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA, FQL
leucovorin calcium 10 mg tab, 15 mg tab, 5 mg tab	2		
leucovorin calcium 25 mg tab	2		FQL
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA, FQL
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA, FQL
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	5		PA, FQL

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	5		PA, FQL
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	5		PA, FQL
TAZVERIK 200 mg tab	5		PA, FQL
VITRAKVI 100 mg cap, 25 mg cap	5		PA, FQL
VITRAKVI 20 mg/ml soln	5		PA, FQL
WELIREG 40 mg tab	5		PA, FQL
XATMEP 2.5 mg/ml soln	4		PA
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	5		PA, FQL
XPOVIO (40 MG ONCE WEEKLY) 10 mg tab pack, 40 mg tab pack	5		PA, FQL
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	5		PA, FQL
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	5		PA, FQL
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	5		PA, FQL
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack	5		PA, FQL
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	5		PA, FQL
ZOLINZA 100 mg cap	5		PA, FQL
Aromatase Inhibitors, 3rd Generation [Inhibidores De La Aromatasa, 3Era Generación]			
anastrozole 1 mg tab	1	ARIMIDEX	MO
exemestane 25 mg tab	2	AROMASIN	MO
letrozole 2.5 mg tab	1	FEMARA	MO
Molecular Target Inhibitors [Inhibidores Moleculares]			
AFINITOR 7.5 mg tab	5		PA, QL(60 / 30)
AFINITOR 5 mg tab	5		PA, QL(120 / 30)
AFINITOR 2.5 mg tab	5		PA, QL(240 / 30)
ALECENSA 150 mg cap	5		PA, FQL
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA, FQL
AUGTYRO 160 mg cap, 40 mg cap	5		PA, FQL
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	5		PA, FQL
BALVERSA 3 mg tab, 4 mg tab, 5 mg tab	5		PA, FQL
BOSULIF 400 mg tab, 500 mg tab	5		PA
BOSULIF 100 mg cap, 100 mg tab, 50 mg cap	5		PA, FQL
BRAFTOVI 75 mg cap	5		PA, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
BRUKINSA 80 mg cap	5		PA, FQL
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg tab	5		PA, FQL
CAPRELSA 100 mg tab, 300 mg tab	5		PA, LA, FQL
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
COPIKTRA 15 mg cap, 25 mg cap	5		PA, FQL
COTELLIC 20 mg tab	5		PA, FQL
DANZITEN 71 mg tab, 95 mg tab	5		PA, FQL
dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA, FQL
DAURISMO 100 mg tab, 25 mg tab	5		PA, FQL
ERIVEDGE 150 mg cap	5		PA, LA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	2	TARCEVA	PA, FQL
everolimus 10 mg tab, 7.5 mg tab	5	AFINITOR	PA, QL(60 / 30)
everolimus 5 mg tab	5	AFINITOR	PA, QL(120 / 30)
everolimus 2.5 mg tab	5	AFINITOR	PA, QL(240 / 30)
FOTIVDA 0.89 mg cap, 1.34 mg cap	5		PA, FQL
GAVRETO 100 mg cap	5		PA, FQL
gefitinib 250 mg tab	5	IRESSA	PA, LA
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	5		PA
GOMEKLI 2 mg cap	5		PA, QL(84 / 28), FQL
GOMEKLI 1 mg cap, 1 mg tab sol	5		PA, QL(168 / 28), FQL
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
IBTROZI 200 mg cap	5		PA, QL(90 / 30), FQL
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA, FQL
IDHIFA 100 mg tab, 50 mg tab	5		PA, FQL
imatinib mesylate 100 mg tab, 400 mg tab	2	GLEEVEC	PA, FQL
IMBRUVICA 70 mg/ml susp	5		PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 70 mg cap	5		PA, FQL
IMKELDI 80 mg/ml soln	5		PA, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
INLYTA 1 mg tab	5		PA, LA
INLYTA 5 mg tab	5		PA, LA, FQL
INREBIC 100 mg cap	5		PA, LA, FQL
IRESSA 250 mg tab	5		PA, LA, FQL
ITOVEBI 3 mg tab, 9 mg tab	5		PA, FQL
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA, LA, FQL
JAYPIRCA 100 mg tab, 50 mg tab	5		PA, FQL
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA, FQL
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA, FQL
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA, FQL
KOSELUGO 10 mg cap, 25 mg cap	5		PA, FQL
KRAZATI 200 mg tab	5		PA, FQL
lapatinib ditosylate 250 mg tab	5	TYKERB	PA, LA, FQL
LAZCLUZE 240 mg tab, 80 mg tab	5		PA, FQL
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	5		PA, LA, FQL
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	5		PA, LA, FQL
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	5		PA, LA, FQL
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	5		PA, LA, FQL
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	5		PA, LA, FQL
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	5		PA, LA, FQL
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	5		PA, LA, FQL
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	5		PA, LA, FQL
LORBRENA 100 mg tab, 25 mg tab	5		PA, FQL
LUMAKRAS 120 mg tab, 240 mg tab, 320 mg tab	5		PA, FQL
LYNPARZA 100 mg tab, 150 mg tab	5		PA, LA, FQL
LYTGOBI (12 MG DAILY DOSE) 4 mg tab pack	5		PA, FQL
LYTGOBI (16 MG DAILY DOSE) 4 mg tab pack	5		PA, FQL
LYTGOBI (20 MG DAILY DOSE) 4 mg tab pack	5		PA, FQL

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MEKINIST 0.5 mg tab, 2 mg tab	5		PA, FQL
MEKINIST 0.05 mg/ml soln	5		PA, FQL
MEKTOVI 15 mg tab	5		PA, FQL
NERLYNX 40 mg tab	5		PA, FQL
ODOMZO 200 mg cap	5		PA, FQL
OGSIVEO 100 mg tab, 150 mg tab	5		PA, FQL
OGSIVEO 50 mg tab	5		PA, QL(180 / 30), FQL
OJEMDA 100 mg tab	5		PA, FQL
OJEMDA 25 mg/ml susp	5		PA, FQL
OJEMDA 100 mg tab	5		PA, QL(24 / 28), FQL
OJJAARA 100 mg tab, 150 mg tab, 200 mg tab	5		PA, FQL
pazopanib hcl 200 mg tab	5		PA, FQL
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	5		PA, FQL
QINLOCK 50 mg tab	5		PA, FQL
RETEVMO 120 mg tab, 160 mg tab, 40 mg tab, 80 mg tab	5		PA, FQL
REVUFORJ 110 mg tab, 160 mg tab, 25 mg tab	5		PA, FQL
REZLIDHIA 150 mg cap	5		PA, FQL
ROMVIMZA 14 mg cap, 20 mg cap, 30 mg cap	5		PA, FQL
ROZLYTREK 100 mg cap, 200 mg cap, 50 mg pckt	5		PA, FQL
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	5		PA
RYDAPT 25 mg cap	5		PA, FQL
SCEMBLIX 100 mg tab, 20 mg tab, 40 mg tab	5		PA, FQL
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA, FQL
STIVARGA 40 mg tab	5		PA, FQL
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5	SUTENT	PA, FQL
TABRECTA 150 mg tab, 200 mg tab	5		PA, FQL
TAFINLAR 10 mg tab sol, 50 mg cap, 75 mg cap	5		PA, FQL
TAGRISSO 40 mg tab, 80 mg tab	5		PA, LA, FQL
TALZENNA 0.1 mg cap, 0.25 mg cap, 0.35 mg cap, 0.5 mg cap, 0.75 mg cap, 1 mg cap	5		PA, FQL
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA, FQL
TEPMETKO 225 mg tab	5		PA, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
TIBSOVO 250 mg tab	5		PA, FQL
TRUQAP 160 mg tab, 200 mg tab	5		PA, FQL
TUKYSA 150 mg tab, 50 mg tab	5		PA, FQL
TURALIO 125 mg cap	5		PA, FQL
VANFLYTA 17.7 mg tab, 26.5 mg tab	5		PA, FQL
VENCLEXTA 10 mg tab	3		PA, FQL
VENCLEXTA 100 mg tab, 50 mg tab	5		PA, FQL
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	5		PA, FQL
VONJO 100 mg cap	5		PA, FQL
VORANIGO 10 mg tab, 40 mg tab	5		PA, FQL
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 50 mg cap sprinkle	5		PA, FQL
XALKORI 200 mg cap, 250 mg cap	5		PA, LA, FQL
XOSPATA 40 mg tab	5		PA, FQL
ZEJULA 100 mg tab, 200 mg tab, 300 mg tab	5		PA, FQL
ZELBORAF 240 mg tab	5		PA, LA, FQL
ZYDELIG 100 mg tab, 150 mg tab	5		PA, LA
ZYKADIA 150 mg tab	5		LA, FQL
Retinoids [Retinoides]			
bexarotene 75 mg cap	5	TARGRETIN	FQL
bexarotene 1 % gel	5	TARGRETIN	PA
PANRETIN 0.1 % gel	5		PA
TARGRETIN 75 mg cap	5		FQL
tretinoin 10 mg cap	5	VESANOID	FQL
Treatment Adjuncts [Adjuntos De Tratamiento]			
mesna 400 mg tab	4		FQL
ANTIPARASITICS [ANTIPARASITARIOS]			
Antihelminthics [Antihelmínticos]			
albendazole 200 mg tab	2	ALBENZA	
ivermectin 3 mg tab	2	STROMECTOL	PA
praziquantel 600 mg tab	2	BILTRICIDE	
Antiprotozoals [Antiprotozoarios]			
atovaquone 750 mg/5ml susp	2	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	
chloroquine phosphate 250 mg tab	2		MO
chloroquine phosphate 500 mg tab	2	ARALEN	MO
COARTEM 20-120 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
hydroxychloroquine sulfate 100 mg tab	1		MO
hydroxychloroquine sulfate 300 mg tab, 400 mg tab	2		MO
hydroxychloroquine sulfate 200 mg tab	2	PLAQUENIL	MO
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
mefloquine hcl 250 mg tab	2		MO
MEPRON 750 mg/5ml susp	5		
nitazoxanide 500 mg tab	5	ALINIA	
pentamidine isethionate 300 mg inh soln	2	NEBUPENT	PA(*)
pentamidine isethionate 300 mg inj soln	2	PENTAM	PA(*), HI
primaquine phosphate 26.3 (15 Base) mg tab	2		
pyrimethamine 25 mg tab	5	DARAPRIM	
quinine sulfate 324 mg cap	2	QUALAQUIN	
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	2	COGENTIN	PA, MO, HR
trihexyphenidyl hcl 0.4 mg/ml soln	2		PA, MO, HR
trihexyphenidyl hcl 2 mg tab, 5 mg tab	2	ARTANE	PA, MO, HR
Antiparkinson Agents, Other [Agentes Antiparkinson, Otros]			
amantadine hcl 50 mg/5ml soln	1		MO
amantadine hcl 100 mg cap	2	SYMMETREL	MO
entacapone 200 mg tab	2	COMTAN	MO
tolcapone 100 mg tab	5	TASMAR	MO
Dopamine Agonists [Agonistas De Dopamina]			
APOKYN 30 mg/3ml sc soln cart	5		LA
bromocriptine mesylate 2.5 mg tab, 5 mg cap	2	PARLODEL	MO
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	4		PA, MO
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	MO
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 4 mg tab, 5 mg tab	1	REQUIP	MO
ropinirole hcl 3 mg tab	2	REQUIP	MO
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
carbidopa 25 mg tab	2	LODOSYN	MO
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	2	PARCOPA	MO
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	2	SINEMET	MO
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	2	SINEMET CR	MO
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	2	STALEVO	MO
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	4		ST, MO
Monoamine Oxidase B (mao-b) Inhibitors [Inhibidores De La Monoaminooxidasa B (Mao-B)]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	2	AZILECT	MO
selegiline hcl 5 mg tab	2		MO
selegiline hcl 5 mg cap	2	ELDEPRYL	MO
ANTIPSYCHOTICS [ANTIPSICÓTICOS]			
1st Generation/typical [1Era Generación/Típicos]			
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	PA(*)
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROLIXIN	MO
fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc	2	PROLIXIN	MO
fluphenazine hcl 2.5 mg/ml inj soln	2	PROLIXIN	PA(*)
HALDOL DECANOATE 100 mg/ml im soln	4		
haloperidol 0.5 mg tab, 1 mg tab	1	HALDOL	MO
haloperidol 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	2	HALDOL	MO
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc	2	HALDOL	MO
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	2	LOXITANE	MO
molindone hcl 10 mg tab, 25 mg tab, 5 mg tab	2	MOBAN	MO
pimozide 1 mg tab, 2 mg tab	2	ORAP	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
thioridazine hcl 10 mg tab	1	MELLARIL	MO, HR
thioridazine hcl 100 mg tab, 25 mg tab, 50 mg tab	2	MELLARIL	MO, HR
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	2	NAVANE	MO
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	STELAZINE	MO
2nd Generation/atypical [2Da Generación/Atípicos]			
asenapine maleate 10 mg tab subl, 5 mg tab subl	2	SAPHRIS	ST, MO
CAPLYTA 10.5 mg cap, 21 mg cap, 42 mg cap	5		ST, MO
COBENFY 50-20 mg cap	5		ST
COBENFY 100-20 mg cap, 125-30 mg cap	5		ST, MO
COBENFY STARTER PACK 50-20 & 100-20 mg cap pack	5		ST
ERZOFRI 39 mg/0.25ml im susp pfs	4		ST
ERZOFRI 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 351 mg/2.25ml im susp pfs, 78 mg/0.5ml im susp pfs	5		ST
FANAPT 1 mg tab, 2 mg tab, 4 mg tab	4		ST, MO, FQL
FANAPT 10 mg tab, 12 mg tab, 6 mg tab, 8 mg tab	5		ST, MO, FQL
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	4		QL(8 / 30), ST
INVEGA SUSTENNA 39 mg/0.25ml im susp pfs	4		ST
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 78 mg/0.5ml im susp pfs	5		ST
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	LATUDA	MO, FQL
NUPLAZID 10 mg tab, 34 mg cap	5		PA, MO
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30), MO
olanzapine 20 mg tab	2	ZYPREXA	QL(30 / 30), MO
olanzapine 10 mg im soln	2	ZYPREXA	PA(*), QL(6 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	2	ZYPREXA ZYDIS	QL(30 / 30), MO

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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	2	INVEGA	ST, MO, FQL
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		ST, MO, FQL
RISPERDAL CONSTA 25 mg Intramuscular Suspension Reconstituted ER	4		QL(4 / 28), ST
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER	4		QL(8 / 28), ST
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		QL(2 / 28), ST
risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	1	RISPERDAL	QL(60 / 30), MO
risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint	2	RISPERDAL	QL(60 / 30), MO
risperidone 1 mg/ml soln	2	RISPERDAL	QL(240 / 30), MO
SAPHRIS 2.5 mg tab subl	4		ST, MO, FQL
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	5		ST, MO
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		ST, MO, FQL
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	MO
ziprasidone mesylate 20 mg im soln	2	GEODON	PA(*)
Treatment-resistant [Resistentes A Tratamiento]			
clozapine 100 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 200 mg tab	2	CLOZARIL	FQL
clozapine 12.5 mg tab disint, 25 mg tab disint	2	FAZACLO	
clozapine 100 mg tab disint, 150 mg tab disint, 200 mg tab disint	2	FAZACLO	FQL
VERSACLOZ 50 mg/ml susp	5		ST, FQL
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	

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ANTIVIRALS [ANTIVIRALES]			
Anti-cytomegalovirus (cmv) Agents [Agentes Anti Citomegalovirus (Cmv)]			
PREVYMIS 240 mg tab, 480 mg tab	5		PA, MO
valganciclovir hcl 450 mg tab	2	VALCYTE	MO
ZIRGAN 0.15 % ophth gel	3		QL(5 / 30)
Anti-hepatitis B (hbv) Agents [Agentes Contra La Hepatitis B (Vhb)]			
adefovir dipivoxil 10 mg tab	2	HEPSERA	PA, MO, FQL
BARACLUDE 0.5 mg tab, 1 mg tab	5		PA, MO, FQL
BARACLUDE 0.05 mg/ml soln	5		PA, MO, FQL
entecavir 0.5 mg tab, 1 mg tab	2	BARACLUDE	PA, MO, FQL
lamivudine 100 mg tab	2	EPIVIR HBV	MO, FQL
Anti-hepatitis C (hcv) Agents, Other [Agentes Contra La Hepatitis C (Vhc), Otros]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA, FQL
ribavirin 200 mg tab	2	COPEGUS	PA
ribavirin 200 mg cap	2	REBETOL	PA
Anti-hepatitis C (hcv) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (Vhc)]			
MAVYRET 100-40 mg tab, 50-20 mg pckt	5		PA, FQL
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA, FQL
Antiherpetic Agents [Agentes Antiherpéticos]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
acyclovir sodium 50 mg/ml iv soln	2	ZOVIRAX	PA(*), HI
DENAVIR 1 % crm	4		ST
famciclovir 125 mg tab	1	FAMVIR	
famciclovir 250 mg tab, 500 mg tab	2	FAMVIR	
trifluridine 1 % ophth soln	2	VIROPTIC	
valacyclovir hcl 500 mg tab	1	VALTREX	
valacyclovir hcl 1 gm tab	2	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti)]			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	5		QL(30 / 30), MO, FQL
GENVOYA 150-150-200-10 mg tab	5		QL(30 / 30), MO
ISENTRESS 25 mg tab chew	3		QL(180 / 30), MO
ISENTRESS 100 mg pckt	4		QL(60 / 30), MO, FQL
ISENTRESS 400 mg tab	5		QL(60 / 30), MO
ISENTRESS 100 mg tab chew	5		QL(180 / 30), MO
ISENTRESS HD 600 mg tab	5		QL(60 / 30), MO, FQL
STRIBILD 150-150-200-300 mg tab	5		QL(30 / 30), MO

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TIVICAY 50 mg tab	5		QL(60 / 30), MO, FQL
TIVICAY PD 5 mg tab sol	4		QL(180 / 30), MO, FQL
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti)]			
COMPLERA 200-25-300 mg tab	5		QL(30 / 30), MO, FQL
EDURANT 25 mg tab	5		QL(30 / 30), MO, FQL
EDURANT PED 2.5 mg tab sol	4		QL(180 / 30), MO, FQL
efavirenz 600 mg tab	2	SUSTIVA	QL(30 / 30), MO, FQL
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	2	ATRIPLA	QL(30 / 30), MO, FQL
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	5	SYMFI	QL(30 / 30), MO, FQL
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	5	SYMFI LO	QL(30 / 30), MO, FQL
etravirine 200 mg tab	5	INTELENCE	QL(60 / 30), MO, FQL
etravirine 100 mg tab	5	INTELENCE	QL(120 / 30), MO, FQL
INTELENCE 25 mg tab	4		QL(120 / 30), MO, FQL
nevirapine 200 mg tab	1	VIRAMUNE	QL(60 / 30), MO
nevirapine 50 mg/5ml susp	2	VIRAMUNE	QL(1200 / 30), MO, FQL
nevirapine er 400 mg tab er 24 hr	2	VIRAMUNE XR	QL(30 / 30), MO, FQL
ODEFSEY 200-25-25 mg tab	5		QL(30 / 30), MO, FQL
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti)]			
abacavir sulfate 300 mg tab	2	ZIAGEN	QL(60 / 30), MO, FQL
abacavir sulfate 20 mg/ml soln	2	ZIAGEN	QL(900 / 30), MO, FQL
abacavir sulfate-lamivudine 600-300 mg tab	2	EPZICOM	QL(30 / 30), MO, FQL
CIMDUO 300-300 mg tab	5		QL(30 / 30), MO, FQL
DESCOVY 120-15 mg tab, 200-25 mg tab	5		QL(30 / 30), MO
DOVATO 50-300 mg tab	5		QL(30 / 30), MO, FQL
emtricitabine 200 mg cap	2	EMTRIVA	QL(30 / 30), MO, FQL
emtricitabine-tenofovir df 200-300 mg tab	2	TRUVADA	QL(30 / 30), MO, FQL
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	5	TRUVADA	QL(30 / 30), MO, FQL
EMTRIVA 10 mg/ml soln	4		QL(680 / 28), MO, FQL
lamivudine 300 mg tab	2	EPIVIR	QL(30 / 30), MO, FQL
lamivudine 150 mg tab	2	EPIVIR	QL(60 / 30), MO, FQL
lamivudine 10 mg/ml soln	2	EPIVIR	QL(900 / 30), MO
lamivudine-zidovudine 150-300 mg tab	2	COMBIVIR	QL(60 / 30), MO
PIFELTRO 100 mg tab	5		QL(60 / 30), MO, FQL
RETROVIR 100 mg cap	4		QL(180 / 30), MO
RETROVIR 50 mg/5ml syr	4		QL(1680 / 28), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tenofovir disoproxil fumarate 300 mg tab	2	VIREAD	QL(30 / 30), MO
VIREAD 40 mg/gm oral pwdr	4		QL(240 / 30), MO
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		QL(30 / 30), MO
zidovudine 300 mg tab	2	RETROVIR	QL(60 / 30), MO
zidovudine 100 mg cap	2	RETROVIR	QL(180 / 30), MO
zidovudine 50 mg/5ml syr	2	RETROVIR	QL(1680 / 28), MO
Anti-hiv Agents, Other [Agentes Anti-Vih, Otros]			
JULUCA 50-25 mg tab	5		QL(30 / 30), MO
maraviroc 150 mg tab, 300 mg tab	5	SELZENTRY	QL(120 / 30), MO, FQL
RUKOBIA 600 mg tab er 12 hr	5		QL(60 / 30), MO, FQL
SELZENTRY 300 mg tab	5		QL(120 / 30), MO, FQL
SELZENTRY 20 mg/ml soln	5		QL(1800 / 30), MO, FQL
SUNLENCA 300 mg tab, 4 x 300 mg tab pack	5		QL(4 / 180)
SUNLENCA 5 x 300 mg tab pack	5		QL(5 / 180)
TYBOST 150 mg tab	3		QL(30 / 30), MO
Anti-hiv Agents, Protease Inhibitors [Agentes Anti-Vih, Inhibidores De La Proteasa]			
APTIVUS 250 mg cap	5		QL(120 / 30), MO, FQL
atazanavir sulfate 300 mg cap	2	REYATAZ	QL(30 / 30), MO, FQL
atazanavir sulfate 150 mg cap, 200 mg cap	2	REYATAZ	QL(60 / 30), MO, FQL
darunavir 800 mg tab	2	PREZISTA	QL(30 / 30), MO
DELSTRIGO 100-300-300 mg tab	5		QL(30 / 30), MO, FQL
EVOTAZ 300-150 mg tab	5		QL(30 / 30), MO, FQL
fosamprenavir calcium 700 mg tab	5	LEXIVA	QL(120 / 30), MO, FQL
KALETRA 400-100 mg/5ml soln	3		QL(390 / 30), MO
lopinavir-ritonavir 200-50 mg tab	2	KALETRA	QL(120 / 30), MO
lopinavir-ritonavir 100-25 mg tab	2	KALETRA	QL(240 / 30), MO
NORVIR 100 mg pckt	4		QL(360 / 30), MO, FQL
PREZCOBIX 800-150 mg tab	5		QL(30 / 30), MO, FQL
PREZISTA 75 mg tab	4		QL(60 / 30), MO, FQL
PREZISTA 600 mg tab	5		QL(60 / 30), MO, FQL
PREZISTA 150 mg tab	5		QL(180 / 30), MO, FQL
PREZISTA 100 mg/ml susp	5		QL(360 / 30), MO, FQL
REYATAZ 50 mg pckt	4		QL(180 / 30), MO, FQL
ritonavir 100 mg tab	2	NORVIR	QL(360 / 30), MO, FQL
SYMTUZA 800-150-200-10 mg tab	5		QL(30 / 30), MO, FQL
TRIUMEQ 600-50-300 mg tab	5		QL(30 / 30), MO, FQL
TRIUMEQ PD 60-5-30 mg tab sol	4		QL(180 / 30), MO, FQL
VIRACEPT 625 mg tab	5		QL(120 / 30), MO, FQL
VIRACEPT 250 mg tab	5		QL(300 / 30), MO, FQL
Anti-influenza Agents [Agentes Contra La Influenza]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	2	TAMIFLU	
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		
rimantadine hcl 100 mg tab	2	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antiviral, Coronavirus Agents [Antiviral, Coronavirus]			
PAXLOVID 6 x 150 MG & 5 x 100mg tab pack	6		QL(11 / 5)
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	6		QL(20 / 5)
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	6		QL(30 / 5)
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl 10 mg tab, 15 mg tab, 5 mg tab	1	BUSPAR	
buspirone hcl 30 mg tab, 7.5 mg tab	2	BUSPAR	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	PA, HR
Benzodiazepines [Benzodiazepinas]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab	1	XANAX	QL(120 / 30)
alprazolam 2 mg tab	1	XANAX	QL(150 / 30)
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	QL(180 / 30)
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium 8 meq/5ml soln	2		MO
lithium carbonate 150 mg cap, 600 mg cap	1		MO
lithium carbonate 300 mg cap	1	ESKALITH	MO
lithium carbonate 300 mg tab	1	LITHOBID	MO
lithium carbonate er 450 mg tab er	2	ESKALITH CR	MO
lithium carbonate er 300 mg tab er	2	LITHOBID	MO
valproic acid 250 mg/5ml soln	2	DEPAKENE	MO
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	2	PRECOSE	QL(90 / 30), MO
colesevelam hcl 3.75 gm pckt	2	WELCHOL	QL(30 / 30), MO
colesevelam hcl 625 mg tab	2	WELCHOL	QL(180 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FARXIGA 10 mg tab, 5 mg tab	6		QL(30 / 30), MO
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	6	AMARYL	QL(60 / 30), MO
glipizide 2.5 mg tab	6		QL(120 / 30), MO
glipizide 10 mg tab, 5 mg tab	6	GLUCOTROL	QL(120 / 30), MO
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	6	GLUCOTROL XL	QL(60 / 30), MO
GLYXAMBI 10-5 mg tab, 25-5 mg tab	6		QL(30 / 30), MO
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		QL(30 / 30), MO
JARDIANCE 10 mg tab, 25 mg tab	6		QL(30 / 30), MO
metformin hcl 1000 mg tab	6	GLUCOPHAGE	QL(60 / 30), MO
metformin hcl 500 mg tab, 850 mg tab	6	GLUCOPHAGE	QL(90 / 30), MO
metformin hcl 500 mg/5ml soln	6	RIOMET	QL(765 / 30), MO
metformin hcl er 750 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(60 / 30), MO
metformin hcl er 500 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(120 / 30), MO
miglitol 100 mg tab, 25 mg tab, 50 mg tab	2	GLYSET	QL(90 / 30), MO
MOUNJARO 2.5 mg/0.5ml sc soln pen-inj	3		PA, QL(2 / 28)
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, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	3		PA, QL(2 / 28), MO
nateglinide 120 mg tab, 60 mg tab	6	STARLIX	QL(90 / 30), MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PA, QL(3 / 28), MO
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PA, QL(3 / 28), MO
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PA, QL(3 / 28), MO
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	6	ACTOS	QL(30 / 30), MO
repaglinide 0.5 mg tab, 1 mg tab	6	PRANDIN	QL(120 / 30), MO
repaglinide 2 mg tab	6	PRANDIN	QL(240 / 30), MO
RYBELSUS 3 mg tab	3		PA, QL(30 / 30)
RYBELSUS 14 mg tab, 7 mg tab	3		PA, QL(30 / 30), MO
saxagliptin hcl 5 mg tab	2		QL(30 / 30), MO
saxagliptin hcl 2.5 mg tab	2		QL(60 / 30), MO
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	6		QL(18 / 30), MO
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	6		QL(10.8 / 30), ST, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	6		QL(9 / 25), ST, MO
TRADJENTA 5 mg tab	3		QL(30 / 30), MO
Blood Glucose Regulators (combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	6	METAGLIP	QL(120 / 30), MO
JANUMET 50-1000 mg tab, 50-500 mg tab	3		QL(60 / 30), MO
JANUMET XR 100-1000 mg tab er 24 hr	3		QL(30 / 30), MO
JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		QL(60 / 30), MO
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab	3		QL(60 / 30), MO
JENTADUETO XR 5-1000 mg tab er 24 hr	3		QL(30 / 30), MO
JENTADUETO XR 2.5-1000 mg tab er 24 hr	3		QL(60 / 30), MO
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	6	DUETACT	QL(30 / 30), MO
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	6	ACTOPLUS MET	QL(90 / 30), MO
saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		QL(30 / 30), MO
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr	2		QL(60 / 30), MO
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	6		QL(60 / 30), MO
SYNJARDY XR 25-1000 mg tab er 24 hr	6		QL(30 / 30), MO
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	6		QL(60 / 30), MO
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	6		QL(30 / 30), MO
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	6		QL(60 / 30), MO
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	6		QL(30 / 30), MO
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	6		QL(60 / 30), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Glycemic Agents [Agentes Glucémicos]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		QL(4 / 30)
diazoxide 50 mg/ml susp	2	PROGLYCEM	QL(408 / 30), MO
glucagon emergency 1 mg inj kit	2	GLUCAGON EMERGENCY	QL(4 / 30)
KORLYM 300 mg tab	5		PA, QL(120 / 30), MO
mifepristone 300 mg tab	5		PA, QL(120 / 30), MO
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	3		PA, QL(2 / 28), MO
Insulins [Insulinas]			
BD INSULIN SYRINGE 29G X 1/2" 1 ml misc	2		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		
BD PEN MINI misc	3		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	2		
gauze pads 2"X2" pad	1		
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	6		QL(30 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	6		QL(30 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	6		QL(30 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	6		QL(30 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN N 100 unit/ml sc susp	6		QL(30 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN R 100 unit/ml inj soln	6		QL(30 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	6		QL(20 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	6		QL(18 / 30)
insulin lispro 100 unit/ml inj soln	6	HUMALOG	QL(30 / 30)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	6	HUMALOG MIX 75/25 KWIKPEN	QL(30 / 30)
LANTUS 100 unit/ml sc soln	6		QL(30 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(10 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(10 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN]			
Anticoagulants [Anticoagulantes]			
dabigatran etexilate mesylate 110 mg cap	2		MO
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	2	PRADAXA	MO
ELIQUIS 2.5 mg tab, 5 mg tab	3		MO
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
enoxaparin sodium 30 mg/0.3ml inj soln pfs	2	LOVENOX	QL(18 / 30)
enoxaparin sodium 120 mg/0.8ml inj soln pfs, 40 mg/0.4ml inj soln pfs	2	LOVENOX	QL(24 / 30)
enoxaparin sodium 150 mg/ml inj soln pfs	2	LOVENOX	QL(30 / 30)
enoxaparin sodium 60 mg/0.6ml inj soln pfs	2	LOVENOX	QL(36 / 30)
enoxaparin sodium 80 mg/0.8ml inj soln pfs	2	LOVENOX	QL(48 / 30)
enoxaparin sodium 100 mg/ml inj soln pfs	2	LOVENOX	QL(60 / 30)
fondaparinux sodium 2.5 mg/0.5ml sc soln	2	ARIXTRA	QL(15 / 30)
fondaparinux sodium 5 mg/0.4ml sc soln	5	ARIXTRA	QL(12 / 30)
fondaparinux sodium 7.5 mg/0.6ml sc soln	5	ARIXTRA	QL(18 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fondaparinux sodium 10 mg/0.8ml sc soln	5	ARIXTRA	QL(24 / 30)
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	2		PA(*), HI
rivaroxaban 2.5 mg tab	2		MO
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	MO
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		MO
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	MO
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 60 mcg/ml inj soln	4		PA^, FQL
ARANESP (ALBUMIN FREE) 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 500 mcg/ml inj soln pfs	5		PA^
ARANESP (ALBUMIN FREE) 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 60 mcg/0.3ml inj soln pfs	5		PA^, FQL
LEUKINE 250 mcg inj soln	5		PA^, FQL
NEULASTA 6 mg/0.6ml sc soln pfs	5		PA^
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA^, FQL
PROCRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA^
PROCRIT 20000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA^, FQL
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA, LA, MO, FQL
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	3		PA^

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
RETACRIT 40000 unit/ml inj soln	5		PA^
Hemostasis Agents [Agentes Para La Hemostasia]			
tranexamic acid 650 mg tab	2	LYSTEDA	
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	2	AGGRENOX	MO
BRILINTA 60 mg tab, 90 mg tab	3		MO
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	MO
clopidogrel bisulfate 75 mg tab	1	PLAVIX	MO
CARDIOVASCULAR AGENTS [AGENTES CARDIOVASCULARES]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	2	CATAPRES-TTS	MO
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	MO
droxidopa 100 mg cap, 200 mg cap, 300 mg cap	2	NORTHERA	PA
guanfacine hcl 1 mg tab, 2 mg tab	2	TENEX	PA, MO, HR
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROAMATINE	
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	CARDURA	MO
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	2	MINIPRESS	MO
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	MO
Angiotensin Ii Receptor Antagonists [Antagonistas Del Receptor De Angiotensina Ii]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	6	ATACAND	MO
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	6	AVAPRO	MO
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	6	COZAAR	MO
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	6	BENICAR	MO
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	6	MICARDIS	MO
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	6	DIOVAN	MO
Angiotensin-converting Enzyme (ace) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (Eca)]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	LOTENSIN	MO
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	6	VASOTEC	MO
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	6	MONOPRIL	MO
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	6	ZESTRIL	MO
moexipril hcl 15 mg tab, 7.5 mg tab	6	UNIVASC	MO
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	6	ACEON	MO
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ACCUPRIL	MO
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	6	ALTACE	MO
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	6	MAVIK	MO
Antiarrhythmics [Antiarrítmicos]			
amiodarone hcl 200 mg tab	1	CORDARONE	MO
amiodarone hcl 100 mg tab, 400 mg tab	2	CORDARONE	MO
disopyramide phosphate 100 mg cap, 150 mg cap	2	NORPACE	PA, MO, HR
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	2	TIKOSYN	MO
flecainide acetate 50 mg tab	1	TAMBOCOR	MO
flecainide acetate 100 mg tab, 150 mg tab	2	TAMBOCOR	MO
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	2	MEXITIL	MO
MULTAQ 400 mg tab	3		MO
NORPACE 100 mg cap, 150 mg cap	4		PA, MO, HR
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		PA, MO, HR
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	4		MO
propafenone hcl 150 mg tab	1	RYTHMOL	MO
propafenone hcl 225 mg tab, 300 mg tab	2	RYTHMOL	MO
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	2	RYTHMOL SR	MO
quinidine gluconate er 324 mg tab er	2		MO
quinidine sulfate 200 mg tab	1		MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
quinidine sulfate 300 mg tab	2		MO
sotalol hcl 120 mg tab, 80 mg tab	1	BETAPACE	MO
sotalol hcl 160 mg tab, 240 mg tab	2	BETAPACE	MO
sotalol hcl (af) 120 mg tab	1	BETAPACE AF	MO
sotalol hcl (af) 160 mg tab, 80 mg tab	2	BETAPACE AF	MO
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	4		MO
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
acebutolol hcl 200 mg cap, 400 mg cap	2	SECTRAL	MO
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	MO
betaxolol hcl 10 mg tab, 20 mg tab	2	KERLONE	MO
bisoprolol fumarate 2.5 mg tab	2		QL(30 / 30), MO
bisoprolol fumarate 10 mg tab, 5 mg tab	2	ZEBETA	MO
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	MO
labetalol hcl 100 mg tab	1	NORMODYNE	MO
labetalol hcl 200 mg tab, 300 mg tab	2	NORMODYNE	MO
metoprolol succinate er 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL XL	QL(60 / 30), MO
metoprolol succinate er 200 mg tab er 24 hr	2	TOPROL XL	QL(60 / 30), MO
metoprolol succinate er 100 mg tab er 24 hr	2	TOPROL XL	QL(120 / 30), MO
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		MO
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	MO
pindolol 10 mg tab, 5 mg tab	2	VISKEN	MO
propranolol hcl 10 mg tab, 20 mg tab	1	INDERAL	MO
propranolol hcl 40 mg tab, 60 mg tab, 80 mg tab	2	INDERAL	MO
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	2	INDERAL	MO
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	2	INDERAL LA	MO
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
amlodipine besylate 10 mg tab, 2.5 mg tab	1	NORVASC	QL(30 / 30), MO
amlodipine besylate 5 mg tab	1	NORVASC	QL(60 / 30), MO
diltiazem hcl 30 mg tab	1	CARDIZEM	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diltiazem hcl 120 mg tab, 60 mg tab, 90 mg tab	2	CARDIZEM	MO
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	2	CARDIZEM	MO
diltiazem hcl er beads 360 mg cap er 24 hr, 420 mg cap er 24 hr	2	TIAZAC	MO
diltiazem hcl er coated beads 120 mg cap er 24 hr	1	CARDIZEM CD	MO
diltiazem hcl er coated beads 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	2	CARDIZEM CD	MO
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	MO
nifedipine er 30 mg tab er 24 hr	1	ADALAT CC	MO
nifedipine er 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	ADALAT CC	MO
nifedipine er osmotic release 30 mg tab er 24 hr	1	PROCARDIA XL	MO
nifedipine er osmotic release 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	PROCARDIA XL	MO
nimodipine 30 mg cap	2	NIMOTOP	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	MO
verapamil hcl er 180 mg tab er, 240 mg tab er	1	CALAN	MO
verapamil hcl er 120 mg tab er	2	CALAN	MO
Cardiovascular Agents (combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	MO
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	6	LOTREL	MO
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	6	EXFORGE	MO
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	6	CADUET	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	6	AZOR	MO
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	MO
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	6	LOTENSIN HCT	MO
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	2	ZIAC	MO
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	6	ATACAND HCT	MO
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	6	VASERETIC	MO
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	6	MONOPRIL-HCT	MO
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	6	AVALIDE	MO
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ZESTORETIC	MO
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	6	HYZAAR	MO
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	2	LOPRESSOR HCT	MO
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	6	BENICAR HCT	MO
spironolactone-hctz 25-25 mg tab	2	ALDACTAZIDE	MO
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	6	MICARDIS-HCT	MO
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	6	TARKA	MO
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	MO
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	MO
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	6	DIOVAN HCT	MO
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
aliskiren fumarate 150 mg tab, 300 mg tab	6	TEKTURNA	MO
CORLANOR 5 mg/5ml soln	4		PA, MO
digoxin 125 mcg tab	2	LANOXIN	QL(30 / 30), MO, HR
digoxin 0.05 mg/ml soln	2	LANOXIN	PA, MO, HR

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
digoxin 250 mcg tab	2	LANOXIN	PA, QL(30 / 30), MO, HR
ENTRESTO 15-16 mg cap sprinkle, 24-26 mg tab, 49-51 mg tab, 6-6 mg cap sprinkle, 97-103 mg tab	3		MO
ivabradine hcl 5 mg tab, 7.5 mg tab	2		MO
KERENDIA 10 mg tab, 20 mg tab	4		PA, MO
metyrosine 250 mg cap	5	DEMSER	
pentoxifylline er 400 mg tab er	1	TRENTAL	MO
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2	RANEXA	MO
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	4		PA, MO
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	MO
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	MO
methazolamide 25 mg tab, 50 mg tab	2	NEPTAZANE	MO
Diuretics, Loop [Diuréticos, Asa De Henle]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	MO
bumetanide 0.25 mg/ml inj soln	2	BUMEX	PA(*), HI
furosemide 10 mg/ml inj soln	1	LASIX	HI
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	MO
furosemide 10 mg/ml soln	1	LASIX	MO
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	MO
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
amiloride hcl 5 mg tab	2	MIDAMOR	MO
eplerenone 25 mg tab, 50 mg tab	2	INSPRA	ST, MO
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	MO
Diuretics, Thiazide [Diuréticos, Tiazidas]			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	MO
DIURIL 250 mg/5ml susp	4		MO
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	MO
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	MO
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	MO
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	MO
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
fenofibrate 54 mg tab	1	TRICOR	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab	2	TRICOR	MO
fenofibrate micronized 130 mg cap, 43 mg cap	2	ANTARA	MO
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	2	TRICOR	MO
fenofibric acid 135 mg cap dr, 45 mg cap dr	2	TRILIPIX	MO
gemfibrozil 600 mg tab	1	LOPID	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa]			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	LIPITOR	MO
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	6	MEVACOR	MO
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	PRAVACHOL	MO
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	CRESTOR	MO
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ZOCOR	MO
simvastatin 80 mg tab	6	ZOCOR	PA, MO
Dyslipidemics, Other [Dislipidémicos, Otros]			
cholestyramine 4 gm pckt	2	QUESTRAN	MO
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	MO
colestipol hcl 1 gm tab, 5 gm pckt	2	COLESTID	MO
ezetimibe 10 mg tab	2	ZETIA	MO
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	6	VYTORIN	ST, MO
icosapent ethyl 0.5 gm cap, 1 gm cap	2	VASCEPA	MO
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	5		PA, MO
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	2	NIASPAN	MO
omega-3-acid ethyl esters 1 gm cap	2	LOVAZA	MO
REPATHA 140 mg/ml sc soln pfs	3		PA, MO
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	3		PA, MO
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		PA, MO, FQL
Vasodilators, Direct-acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
minoxidil 2.5 mg tab	1	LONITEN	MO
minoxidil 10 mg tab	2	LONITEN	MO
Vasodilators, Direct-acting Arterial/venous [Vasodilatadores Arteriovenosos De Acción Directa]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ISORDIL TITRADOSE	MO
isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	MO
isosorbide mononitrate er 120 mg tab er 24 hr	2	IMDUR	MO
NITRO-BID 2 % td oint	4		MO
nitroglycerin 0.4 % rect oint	2		QL(30 / 30)
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	2	NITRO-DUR	MO
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	2	NITROSTAT	MO
RECTIV 0.4 % rect oint	4		QL(30 / 30)
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
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	2	ADDERALL XR	MO
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	2	ADDERALL	MO
dextroamphetamine sulfate 10 mg tab, 5 mg tab	2	DEXTROSTAT	MO
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	2	DEXEDRINE	MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap	2	STRATTERA	QL(30 / 30), ST, MO
atomoxetine hcl 40 mg cap	2	STRATTERA	QL(60 / 30), ST, MO
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap	2	STRATTERA	QL(120 / 30), ST, MO
clonidine hcl er 0.1 mg tab er 12 hr	2	KAPVAY	MO
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	2	METHYLIN	MO
methylphenidate hcl 5 mg tab	1	RITALIN	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
methylphenidate hcl 10 mg tab, 20 mg tab	2	RITALIN	MO
methylphenidate hcl er 20 mg tab er	2	RITALIN SR	MO
methylphenidate hcl er (cd) 10 mg cap er	2	METADATE CD	MO
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	4		MO
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
NUEDEXTA 20-10 mg cap	5		PA, MO
riluzole 50 mg tab	2	RILUTEK	PA, MO
tetrabenazine 12.5 mg tab, 25 mg tab	5	XENAZINE	LA, MO
VEOZAH 45 mg tab	4		PA, MO
XENAZINE 12.5 mg tab, 25 mg tab	5		LA, MO
Multiple Sclerosis Agents [Agentes Para La Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA, MO, FQL
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA, MO, FQL
BETASERON 0.3 mg sc kit	5		PA, MO, FQL
COPAXONE 20 mg/ml sc soln pfs	5		PA, MO
COPAXONE 40 mg/ml sc soln pfs	5		PA, MO, FQL
dalfampridine er 10 mg tab er 12 hr	2	AMPYRA	MO, FQL
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	2	TECFIDERA	MO
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	2	TECFIDERA STARTER PACK	
fingolimod hcl 0.5 mg cap	2	GILENYA	MO, FQL
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	2	COPAXONE	MO, FQL
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA, MO
MAVENCLAD (10 TABS) 10 mg tab pack	5		PA
MAVENCLAD (4 TABS) 10 mg tab pack	5		PA
MAVENCLAD (5 TABS) 10 mg tab pack	5		PA
MAVENCLAD (6 TABS) 10 mg tab pack	5		PA
MAVENCLAD (7 TABS) 10 mg tab pack	5		PA
MAVENCLAD (8 TABS) 10 mg tab pack	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MAVENCLAD (9 TABS) 10 mg tab pack	5		PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA, MO
teriflunomide 14 mg tab, 7 mg tab	2	AUBAGIO	MO
ZEPOSIA 0.92 mg cap	5		PA, MO
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92mg(21) cap pack	5		PA
DENTAL AND ORAL AGENTS [AGENTES DENTALES Y ORALES]			
Dental And Oral Agents [Agentes Dentales Y Orales]			
cevimeline hcl 30 mg cap	2	EVOXAC	MO
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
EVOXAC 30 mg cap	4		MO
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	MO
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatological Agents [Agentes Dermatológicos]			
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	2	SORIATANE	
adapalene 0.1 % crm, 0.3 % gel	2	DIFFERIN	
ammonium lactate 12 % crm, 12 % lot	2	LAC-HYDRIN	
calcipotriene 0.005 % crm	2	DOVONEX	
calcipotriene 0.005 % ext soln	2	DOVONEX	
CONDYLOX 0.5 % gel	4		
doxycycline 40 mg cap dr	2	ORACEA	
DUPIXENT 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	5		PA, MO
fluorouracil 5 % crm	2	EFUDEX	
fluorouracil 2 % ext soln, 5 % ext soln	2	EFUDEX	
imiquimod 5 % crm	2	ALDARA	
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
methoxsalen rapid 10 mg cap	5	OXSORALEN-ULTRA	
OTEZLA 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA 10 & 20 & 30 mg tab pack	5		PA, FQL
OTEZLA 20 mg tab	5		PA, MO
OTEZLA 30 mg tab	5		PA, MO, FQL
pimecrolimus 1 % crm	2	ELIDEL	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
podofilox 0.5 % ext soln	2	CONDYLOX	
SANTYL 250 unit/gm oint	4		
selenium sulfide 2.5 % lot	1	SELSUN	
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA, MO
tacrolimus 0.03 % oint, 0.1 % oint	2	PROTOPIC	ST
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	5		PA, MO
tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel	2	TAZORAC	PA
TAZORAC 0.05 % crm	4		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	2	RETIN-A	PA
Dermatological Agents (combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
adapalene-benzoyl peroxide 0.1-2.5 % gel	2	EPIDUO	PA
benzoyl peroxide-erythromycin 5-3 % gel	2	BENZAMYCIN	
clotrimazole-betamethasone 1-0.05 % crm	2	LOTRISONE	
Pediculicides/scabicides [Pediculicidas/Escabicidas]			
ivermectin 1 % crm	2	SOOLANTRA	
permethrin 5 % crm	2	ELIMITE	
Topical Anti-infectives [Anti-Infecciosos Tópicos]			
ZELSUVMI 10.3 % gel	5		PA, QL(2 / 84)
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement [Reemplazo De Electrolitos/Minerales]			
CARBAGLU 200 mg tab sol	5		PA, LA, MO
ISOLYTE-S PH 7.4 iv soln	2		PA(*), HI
KLOR-CON M15 15 meq tab er	2		MO
levocarnitine 330 mg tab	2	CARNITOR	MO
levocarnitine 1 gm/10ml soln	2	CARNITOR	MO
magnesium sulfate 50 % inj soln	1		PA(*), HI
PLASMA-LYTE A iv soln	2		PA(*), HI
potassium chloride 10 meq/100ml iv soln	1		PA(*), HI
potassium chloride 2 meq/ml iv soln, 20 meq/100ml iv soln, 40 meq/100ml iv soln	2		PA(*), HI

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	2	K-SOL	MO
potassium chloride crys er 15 meq tab er	2	KLOR-CON	MO
potassium chloride er 15 meq tab er	2		MO
potassium chloride er 20 meq tab er	2	K-TAB	MO
potassium chloride er 8 meq tab er	1	KLOR-CON	MO
potassium chloride er 10 meq tab er	2	KLOR-CON	MO
potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln	2		PA(*), HI
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	
PR NATAL 440 EC 30-1 & 440 mg oral misc	2		
sodium chloride 0.9 % irrig soln	1		
sodium chloride 0.9 % iv soln	1		PA(*), HI
sodium chloride 0.45 % iv soln	2		HI
sodium chloride 3 % iv soln, 5 % iv soln	2		PA(*), HI
sodium fluoride 2.2 (1 F) mg tab	2		MO
Electrolyte/mineral Replacement (combination Product) [Reemplazo De Electrolitos/Minerales (Productos En Combinación)]			
CLINIMIX E/DEXTROSE (2.75/5) 2.75 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (5/15) 5 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (5/20) 5 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (5/15) 5 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (5/20) 5 % iv soln	4		PA(*), HI
CLINISOL SF 15 % iv soln	2		PA(*), HI
dextrose 10 % iv soln, 5 % iv soln	2		PA(*), HI
dextrose-sodium chloride 5-0.45 % iv soln, 5-0.9 % iv soln	1		HI

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
dextrose-sodium chloride 10-0.2 % iv soln, 10-0.45 % iv soln, 2.5-0.45 % iv soln, 5-0.2 % iv soln	2		PA(*), HI
INTRALIPID 20 % iv emul, 30 % iv emul	4		PA(*), HI
kcl in dextrose-nacl 10-5-0.45 meq/l-%-% iv soln, 20-5-0.2 meq/l-%-% iv soln, 20-5-0.45 meq/l-%-% iv soln, 20-5-0.9 meq/l-%-% iv soln, 30-5-0.45 meq/l-%-% iv soln, 40-5-0.45 meq/l-%-% iv soln	2		PA(*), HI
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	2	SUPREP BOWEL PREP KIT	
potassium cl in dextrose 5% 20 meq/l iv soln	2		PA(*), HI
PREMASOL 10 % iv soln	4		PA(*), HI
TPN ELECTROLYTES iv conc	2		PA(*), HI
TRAVASOL 10 % iv soln	4		PA(*), HI
TROPHAMINE 10 % iv soln	4		PA(*), HI
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	4		
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	2	JADENU	PA, MO
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA, MO
deferiprone 1000 mg tab, 500 mg tab	5	FERRIPROX	PA, MO
LOKELMA 10 gm pckt, 5 gm pckt	3		PA, MO
sodium polystyrene sulfonate oral pwdr	2	KAYEXALATE	
SPS 15 gm/60ml susp	2		
trientine hcl 250 mg cap	5	SYPRINE	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Anti-constipation Agents			
constulose 10 gm/15ml soln	1	CONSTULOSE	MO
enulose 10 gm/15ml soln	1	CONSTULOSE	MO
GAVILYTE-C 240 gm soln	2		
GAVILYTE-G 236 gm soln	2		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	2		
lactulose 10 gm/15ml soln	1	CONSTULOSE	MO
peg 3350-kcl-na bicarb-nacl 420 gm soln	2	NULYTELY	
peg-3350/electrolytes 236 gm soln	2	GOLYTELY	
Anti-diarrheal Agents [Agentes Antidiarreicos]			
alosetron hcl 0.5 mg tab, 1 mg tab	2	LOTRONEX	MO
XERMELO 250 mg tab	5		PA, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	PA, HR
dicyclomine hcl 10 mg/5ml soln	2	BENTYL	PA, HR
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
methscopolamine bromide 2.5 mg tab, 5 mg tab	2	PAMINE	
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
cromolyn sodium 100 mg/5ml oral conc	2	GASTROCROM	MO
diphenoxylate-atropine 2.5-0.025 mg tab	2	LOMOTIL	PA, HR
GATTEX 5 mg sc kit	5		PA, LA, MO
LOMOTIL 2.5-0.025 mg tab	4		PA, HR
loperamide hcl 2 mg cap	2	IMODIUM	
RELISTOR 8 mg/0.4ml sc soln	4		PA, QL(12 / 30)
RELISTOR 12 mg/0.6ml sc soln	4		PA, QL(18 / 30)
RELISTOR 150 mg tab	5		PA, QL(90 / 30)
REZDIFFRA 100 mg tab, 60 mg tab, 80 mg tab	5		PA, QL(30 / 30)
SEROSTIM 4 mg sc soln, 5 mg sc soln, 6 mg sc soln	5		PA, MO, FQL
ursodiol 300 mg cap	2	ACTIGALL	MO
ursodiol 250 mg tab, 500 mg tab	2	URSO	MO
VELSIPITY 2 mg tab	5		PA, MO, FQL
VOWST cap	5		PA
Histamine2 (h2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
cimetidine 200 mg tab	2	TAGAMET	
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	2	TAGAMET	MO
cimetidine hcl 300 mg/5ml soln	2	TAGAMET	MO
famotidine 20 mg tab, 40 mg tab	1	PEPCID	MO
famotidine 40 mg/5ml susp	2	PEPCID	MO
Irritable Bowel Syndrome Agents [Agentes Para El Síndrome Del Colon Irritable]			
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		MO
lubiprostone 24 mcg cap, 8 mcg cap	2	AMITIZA	MO
VIBERZI 100 mg tab, 75 mg tab	5		PA, MO
Protectants [Protectores]			
CARAFATE 1 gm/10ml susp	4		MO
CYTOTEC 100 mcg tab, 200 mcg tab	4		MO
misoprostol 100 mcg tab, 200 mcg tab	2	CYTOTEC	MO
sucralfate 1 gm tab	2	CARAFATE	MO
sucralfate 1 gm/10ml susp	2	CARAFATE	MO
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
dexlansoprazole 30 mg cap dr	2		QL(30 / 30), ST, MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
dexlansoprazole 60 mg cap dr	2	DEXILANT	QL(30 / 30), ST, MO
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	2	NEXIUM	QL(30 / 30), MO
lansoprazole 30 mg cap dr	1	PREVACID	MO
lansoprazole 15 mg cap dr	2	PREVACID	MO
omeprazole 40 mg cap dr	1	PRILOSEC	QL(30 / 30), MO
omeprazole 10 mg cap dr, 20 mg cap dr	1	PRILOSEC	QL(60 / 30), MO
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	MO
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, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		MO
CYSTADANE oral pwdr	5		MO
CYSTAGON 150 mg cap, 50 mg cap	4		PA, MO
miglustat 100 mg cap	5	ZAVESCA	PA, LA, MO
nitisinone 10 mg cap, 2 mg cap, 5 mg cap	5	ORFADIN	PA, MO
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA, MO
ORFADIN 4 mg/ml susp	5		PA, MO
ORFADIN 20 mg cap	5		PA, MO
PROLASTIN-C 1000 mg/20ml iv soln	5		PA^, LA
RAVICTI 1.1 gm/ml liq	5		PA, MO
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	5	KUVAN	PA, MO
sodium phenylbutyrate 3 gm/tsp oral pwdr	2	BUPHENYL	PA, MO
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		MO
oxybutynin chloride 5 mg tab	2	DITROPAN	MO
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	2	DITROPAN	MO
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	MO
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL LA	MO
trospium chloride 20 mg tab	2	SANCTURA	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
trospium chloride er 60 mg cap er 24 hr	2	SANCTURA XR	MO
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	MO
dutasteride 0.5 mg cap	2	AVODART	ST, MO
finasteride 5 mg tab	1	PROSCAR	MO
tadalafil 2.5 mg tab, 5 mg tab	2	CIALIS	PA, QL(30 / 30), MO
tamsulosin hcl 0.4 mg cap	1	FLOMAX	MO
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	2	URECHOLINE	
ELMIRON 100 mg cap	4		
LITHOSTAT 250 mg tab	4		MO
penicillamine 250 mg tab	2	DEPEN TITRATABS	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
alclometasone dipropionate 0.05 % crm	2	ACLOVATE	
betamethasone dipropionate 0.05 % crm, 0.05 % oint	2	DIPROSONE	
betamethasone dipropionate 0.05 % lot	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	2	DIPROLENE	
betamethasone valerate 0.1 % crm, 0.1 % oint	2	BETA-VAL	
betamethasone valerate 0.1 % lot	2	BETA-VAL	
clobetasol propionate 0.05 % lot, 0.05 % shampoo	2	CLOBEX	
clobetasol propionate 0.05 % oint	2	TEMOVATE	
clobetasol propionate 0.05 % ext soln	2	TEMOVATE	
clobetasol propionate 0.05 % crm	2	TEMOVATE-E	
clobetasol propionate e 0.05 % crm	2	TEMOVATE-E	
desonide 0.05 % crm	2	DESOWEN	
desoximetasone 0.05 % gel, 0.25 % crm	2	TOPICORT	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	2		
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab	1	DECADRON	
dexamethasone 6 mg tab	2	DECADRON	
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	2	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	2	SYNALAR	
fluocinolone acetonide scalp 0.01 % ext oil	2	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % oint	2	LIDEX	
fluocinonide 0.05 % ext soln	2	LIDEX	
fluocinonide emulsified base 0.05 % crm	2	LIDEX-E	
fluticasone propionate 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.005 % oint	2	CUTIVATE	
hydrocortisone 1 % crm	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone 100 mg/60ml rect enema	2	CORTENEMA	
hydrocortisone 1 % oint, 2.5 % oint	1	HYTONE	
hydrocortisone (perianal) 2.5 % crm	1	ANUSOL HC	
hydrocortisone butyrate 0.1 % oint	2	LOCOID	
hydrocortisone valerate 0.2 % crm	2	WESTCORT	
mometasone furoate 0.1 % oint	1	ELOCON	
mometasone furoate 0.1 % crm	2	ELOCON	
mometasone furoate 0.1 % ext soln	2	ELOCON	
ORAPRED ODT 10 mg tab disint	4		
prednisolone 15 mg/5ml soln	2	PRELONE	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	2	PEDIAPRED	
prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg tab, 50 mg tab	1		
prednisone 10 mg (21) tab pack, 10 mg (48) tab pack, 5 mg (48) tab pack	2		
prednisone 5 mg/5ml soln	2		
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint	1	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot	2	KENALOG	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
desmopressin ace spray refrig 0.01 % nasal soln	2	MINIRIN	MO
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	MO
GENOTROPIN 12 mg sc cart, 5 mg sc cart	5		PA, MO
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe	4		PA, MO
GENOTROPIN MINIQUICK 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	5		PA, MO
HUMATROPE 12 mg Injection Cartridge, 24 mg Injection Cartridge, 6 mg Injection Cartridge	5		PA, MO
INCRELEX 40 mg/4ml sc soln	5		PA, LA, MO
NORDITROPIN FLEXPRO 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 10 10 mg/2ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 20 20 mg/2ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 5 5 mg/2ml sc soln pen-inj	5		PA, MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Androgens [Andrógenos]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel	2	ANDROGEL	PA, QL(150 / 30), MO
testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	2	ANDROGEL	PA, QL(300 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
testosterone cypionate 100 mg/ml im soln	1	DEPO-TESTOSTERONE	PA, MO
testosterone cypionate 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA, MO
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA, MO
Estrogens [Estrógenos]			
estradiol 0.1 mg/gm vag crm	2	ESTRACE	MO
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	PA, MO, HR
estradiol 10 mcg vag tab	2	VAGIFEM	QL(18 / 30), MO
estradiol valerate 40 mg/ml im oil	2	DELESTROGEN	
PREMARIN 0.625 mg/gm vag crm	3		MO
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	3		PA, MO, HR
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers) (combination Product) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Hormonas Sexuales/Modificadores) (Productos En Combinación)]			
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	MO
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	PA, MO, HR
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28), MO
norelgestromin-eth estradiol 150-35 mcg/24hr tdwk patch	2		QL(3 / 28), MO
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	MO
Progestins [Progestinas]			
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(0.65 / 90)
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	2	DEPO-PROVERA	QL(1 / 90)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	MO
megestrol acetate 40 mg/ml susp	2	MEGACE	PA, HR
megestrol acetate 20 mg tab, 40 mg tab	2	MEGACE	PA, HR
MIRENA (52 MG) 20 mcg/day iud	3		PA(*), QL(1 / 999)
NEXPLANON 68 mg sc implant	3		PA^, QL(1 / 999)
norethindrone 0.35 mg tab	1	NOR-QD	MO
norethindrone acetate 5 mg tab	2	AYGESTIN	MO
progesterone 100 mg cap, 200 mg cap	2	PROMETRIUM	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
DUAVEE 0.45-20 mg tab	3		PA, QL(30 / 30), MO, HR
raloxifene hcl 60 mg tab	2	EVISTA	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
levothyroxine sodium 25 mcg tab	1	SYNTHROID	MO
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2	SYNTHROID	MO
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	4		MO
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	2	CYTOMEL	MO
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		MO
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) [AGENTES HORMONALES, SUPRESORES (ADRENALES)]			
Hormonal Agents, Suppressant (adrenal) [Agentes Hormonales, Supresores (Adrenales)]			
ISTURISA 1 mg tab	5		PA, QL(240 / 30), MO
ISTURISA 5 mg tab	5		PA, QL(360 / 30), MO
LYSODREN 500 mg tab	5		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]			
Hormonal Agents, Suppressant (pituitary) [Agentes Hormonales, Supresores (Pituitaria)]			
cabergoline 0.5 mg tab	2	DOSTINEX	
ELIGARD 7.5 mg sc kit	4		PA(*), QL(1 / 28)
ELIGARD 22.5 mg sc kit	4		PA(*), QL(1 / 84)
ELIGARD 30 mg sc kit	4		PA(*), QL(1 / 120)
ELIGARD 45 mg sc kit	4		PA(*), QL(1 / 180)
leuprolide acetate 1 mg/0.2ml inj kit	2	LUPRON	PA(*)
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA(*), QL(1 / 28)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA(*), QL(1 / 84)
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA(*), QL(1 / 90)
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA(*), QL(1 / 168)
LUPRON DEPOT-PED (1-MONTH) 7.5 mg im kit	5		PA(*), QL(1 / 30)
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit	5		PA(*), QL(1 / 90)
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		PA(*), QL(1 / 180)
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	2	SANDOSTATIN	PA^, MO
ORGOVYX 120 mg tab	5		PA
SANDOSTATIN 50 mcg/ml inj soln, 500 mcg/ml inj soln	4		PA^, MO
SANDOSTATIN 100 mcg/ml inj soln	5		PA^, MO
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA^, MO
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA^, LA, MO
SYNAREL 2 mg/ml nasal soln	5		
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	MO
propylthiouracil 50 mg tab	2		MO
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Angioedema Agents [Agentes De La Angioedema]			
CINRYZE 500 unit iv soln	5		PA(*), HI
icatibant acetate 30 mg/3ml sc soln pfs	5		PA
Immune Suppressants [Inmunosupresores]			
AFINITOR DISPERZ 5 mg tab sol	5		PA, QL(120 / 30)
AFINITOR DISPERZ 3 mg tab sol	5		PA, QL(180 / 30)
AFINITOR DISPERZ 2 mg tab sol	5		PA, QL(300 / 30)
ASTAGRAF XL 0.5 mg cap er 24 hr, 1 mg cap er 24 hr	4		PA^, MO
ASTAGRAF XL 5 mg cap er 24 hr	5		PA^, MO
AZASAN 100 mg tab, 75 mg tab	4		PA^, MO
azathioprine 50 mg tab	2	IMURAN	PA^, MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
CELLCEPT 200 mg/ml susp	5		PA^, MO
cyclosporine 100 mg cap, 25 mg cap	2	SANDIMMUNE	PA^, MO
cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap	2	NEORAL	PA^, MO
cyclosporine modified 100 mg/ml soln	2	NEORAL	PA^, MO
ENBREL 25 mg/0.5ml sc soln pfs	5		PA, QL(4.08 / 28), MO
ENBREL 25 mg/0.5ml sc soln, 50 mg/ml sc soln pfs	5		PA, QL(8 / 28), MO
ENBREL MINI 50 mg/ml sc soln cart	5		PA, QL(8 / 28), MO
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA, QL(8 / 28), MO
everolimus 0.25 mg tab	2	ZORTRESS	PA^, MO
everolimus 0.5 mg tab, 0.75 mg tab, 1 mg tab	5	ZORTRESS	PA^, MO
GENGRAF 100 mg cap, 25 mg cap	2		PA^, MO
HUMIRA (2 PEN) 80 mg/0.8ml sc pen-inj kit	5		PA, QL(2 / 28), MO
HUMIRA (2 PEN) 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	5		PA, QL(6 / 28), MO
HUMIRA (2 SYRINGE) 20 mg/0.2ml sc pfs kit	5		PA, QL(2 / 28), MO
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA, QL(6 / 28), MO
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml sc pen-inj kit	5		PA, MO
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA, MO
IMURAN 50 mg tab	4		PA^, MO
methotrexate sodium 2.5 mg tab	2		
methotrexate sodium 50 mg/2ml inj soln	2		PA(*)
methotrexate sodium (pf) 50 mg/2ml inj soln	1		PA(*)
mycophenolate mofetil 250 mg cap, 500 mg tab	2	CELLCEPT	PA^, MO
mycophenolate mofetil 200 mg/ml susp	5	CELLCEPT	PA^, MO
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	2	MYFORTIC	PA^, MO
MYFORTIC 180 mg tab dr	4		PA^, MO
MYFORTIC 360 mg tab dr	5		PA^, MO
NEORAL 100 mg cap, 25 mg cap	4		PA^, MO
NEORAL 100 mg/ml soln	4		PA^, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA, MO, FQL
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA, MO
PROGRAF 0.2 mg pckt, 0.5 mg cap, 1 mg cap, 1 mg pckt	4		PA^, MO
PROGRAF 5 mg cap	5		PA^, MO
REZUROCK 200 mg tab	5		PA, LA, MO, FQL
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	5		PA, MO, FQL
RINVOQ LQ 1 mg/ml soln	5		PA, MO
SANDIMMUNE 100 mg cap, 25 mg cap	4		PA^, MO
sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab	2	RAPAMUNE	PA^, MO
sirolimus 1 mg/ml soln	5	RAPAMUNE	PA^, MO
SKYRIZI 150 mg/ml sc soln pfs, 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart	5		PA, MO
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA, MO
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	2	PROGRAF	PA^, MO
XELJANZ 10 mg tab, 5 mg tab	5		PA, MO
XELJANZ 1 mg/ml soln	5		PA, MO
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA, MO
Immunizing Agents, Passive [Agentes Inmunizantes, Pasivos]			
BEXSERO im susp pfs	6		
GAMMAGARD 2.5 gm/25ml inj soln	5		PA^
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	5		PA^
GAMMAPLEX 10 gm/200ml iv soln	3		PA^
GAMMAPLEX 10 gm/100ml iv soln, 20 gm/200ml iv soln, 5 gm/50ml iv soln	5		PA^
GAMUNEX-C 1 gm/10ml inj soln	5		PA^
PRIVIGEN 20 gm/200ml iv soln	5		PA(*), HI
Immunological Agents, Other [Agentes Inmunológicos, Otros]			
TAVNEOS 10 mg cap	5		PA, MO
Immunomodulators [Inmunomoduladores]			
ACTIMMUNE 100 mcg/0.5ml sc soln	5		PA, LA, MO
ARCALYST 220 mg sc soln	5		PA, MO
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA^, MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
leflunomide 10 mg tab, 20 mg tab	2	ARAVA	MO
RIDAURA 3 mg cap	5		MO
Vaccines [Vacunas]			
ABRYSVO 120 mcg/0.5ml im soln	6		
ACTHIB im soln	6		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	6		
AREXVY 120 mcg/0.5ml im susp	6		
bcg vaccine 50 mg inj soln	6		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp, 5-2.5-18.5 lf-mcg/0.5 im susp pfs	6		
DAPTACEL 23-15-5 im susp	6		
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe, 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	6		PA(*)
GARDASIL 9 im susp, im susp pfs	6		PA, QL(1.5 / 365)
HAVRIX 1440 el u/ml im susp, 720 el u/0.5ml im susp	6		
HEPLISAV-B 20 mcg/0.5ml im soln pfs	6		PA(*)
HIBERIX 10 mcg inj soln	6		
IMOVAX RABIES 2.5 unit/ml im susp	6		PA(*)
INFANRIX 25-58-10 im susp	6		
IPOL inj	6		
IXIARO im susp	6		
JYNNEOS 0.5 ml sc susp	6		
KINRIX 0.5 ml im susp pfs	6		
M-M-R II inj soln	6		
MENQUADFI 0.5 ml im soln	6		
MENVEO im soln	6		
MRESVIA 50 mcg/0.5ml im susp pfs	6		QL(0.5 / 999)
PEDIARIX im susp pfs	6		
PEDVAX HIB 7.5 mcg/0.5ml im susp	6		
PENBRAYA im susp	6		
penmenvy im susp	6		
PENTACEL im susp	6		
PRIORIX sc susp	6		
PROQUAD sc susp	6		
QUADRACEL im susp, 0.5 ml im susp pfs	6		
RABAVERT im susp	6		PA(*)
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe, 40 mcg/ml inj susp, 5	6		PA(*)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe			
ROTARIX susp	6		
ROTATEQ soln	6		
SHINGRIX 50 mcg/0.5ml im susp	6		QL(2 / 999)
TENIVAC 5-2 lfu im inj	6		
TICOVAC 1.2 mcg/0.25ml im susp pfs, 2.4 mcg/0.5ml im susp pfs	6		
TRUMENBA im susp pfs	6		
TWINRIX 720-20 elu-mcg/ml im susp pfs	6		PA(*)
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	6		
VAQTA 25 unit/0.5ml im susp, 50 unit/ml im susp	6		
VARIVAX 1350 pfu/0.5ml sc inj	6		
VAXCHORA susp	6		
VIMKUNYA 40 mcg/0.8ml im susp pfs	6		QL(0.8 / 999)
VIVOTIF cap dr	6		
YF-VAX sc inj	6		
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates [Aminosalicilatos]			
balsalazide disodium 750 mg cap	2	COLAZAL	
mesalamine 800 mg tab dr	2	ASACOL HD	
mesalamine 1000 mg rect supp	2	CANASA	
mesalamine 400 mg cap dr	2	DELZICOL	MO
mesalamine 4 gm rect enema	2	ROWASA	
mesalamine er 500 mg cap er	2	PENTASA	MO
PENTASA 250 mg cap er	4		MO
sulfasalazine 500 mg tab	1	AZULFIDINE	MO
sulfasalazine 500 mg tab dr	2	AZULFIDINE	MO
Glucocorticoids [Glucocorticoides]			
budesonide 3 mg cap dr prt	2	ENTOCORT	
budesonide er 9 mg tab er 24 hr	5	UCERIS	
methylprednisolone 32 mg tab, 4 mg tab, 4 mg tab pack	1	MEDROL	
methylprednisolone 16 mg tab, 8 mg tab	2	MEDROL	
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
alendronate sodium 10 mg tab	1	FOSAMAX	MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
alendronate sodium 35 mg tab, 70 mg tab	1	FOSAMAX	QL(4 / 28), MO
alendronate sodium 70 mg/75ml soln	2	FOSAMAX	MO
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	QL(3.7 / 30), MO
calcitriol 0.25 mcg cap	1	ROCALTROL	MO
calcitriol 0.5 mcg cap	2	ROCALTROL	MO
calcitriol 1 mcg/ml soln	2	ROCALTROL	MO
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	2	SENSIPAR	PA(*), MO
FORTEO 600 mcg/2.4ml sc soln pen-inj	5		PA, MO
ibandronate sodium 150 mg tab	1	BONIVA	QL(1 / 28), ST, MO
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	2	ZEMPLAR	PA, MO
PROLIA 60 mg/ml sc soln pfs	4		PA(*), QL(1 / 180)
risedronate sodium 150 mg tab, 35 mg tab	2	ACTONEL	ST, MO
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	5		PA, MO
XGEVA 120 mg/1.7ml sc soln	5		PA(*), QL(1.7 / 28)
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]			
Ophthalmic Agents (combination Product) [Agentes Oftálmicos (Productos En Combinación)]			
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	QL(7 / 30)
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	QL(7 / 30)
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	2	COMBIGAN	QL(5 / 25), MO
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	1	COSOPT	QL(10 / 30), MO
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	QL(7 / 30)
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	2	MAXITROL	QL(7 / 30)
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	2	MAXITROL	QL(30 / 25)
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	QL(20 / 30)
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	2	CORTISPORIN	QL(30 / 25)
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	QL(20 / 30)
SIMBRINZA 1-0.2 % ophth susp	3		QL(8 / 25), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sulfacetamide-prednisolone 10-0.23 % ophth soln	2	VASOCIDIN	QL(20 / 25)
TOBRADEX ST 0.3-0.05 % ophth susp	4		QL(15 / 25)
tobramycin-dexamethasone 0.3-0.1 % ophth susp	2	TOBRADEX	QL(15 / 25)
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
atropine sulfate 1 % ophth soln	2	ISOPTO ATROPINE	QL(15 / 15), MO
CYSTARAN 0.44 % ophth soln	5		PA, QL(60 / 28), MO
RESTASIS 0.05 % ophth emul	3		QL(60 / 30), MO
RESTASIS MULTIDOSE 0.05 % ophth emul	3		QL(60 / 30), MO
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	QL(6 / 30)
cromolyn sodium 4 % ophth soln	1	OPTICROM	QL(30 / 25)
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
brimonidine tartrate 0.1 % ophth soln	2		QL(10 / 30), MO
brimonidine tartrate 0.2 % ophth soln	1	ALPHAGAN	QL(10 / 30), MO
brimonidine tartrate 0.15 % ophth soln	2	ALPHAGAN	QL(10 / 30), MO
brinzolamide 1 % ophth susp	2	AZOPT	QL(15 / 30), MO
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	QL(10 / 30), MO
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	QL(10 / 25), MO
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTO CARPINE	QL(15 / 30), MO
RHOPRESSA 0.02 % ophth soln	3		QL(2.5 / 25), ST, MO
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	QL(5 / 25), MO
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	QL(20 / 25)
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	QL(5 / 30)
difluprednate 0.05 % ophth emul	2	DUREZOL	QL(10 / 30)
fluorometholone 0.1 % ophth susp	2	FML	QL(20 / 25)
flurbiprofen sodium 0.03 % ophth soln	2	OCUFEN	QL(2.5 / 30)
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	QL(10 / 30)
ketorolac tromethamine 0.4 % ophth soln	2	ACULAR	QL(5 / 30)
loteprednol etabonate 0.5 % ophth susp	2	LOTEMAX	QL(20 / 25)
NEVANAC 0.1 % ophth susp	4		QL(3 / 30)
prednisolone acetate 1 % ophth susp	2	PRED FORTE	QL(20 / 25)
prednisolone sodium phosphate 1 % ophth soln	2		QL(20 / 25)

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
bimatoprost 0.03 % ophth soln	2	LUMIGAN	QL(5 / 25), MO
latanoprost 0.005 % ophth soln	1	XALATAN	QL(2.5 / 25), MO
LUMIGAN 0.01 % ophth soln	3		QL(2.5 / 25), MO
travoprost (bak free) 0.004 % ophth soln	2	TRAVATAN	QL(2.5 / 25), MO
VYZULTA 0.024 % ophth soln	4		QL(2.5 / 25), MO
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents [Agentes Óticos]			
fluocinolone acetonide 0.01 % otic oil	2	DERMOTIC	
Otic Agents (combination Product) [Agentes Óticos (Productos En Combinación)]			
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	2	CIPRODEX	
hydrocortisone-acetic acid 1-2 % otic soln	2	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Antihistamines [Antihistamínicos]			
azelastine hcl 0.1 % nasal soln	2	ASTELIN	QL(30 / 25)
cetirizine hcl 5 mg/5ml soln	1	ZYRTEC	QL(300 / 30)
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		QL(60 / 30), ST
cyproheptadine hcl 4 mg tab	2	PERIACTIN	PA, QL(150 / 30), HR
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	PA, QL(2400 / 30), HR
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	2	CLARINEX	QL(30 / 30), ST
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	QL(30 / 30)
levocetirizine dihydrochloride 2.5 mg/5ml soln	2	XYZAL	QL(300 / 30), ST
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
budesonide 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	2	PULMICORT	PA(*), QL(60 / 30), MO
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)
fluticasone propionate hfa 44 mcg/act inh aer	2		QL(10.6 / 30), MO
fluticasone propionate hfa 220 mcg/act inh aer	2		QL(24 / 30), MO
fluticasone propionate hfa 110 mcg/act inh aer	2		QL(48 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	3		QL(2 / 30), MO
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(21.2 / 30), MO
Antileukotrienes [Antileucotrienos]			
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	QL(30 / 30), MO
montelukast sodium 4 mg pckt	2	SINGULAIR	QL(30 / 30), MO
zafirlukast 10 mg tab, 20 mg tab	2	ACCOLATE	QL(60 / 30), MO
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30), MO
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwdr br act	3		QL(30 / 30), MO
ipratropium bromide 0.02 % inh soln	1	ATROVENT	PA(*), QL(250 / 25), MO
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	2	ATROVENT	QL(30 / 25), MO
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30), MO
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	ACCUNEB	PA(*), QL(360 / 30), MO
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	QL(2400 / 30), MO
albuterol sulfate 2.5 mg/0.5ml inh neb soln	2	PROVENTIL	PA(*), QL(60 / 30), MO
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	2	PROVENTIL	PA(*), QL(360 / 30), MO
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(36 / 30), MO
epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	2	ADRENACLICK	QL(2 / 30)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	2	EPIPEN JR	QL(2 / 30)
levalbuterol tartrate 45 mcg/act inh aer	2	XOPENEX HFA	QL(30 / 30), MO
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	3		QL(60 / 30), MO
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
terbutaline sulfate 2.5 mg tab, 5 mg tab	2	BRETHINE	QL(90 / 30), MO
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Cystic Fibrosis Agents [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	5		PA, QL(84 / 28)
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt, 5.8 mg pckt, 50 mg pckt, 75 mg pckt	5		PA, QL(56 / 28), MO
ORKAMBI 100-125 mg pckt, 150-188 mg pckt, 75-94 mg pckt	5		PA, QL(56 / 28), MO
ORKAMBI 100-125 mg tab, 200-125 mg tab	5		PA, QL(112 / 28), MO
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	5		PA, QL(56 / 28), MO
tobramycin 300 mg/5ml inh neb soln	5	TOBI	PA(*), QL(280 / 28), MO
Mast Cell Stabilizers [Estabilizadores De Los Mastocitos]			
cromolyn sodium 20 mg/2ml inh neb soln	2	INTAL	PA(*), QL(240 / 30), MO
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
roflumilast 250 mcg tab	2	DALIRESP	QL(28 / 28), MO
roflumilast 500 mcg tab	2	DALIRESP	QL(30 / 30), MO
theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr	2	THEO-DUR	MO
theophylline er 300 mg tab er 12 hr	2	THEO-DUR	QL(180 / 30), MO
theophylline er 400 mg tab er 24 hr	2	UNIPHYL	QL(30 / 30), MO
theophylline er 600 mg tab er 24 hr	2	UNIPHYL	QL(90 / 30), MO
Pulmonary Antihypertensives [Antihipertensivos Pulmonares]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA, QL(90 / 30), LA, MO, FQL
ambrisentan 10 mg tab, 5 mg tab	5	LETAIRIS	PA, QL(30 / 30), LA, MO
bosentan 125 mg tab	2	TRACLEER	PA, QL(60 / 30), LA, MO, FQL
bosentan 62.5 mg tab	5	TRACLEER	PA, QL(60 / 30), LA, MO, FQL
OPSUMIT 10 mg tab	5		PA, QL(30 / 30), LA, MO, FQL
sildenafil citrate 20 mg tab	2	REVATIO	PA, QL(90 / 30), MO
tadalafil (pah) 20 mg tab	2	ADCIRCA	PA, QL(60 / 30), MO, FQL
TRACLEER 125 mg tab, 62.5 mg tab	5		PA, QL(60 / 30), LA, MO, FQL
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	5		PA, QL(60 / 30), MO, FQL

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
UPTRAVI TITRATION 200 & 800 mcg tab pack	5		PA, QL(200 / 30), FQL
Pulmonary Fibrosis Agents [Agentes Para La Fibrosis Pulmonar]			
OFEV 100 mg cap, 150 mg cap	5		PA, QL(60 / 30), MO
pirfenidone 801 mg tab	5	ESBRIET	PA, QL(90 / 30), MO
pirfenidone 267 mg cap, 267 mg tab	5	ESBRIET	PA, QL(270 / 30), MO
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
acetylcysteine 20 % inh soln	2	MUCOMYST	PA(*), QL(600 / 30)
acetylcysteine 10 % inh soln	2	MUCOMYST	PA(*), QL(1200 / 30)
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30), MO
ARIKAYCE 590 mg/8.4ml inh susp	5		PA
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30), MO
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30), MO
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	3		QL(10.7 / 30), MO
budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2	SYMBICORT	QL(10.2 / 30), MO
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(8 / 30), MO
FASENRA 10 mg/0.5ml sc soln pfs	5		PA, QL(1.5 / 28), MO
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA, QL(1 / 28), MO
fluticasone-salmeterol 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30), MO
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	2	AIRDUO	QL(1 / 30), MO
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	PA(*), QL(180 / 30), MO
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA(*), QL(150 / 30), MO
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30), MO

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30), MO
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	3		QL(60 / 30), MO
XOLAIR 150 mg sc soln	5		PA(*), QL(6 / 28)
XOLAIR 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		PA(*), QL(8 / 28)
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos]			
cyclobenzaprine hcl 7.5 mg tab	2	FEXMID	PA, HR
cyclobenzaprine hcl 10 mg tab, 5 mg tab	2	FLEXERIL	PA, HR
tizanidine hcl 2 mg tab, 4 mg tab	1	ZANAFLEX	
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
temazepam 15 mg cap, 30 mg cap	1	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	2	SONATA	QL(30 / 30), HR
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
doxepin hcl 3 mg tab, 6 mg tab	2	SILENOR	QL(30 / 30), HR
HETLIOZ LQ 4 mg/ml susp	5		PA, MO
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	PA, MO
PROVIGIL 100 mg tab, 200 mg tab	5		PA, MO
ramelteon 8 mg tab	2	ROZEREM	
sodium oxybate 500 mg/ml soln	5		PA
tasimelteon 20 mg cap	5		PA, QL(30 / 30), MO
zolpidem tartrate 10 mg tab, 5 mg tab	2	AMBIEN	PA, HR
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	2	AMBIEN CR	PA, HR

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

List of Additional Covered Medications

Drug Name [Nombre del Medicamento]	Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ADDITIONAL COVERED MEDICATIONS [MEDICAMENTOS ADICIONALES CUBIERTOS] Additional medications are covered in certain plans. Please, refer to the Evidence of Coverage from your plan. [Los medicamentos adicionales están cubiertos en ciertos planes. Por favor, haga referencia a la Evidencia de Cubierta de su plan.]			
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
CIALIS 10 mg tab, 20 mg tab	4		QL(6 / 30)
cyanocobalamin inj soln 1000 mcg/ml	2		
folic acid 1 mg tab	1		
promethazine-codeine 6.25-10 mg/5 ml syr	1	PHENERGAN/CODEINE	
phytonadione 5 mg tab	3	MEPHYTON	
sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab	2	VIAGRA	QL(6 / 30)
tadalafil 10 mg tab, 20 mg tab	2	CIALIS	QL(6 / 30)
VIAGRA 100 mg tab, 25 mg tab, 50 mg tab	4		QL(6 / 30)
vitamin d (ergocalciferol) 50000 unit cap	1	DRISDOL	

[1] Please refer to page 10 for a list of abbreviations for requirements / limits

Over the Counter (OTC) Covered Drug List

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
This plan requires a prescription in order for you to obtain your OTC medications. [Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC].	
12 hr cetirizine hydrochloride 5 mg / pseudoephedrine hydrochloride 120 mg tab er	ZYRTEC-D ALLERGY & CONGESTION
12 hr fexofenadine hydrochloride 60 mg / pseudoephedrine hydrochloride 120 mg tab er	ALLEGRA-D ALLERGY & CONGESTION
12 hr loratadine 5 mg / pseudoephedrine sulfate 120 mg tab er	CLARITIN-D 12 HOUR, ALAVERT ALLERGY/SINUS
24 hr loratadine 10 mg / pseudoephedrine sulfate 240 mg tab er	CLARITIN-D 24 HOUR
cetirizine hydrochloride 1 mg/ml soln, 10 mg tab chew, 10 mg tab disint, 10 mg cap, 10 mg tab, 5 mg tab chew, 5 mg tab	ZYRTEC ALLERGY
docosanol 100 mg/ml crm	ABREVA
fexofenadine hydrochloride 180 mg tab, 30 mg tab disint, 6 mg/ml susp, 60 mg tab	ALLEGRA ALLERGY
levocetirizine dihydrochloride 5 mg tab	XYZAL ALLERGY 24HR
loratadine 1 mg/ml soln, 10 mg tab disint, 10 mg cap, 10 mg tab, 5 mg tab chew	CLARITIN, ALAVERT

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T

Triple-S Advantage Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-888-620-1919 (TTY: 1-866-620-2520).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística están disponibles libre de cargo para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520).

This formulary was updated on **September 23, 2025**. For more recent information or other questions, please contact Triple-S Advantage Member Services at **1-888-620-1919** or, for TTY users, **1-866-620-2520**, Monday to Sunday from 8:00 a.m. to 8:00 p.m., or visit www.sssadvantage.com.