

Medtronic

Lista de Medicamentos o Formulario Medtronic Formulary 2026

*Drug List or Formulary
Medtronic Formulary 2026*

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

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

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

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

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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)]			
JOURNAVX 50 mg tab	2		QL(30 / 90)
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
A.A.G.C. KIT IN TERODERM 8-4-10-4 % crm	3		
acetaminophen 10 mg/ml iv soln	1	OFIRMEV	
ALLZITAL 25-325 mg tab	3		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
bupap 50-300 mg tab	3	ORBIVAN CF	QL(18 / 30)
butalbital-acetaminophen 50-300 mg cap	1		
butalbital-acetaminophen 50-300 mg tab	1	ORBIVAN CF	QL(18 / 30)
butalbital-acetaminophen 25-325 mg tab	1	PHRENILIN	
butalbital-acetaminophen 50-325 mg tab	1	PHRENILIN	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	1	FIORICET	QL(18 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	1	FIORINAL	QL(18 / 30)
clonidine hcl (analgesia) 500 mcg/ml epidur soln	1		
clonidine hcl (analgesia) 100 mcg/ml epidur soln	1	DURACLON	
DURACLON 100 mcg/ml epidur soln	3		
enovarx-tramadol 5 % crm	3		
ESGIC 50-325-40 mg tab	3		QL(18 / 30)
esgic 50-325-40 mg cap	3	ESGIC	QL(18 / 30)
FIORICET 50-300-40 mg cap	3		QL(18 / 30)
LOTREXONE 1.5 mg cap, 4.5 mg cap	3		
NALTREX 1.5 mg cap, 4.5 mg cap	3		
NEURAPTINE 10 % crm	3		
OFIRMEV 10 mg/ml iv soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TENCON 50-325 mg tab	3		QL(18 / 30)
<i>turpentine External Spirit</i>	1		
VTOL LQ 50-325-40 mg/15ml soln	3		
<i>zebutal 50-325-40 mg cap</i>	3	ESGIC	QL(18 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
ANAPROX DS 550 mg tab	3		
ANJESO 30 mg/ml iv inj	3		
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	3		
CALDOLOR 800 mg/200ml iv soln, 800 mg/8ml iv soln	3		
CAMBIA 50 mg pckt	3		
<i>capsfenac pak 1.5 & 0.025 % ext pack</i>	3		
<i>capsinac 0.025-1.5 % ext pack</i>	3		
<i>cataflam 50 mg tab</i>	3	CATAFLAM	
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	3		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
COMBOGESIC 325-97.5 mg tab	3		
COXANTO 300 mg cap	3		
DAYPRO 600 mg tab	3		
DERMACINRX LEXITRAL	3		
PHARMAPAK 1.5 & 0.025 % ext pack	3		
<i>dfs dr/ms/menth/cap pak 75 mg cmb kit</i>	3		
<i>dfs/ms/menth/cap pak 1.5&25-6-0.025 % ext kit</i>	3		
<i>diclofenac 35 mg cap</i>	3	ZORVOLEX	
<i>diclofenac epolamine 1.3 % patch</i>	3	FLECTOR	
<i>diclofenac potassium 25 mg tab</i>	1		
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	1	ZIPSOR	
<i>diclofenac potassium(migraine) 50 mg pckt</i>	1		
<i>diclofenac sodium 2 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 1.5 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab</i>	1	ARTHROTEC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dr, 75-0.2 mg tab dr</i>			
DICLOFONO 1.6 % gel	3		
<i>dicloheal-60 1.5 & 0.025 % ext pack</i>	3		
<i>diclopr 1 & 10-30 % ext kit</i>	3		
<i>diclosaicin 1.5-0.025 % ext pack</i>	3		
<i>diclostream 1.5-10 % ext pack</i>	3		
DICLOTREX 1.5 & 4-10 % ext pack	3		
DICLOTREX II 1.5 & 4-10 % ext pack	3		
<i>diclovix 1.5 & 2-2.5-4 % ext kit</i>	3		
<i>diclovix m 1.5-8 % ext pack</i>	3		
<i>diclozor 1 % ext pack</i>	3		
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>dimentho 1.5 & 10 % ext pack</i>	3		
DOLOBID 375 mg tab	3		
<i>dual complex formula 1 kit crm</i>	3		
DUEXIS 800-26.6 mg tab	3		
EC-NAPROSYN 375 mg tab dr, 500 mg tab dr	3		
<i>ec-naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>enovarx-diclofenac sodium 2.5 % crm</i>	3		
<i>enovarx-ibuprofen 10 % crm</i>	3		
<i>enovarx-naproxen 10 % crm</i>	3		
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fbl kit 15-4-5 % crm</i>	3		
FELDENE 10 mg cap, 20 mg cap	3		
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	
FENORTHO 200 mg cap	3		
FENOVAR 1.5-10-15 % ext kit	3		
FLECTOR 1.3 % patch	3		
<i>flexipak 75 & 0.025 mg-% cmb pack</i>	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
FROTEK 10 % crm	3		
<i>gabapentin-naproxen cmpd kit 5-10 % crm</i>	3		
<i>ibu 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
IBUPAK 600 mg oral kit	3		
<i>ibuprofen 300 mg tab</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen lysine 10 mg/ml iv soln</i>	1	NEOPROFEN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>iclofenac cp 0.025-1.5 % ext pack</i>	3		
<i>inavix 75 & 0.025 mg-% cmb pack</i>	1		
<i>indocin 50 mg rect supp</i>	3		
INDOCIN 25 mg/5ml susp	3		
<i>indomethacin 25 mg/5ml susp</i>	1		
<i>indomethacin 100 mg rect supp</i>	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin 20 mg cap</i>	3	TIVORBEX	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>indomethacin sodium 1 mg iv soln</i>	1		
<i>inflammacin 75 & 0.025 mg-% cmb pack</i>	3		
INFLATHERM 75 & 3-3 mg & % cmb pack	3		
K.B.G.L IN TERODERM 15-4-10-2 % crm	3		
KETOPHENE RAPIDPAQ 20 % crm	3		
<i>ketoprofen 25 mg cap</i>	1		
<i>ketoprofen 50 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
KETOROCAINE-L 30 & 1 mg/ml-% inj kit	3		
KETOROCAINE-LM 30 & 0.25 & 1 mg/ml-%-% inj kit	3		
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		
<i>ketorolac tromethamine 15.75 mg/spray nasal soln</i>	3	SPRIX	
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	
<i>ketorolac tromethamine +rfid 30 mg/ml inj soln</i>	1	TORADOL	
<i>ketorolac-bupiv-ketamine 60-150-60 mg/50ml inj soln pfs</i>	3		
LEXITRAL PHARMAPAK II 1.5 & 0.025 % ext pack	3		
LICART 1.3 % External Patch 24 Hour	3		
LODINE 400 mg tab	3		
<i>lofena 25 mg tab</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>meloxicam 7.5 mg/5ml susp</i>	3	MOBIC	
<i>meloxicam 10 mg cap, 5 mg cap</i>	1	VIVLODEX	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap, 600 mg tab	3		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
<i>napro 15 % crm</i>	3		
NAPROSYN 500 mg tab	3		
NAPROSYN 125 mg/5ml susp	3		
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	NAPRELAN	
<i>naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr</i>	1	VIMOVO	
NEOPROFEN 10 mg/ml iv soln	3		
<i>nudiclo solupak 1.5 & 0.025 % ext pack</i>	3		
<i>nudiclo tabpak 75 & 0.025 mg-% cmb pack</i>	3		
NUDROXIPAK 200 mg cmb pack	3		
NUDROXIPAK DSDR-50 50 mg cmb kit	3		
NUDROXIPAK DSDR-75 75 mg cmb kit	3		
NUDROXIPAK E-400 400 mg cmb kit	3		
NUDROXIPAK I-800 800 mg cmb kit	3		
NUDROXIPAK M-15 15 mg cmb kit	3		
NUDROXIPAK N-500 500 mg cmb kit	3		
ORMECA 3 & 46-0.4-1.1 % & mg cmb kit	3		
<i>oxaprozin 300 mg cap</i>	3		
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>pennsaicin 1.5 & 0.025 % ext pack</i>	3		
PENNSAID 2 % ext soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
PRASTERA 200 & 400 mg oral kit	3		
PREVIDOLRX ANALGESIC 75-20-0.025 mg-mg-% cmb pack	3		
<i>prevadolrx plus analgesic 75 & 0.025 mg-% cmb pack</i>	1		
PROFINAC 1.5 % ext pack	3		
READYSHARP ANESTH + KETOROLAC 15 & 0.5 & 1 mg/ml-%- % inj kit	3		
<i>relafen 500 mg tab, 750 mg tab</i>	3	RELAFEN	
RELAFEN DS 1000 mg tab	3		
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
SPRIX 15.75 mg/spray nasal soln	3		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>sure result dss premium pack 1.5 & 0.025 % ext pack</i>	3		
TIVORBEX 20 mg cap	3		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
TORONOVA II SUIK 30 mg/ml cmb kit	3		
TORONOVA SUIK 30 mg/ml cmb kit	3		
<i>triple complex formula 3 kit 20-2-10 % crm</i>	3		
VAROPHEN 1.5-10-15 % ext kit	3		
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	3		
<i>vp fc kit crm</i>	3		
<i>vp gkl kit 20-2-10 % crm</i>	3		
XIFYRM 30 mg/ml iv soln	3		
XRYLIX 1.5 % ext pack	3		
XRYLIX II 1.5 % ext pack	3		
<i>ziclocin 1.5 & 0.025 % ext pack</i>	3		
<i>ziclopro 1.5 & 0.025 % ext pack</i>	3		
ZIPSOR 25 mg cap	3		
ZORVOLEX 18 mg cap, 35 mg cap	3		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film	2		PA, QL(60 / 30)
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk</i>	1	BUTRANS	PA, QL(4 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>			
BUTRANS 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	3		PA, QL(4 / 28)
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		
<i>diskets 40 mg tab sol</i>	1		
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA, QL(10 / 30)
<i>hydrocodone bitartrate er 10 mg cap er 12 hr, 15 mg cap er 12 hr, 20 mg cap er 12 hr, 30 mg cap er 12 hr, 40 mg cap er 12 hr, 50 mg cap er 12 hr</i>	1		PA, QL(60 / 30)
<i>hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr</i>	1	HYSINGLA ER	PA, QL(30 / 30)
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA, QL(60 / 30)
HYSINGLA ER 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr	2		PA, QL(30 / 30)
INFUMORPH 200 200 MG/20ML (10 mg/ml) inj soln	3		
INFUMORPH 500 500 MG/20ML (25 mg/ml) inj soln	3		
<i>methadone hcl 40 mg tab sol</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>methadone hcl 5 mg/5ml soln</i>	1		
<i>methadone hcl 10 mg/5ml soln, 10 mg/ml inj soln</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	PA
<i>methadone hcl 10 mg/ml oral conc</i>	1	METHADOSE	
<i>methadone hcl intensol 10 mg/ml oral conc</i>	1	METHADOSE	
<i>methadose 40 mg tab sol</i>	1		
METHADOSE 10 mg/ml oral conc	3		
METHADOSE SUGAR-FREE 10 mg/ml oral conc	3		
<i>mitigo 200 MG/20ML (10 mg/ml) inj soln, 500 MG/20ML (25 mg/ml) inj soln</i>	3		
<i>morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp</i>	1		
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	KADIAN	PA, QL(30 / 30)
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA, QL(90 / 30)
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1	AVINZA	PA, QL(30 / 30)
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	3		PA, QL(90 / 30)
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	3		PA, QL(60 / 30)
OLINVYK 1 mg/ml iv soln, 2 mg/2ml iv soln, 30 mg/30ml iv soln	3		
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	QL(360 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	3	OXYCONTIN	PA, QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
OXYCONTIN 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	2		PA, QL(60 / 30)
<i>oxymorphone hcl er 10 mg tab er 12 hr, 15 mg tab er 12 hr, 20 mg tab er 12 hr, 30 mg tab er 12 hr, 40 mg tab er 12 hr, 5 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	PA, QL(60 / 30)
SUBLOCADE 100 mg/0.5ml sc soln pfs, 300 mg/1.5ml sc soln pfs	5		PA
SYNAPRYN FUSEPAQ 10 mg/ml susp	3		
<i>tramadol hcl (er biphasic) 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr</i>	3	CONZIP	
<i>tramadol hcl (er biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	QL(30 / 30)
XTAMPZA ER 13.5 mg cap er 12 hr abuse-deterr, 18 mg cap er 12 hr abuse-deterr, 27 mg cap er 12 hr abuse-deterr, 36 mg cap er 12 hr abuse-deterr, 9 mg cap er 12 hr abuse-deterr	2		PA, QL(60 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln</i>	1	TYLENOL WITH CODEINE	QL(4500 / 30), AL
ACTIQ 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mcg bucc lozg on hd			
<i>alfentanil hcl 1000 mcg/2ml iv soln, 2500 mcg/5ml iv soln</i>	1		
APADAZ 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab	3		
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap, 325-30-16 mg tab</i>	1		
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(18 / 30), AL
<i>benzhydrocodone-acetaminophen 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab</i>	3		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(18 / 30), AL
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(18 / 30), AL
<i>butorphanol tartrate 1 mg/ml inj soln, 10 mg/ml nasal soln, 2 mg/ml inj soln</i>	1	STADOL	
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEIN	AL
<i>codeine sulfate 15 mg tab</i>	1		
<i>codeine sulfate 30 mg tab, 60 mg tab</i>	1		QL(360 / 30), AL
DEMEROL 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln, 75 mg/ml inj soln	3		
DILAUDID 1 mg/ml inj soln, 1 mg/ml liq, 2 mg/ml inj soln	3		
DILAUDID 2 mg tab, 4 mg tab, 8 mg tab	3		QL(360 / 30)
DSUVIA 30 mcg tab subl	3		
<i>duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln</i>	1		
<i>endocet 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>endocet 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>endocet 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>fentanyl cit-ropivacaine-nacl 0.2-0.125-0.9 mg/100ml-% epidur soln, 0.4-0.1-0.9 mg/200ml-% epidur soln</i>	3		
<i>fentanyl citrate 100 mcg/10ml iv soln pfs, 100 mcg/2ml inj soln pfs, 100 mcg/2ml iv soln pfs, 1500 mcg/30ml inj soln, 250 mcg/5ml iv soln pfs, 50 mcg/5ml iv soln pfs, 500 mcg/50ml iv soln pfs</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
<i>fentanyl citrate 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab</i>	3	FENTORA	
<i>fentanyl citrate (pf) 2500 mcg/50ml inj soln, 50 mcg/ml inj soln, 500 mcg/10ml inj soln</i>	1		
<i>fentanyl citrate (pf) 250 mcg/5ml inj soln</i>	1		QL(12 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(60 / 30)
<i>fentanyl citrate (pf) 50 mcg/ml inj soln pfs</i>	1	fentaNYL Citrate (PF)	
<i>fentanyl citrate (pf) 1000 mcg/20ml inj soln</i>	1	SUBLIMAZE	
<i>fentanyl citrate-nacl 1-0.9 mg/100ml-% iv soln, 2.5-0.9 mg/250ml-% iv soln, 500-0.9 mcg/50ml-% iv soln pfs</i>	3		
<i>fentanyl-bupivacaine-nacl 0.2-0.1-0.9 mg/100ml-% epidur soln, 0.2-0.125-0.9 mg/100ml-% epidur soln, 0.5-0.0625-0.9 mg/250ml-% epidur soln, 0.5-0.1-0.9 mg/250ml-% epidur soln, 0.5-0.125-0.9 mg/250ml-% epidur soln, 1-0.125-0.9 mg/250ml-% epidur soln</i>	3		
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
FIORICET/CODEINE 50-300-40-30 mg cap	3		QL(18 / 30), AL
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	NORCO	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	QL(180 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	1	VICODIN	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-325 mg/15ml soln</i>	1	ZAMICET	
<i>hydrocodone-ibuprofen 10-200 mg tab</i>	1	REPREXAIN	QL(180 / 30)
<i>hydrocodone-ibuprofen 5-200 mg tab</i>	1	REPREXAIN	QL(360 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	QL(180 / 30)
<i>hydromorphone hcl 3 mg rect supp</i>	1		
<i>hydromorphone hcl 1 mg/ml inj soln, 4 mg/ml inj soln</i>	1		
<i>hydromorphone hcl 1 mg/ml liq, 2 mg/ml inj soln</i>	1	DILAUDID	
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	1	DILAUDID	QL(360 / 30)
<i>hydromorphone hcl pf 10 mg/ml inj soln, 50 mg/5ml inj soln, 500 mg/50ml inj soln</i>	1	DILAUDID	
<i>hydromorphone hcl-nacl 100-0.9 mg/50ml-% iv soln, 30-0.9 mg/30ml-% iv soln</i>	3		
<i>LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln</i>	3		
<i>levorphanol tartrate 2 mg tab, 3 mg tab</i>	1		
<i>LORTAB 10-300 mg/15ml oral elix</i>	3		
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln</i>	3	DEMEROL	
<i>morphine sulfate 10 mg/5ml soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 20 mg/5ml soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 50 mg/ml iv soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		QL(180 / 30)
<i>morphine sulfate 1 mg/ml inj soln, 1 mg/ml iv soln</i>	3		
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	QL(120 / 30)
<i>morphine sulfate (pf) 0.5 mg/ml inj soln, 1 mg/ml inj soln, 10 mg/ml inj soln, 10 mg/ml iv soln, 2 mg/ml iv soln,</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
4 mg/ml inj soln, 4 mg/ml iv soln, 5 mg/ml inj soln, 8 mg/ml inj soln, 8 mg/ml iv soln			
morphine sulfate-nacl 100-0.9 mg/100ml-% iv soln, 250-0.9 mg/50ml-% iv soln, 30-0.9 mg/30ml-% iv soln pfs, 50-0.9 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln pfs	3		
nalbuphine hcl 10 mg/ml inj soln, 20 mg/ml inj soln	1	NUBAIN	
nalocet 2.5-300 mg tab	3	PRIMALEV	
norgesic 25-385-30 mg tab	3		
norgesic forte 50-770-60 mg tab	3		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	3		
orphenadrine-aspirin-caffeine 25-385-30 mg tab	1		
orphengesic forte 50-770-60 mg tab	3		
OXAYDO 7.5 mg tab	3		
OXAYDO 5 mg tab	3		QL(360 / 30)
oxycodone hcl 15 mg tab abuse-deterr	1		QL(160 / 30)
oxycodone hcl 30 mg tab	1	ROXICODONE	QL(80 / 30)
oxycodone hcl 20 mg tab	1	ROXICODONE	QL(120 / 30)
oxycodone hcl 100 mg/5ml oral conc	1	ROXICODONE	QL(120 / 30)
oxycodone hcl 15 mg tab	1	ROXICODONE	QL(160 / 30)
oxycodone hcl 10 mg tab	1	ROXICODONE	QL(240 / 30)
oxycodone hcl 5 mg tab	1	ROXICODONE	QL(360 / 30)
oxycodone hcl 5 mg/5ml soln	1	ROXICODONE	QL(2000 / 30)
oxycodone-acetaminophen 10-325 mg tab	1	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	QL(360 / 30)
oxycodone-acetaminophen 2.5-300 mg tab	3	PRIMALEV	
oxycodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3	PRIMLEV	
oxycodone-acetaminophen 10-300 mg/5ml soln	3	PROLATE	
oxycodone-acetaminophen 5-325 mg/5ml soln	3	ROXICET	
oxymorphone hcl 10 mg tab, 5 mg tab	1	OPANA	QL(120 / 30)
pentazocine-naloxone hcl 50-0.5 mg	1	TALWIN NX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab</i>			
PERCOCET 10-325 mg tab	3		QL(180 / 30)
PERCOCET 7.5-325 mg tab	3		QL(240 / 30)
PERCOCET 2.5-325 mg tab, 5-325 mg tab	3		QL(360 / 30)
PROLATE 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
PROLATE 10-300 mg/5ml soln	3		
QDOLO 5 mg/ml soln	3		
<i>remifentanyl hcl 1 mg iv soln, 2 mg iv soln, 5 mg iv soln</i>	1	ULTIVA	
ROXICODONE 30 mg tab	3		QL(80 / 30)
ROXICODONE 15 mg tab	3		QL(160 / 30)
ROXICODONE 5 mg tab	3		QL(360 / 30)
ROXYBOND 15 mg tab abuse-deterr, 30 mg tab abuse-deterr, 5 mg tab abuse-deterr	3		
SEGLENTIS 56-44 mg tab	3		
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	3		
<i>sufentanil citrate 100 mcg/2ml iv soln, 250 mcg/5ml iv soln, 50 mcg/ml iv soln</i>	1		
<i>tramadol hcl 100 mg tab, 25 mg tab, 75 mg tab</i>	1		
<i>tramadol hcl 5 mg/ml soln</i>	3		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(240 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
TREZIX 320.5-30-16 mg cap	3		
ULTIVA 1 mg iv soln, 2 mg iv soln, 5 mg iv soln	3		
ULTRACET 37.5-325 mg tab	3		QL(240 / 30)
ULTRAM 50 mg tab	3		QL(240 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>anesthesia s/i-40a 200 mg/20ml iv kit</i>	3		
<i>anesthesia s/i-40h 200 mg/20ml iv kit</i>	3		
<i>anesthesia s/i-40s 200 mg/20ml iv kit</i>	3		
<i>bupivacaine fisiopharma 0.5 % inj soln, 2.5 mg/ml inj soln</i>	3	MARCAINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>bupivacaine hcl 0.125 % (50 ml) inj soln pfs</i>	3		
<i>bupivacaine hcl 0.25 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl (pf) 0.25 % inj soln, 0.5 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl-nacl 0.125-0.9 % epidur soln</i>	3		
<i>bupivacaine-epinephrine 0.25% - 1:200000 inj soln, 0.5% -1:200000 inj soln</i>	1	MARCAINE/EPINEPHRINE	
<i>bupivacaine-epinephrine (pf) 0.25% - 1:200000 inj soln, 0.5% -1:200000 inj soln</i>	1	MARCAINE/EPINEPHRINE	
<i>cocaine hcl 40 mg/ml nasal soln</i>	3		
EXPAREL 1.3 % inj susp	3		
<i>goprelto 40 mg/ml nasal soln</i>	3		
<i>lets kit</i>	3		
<i>lidocaine hcl 10 mg/ml inj soln pfs, 100 mg/5ml inj soln pfs, 200 mg/10ml inj soln pfs, 60 mg/3ml inj soln pfs</i>	1		
<i>lidocaine hcl 0.5 % inj soln, 1 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl (cardiac) 100 mg/5ml iv soln pfs, 50 mg/5ml iv soln pfs</i>	1		
<i>lidocaine hcl (cardiac) pf 100 mg/5ml iv soln, 100 mg/5ml iv soln pfs, 50 mg/5ml iv soln pfs</i>	1		
<i>lidocaine hcl (pf) 1 % inj soln, 1.5 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine in d5w 4-5 mg/ml-% iv soln, 8-5 mg/ml-% iv soln</i>	1		
<i>lidocaine-epinephrine 1 %-1:100000 inj soln, 2 %-1:100000 inj soln</i>	1	XYLOCAINE/EPINEPHRINE	
<i>lidocaine-sodium bicarbonate 1-8.4 % inj soln pfs</i>	1		
<i>lidocaine(bufferd)-epinephrine 0.5 %-1:100000 inj soln pfs, 1 %-1:100000 inj soln pfs</i>	1		
<i>lidomark 1/5 1 % inj kit</i>	3		
<i>lidomark 2/5 2 % inj kit</i>	3		
MARCAINE 0.25 % inj soln	3		
MARCAINE PRESERVATIVE FREE 0.25 % inj soln, 0.5 % inj soln	3		
MARCAINE/EPINEPHRINE 0.25% -	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
1:200000 inj soln, 0.25-1:200000 % inj soln, 0.5% -1:200000 inj soln			
<i>marcaine/epinephrine 0.5% -1:200000 inj soln</i>	3	MARCAINE/EPINEPHRINE	
MARCAINE/EPINEPHRINE PF 0.25% -1:200000 inj soln, 0.25-1:200000 % inj soln, 0.5% -1:200000 inj soln	3		
MARVONA SUIK 0.5 % cmb kit	3		
MONOJECT BONE MARROW BIOPSY 1 % inj kit	3		
NUMBRINO 40 mg/ml nasal soln	3		
READYSHARP LIDOCAINE 1 % inj kit	3		
<i>ropivacaine hcl-nacl 0.2-0.9 % inj soln pfs, 0.5-0.9 % inj soln pfs</i>	3		
<i>sensorcaine 0.25 % inj soln</i>	3	MARCAINE	
<i>sensorcaine-mpf 0.25 % inj soln, 0.5 % inj soln</i>	3	MARCAINE	
SENSORCAINE-MPF/EPINEPHRINE 0.5% -1:200000 inj soln	3		
<i>sensorcaine-mpf/epinephrine 0.25% -1:200000 inj soln</i>	3	MARCAINE/EPINEPHRINE	
<i>sensorcaine/epinephrine 0.25% -1:200000 inj soln, 0.5% -1:200000 inj soln</i>	3	MARCAINE/EPINEPHRINE	
<i>solaravix 3 % ext pack</i>	3		
XYLOCAINE 0.5 % inj soln, 1 % inj soln, 2 % inj soln	3		
XYLOCAINE-MPF 1 % inj soln	3		
ZINGO 0.5 mg i-dermal jet-inj	3		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
BRIXADI 64 mg/0.18ml sc soln pfs	3		PA, QL(0.18 / 30)
BRIXADI 96 mg/0.27ml sc soln pfs	3		PA, QL(0.27 / 30)
BRIXADI 128 mg/0.36ml sc soln pfs	3		PA, QL(0.36 / 30)
BRIXADI (WEEKLY) 8 mg/0.16ml sc soln pfs	3		PA, QL(0.16 / 30)
BRIXADI (WEEKLY) 16 mg/0.32ml sc	3		PA, QL(0.32 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
soln pfs			
BRIXADI (WEEKLY) 24 mg/0.48ml sc soln pfs	3		PA, QL(0.48 / 30)
BRIXADI (WEEKLY) 32 mg/0.64ml sc soln pfs	3		PA, QL(0.64 / 30)
BUPRENEX 0.3 mg/ml inj soln	3		
<i>buprenorphine hcl 0.3 mg/ml inj soln</i>	1	BUPRENEX	
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl</i>	1	SUBOXONE	
SUBOXONE 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	3		
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl	2		
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antidotos/Disuasivos/Protectores]			
REXTOVY 4 mg/0.25ml nasal liq	2		
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antidotos/Disuasivos/Protectores]			
KLOXXADO 8 mg/0.1ml nasal liq	2		
<i>nalmefene hcl 1 mg/ml inj soln</i>	3		
<i>naloxone hcl 4 mg/0.1ml nasal liq</i>	1	NARCAN	
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
NARCAN 4 mg/0.1ml nasal liq	2		
OPVEE 2.7 mg/0.1ml nasal soln	2		
RIVIVE 3 mg/0.1ml nasal liq	2		
ZIMHI 5 mg/0.5ml inj soln pfs	3		
ZURNAL 1.5 mg/0.5ml inj soln auto-inj	3		
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>apo-varenicline 0.5 mg tab, 1 mg tab</i>	3	CHANTIX	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	6	ZYBAN	QL(365 / 365)
CHANTIX 0.5 mg tab, 1 mg tab	3		
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab pack	3		
NICOTROL 10 mg inhaler	6		QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	6		QL(160 / 365)
<i>varenicline tartrate 0.5 mg tab, 1 mg tab</i>	1	CHANTIX	
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
<i>anucort-hc 25 mg rect supp</i>	3		
<i>anusol-hc 25 mg rect supp</i>	3		
ANUSOL-HC 2.5 % crm	3		
<i>hemmorex-hc 25 mg rect supp</i>	3		
<i>hemmorex-hc 30 mg rect supp</i>	3	PROCTOCORT	
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
<i>procto-med hc 2.5 % crm</i>	1	ANUSOL HC	
PROCTOCORT 30 mg rect supp	3		
<i>proctosol hc 2.5 % crm</i>	3	ANUSOL HC	
<i>proctozone-hc 2.5 % crm</i>	3	ANUSOL HC	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>amikacin sulfate 1 gm/4ml inj soln</i>	1		
<i>amikacin sulfate 500 mg/2ml inj soln</i>	1	AMIKIN	
ARIKAYCE 590 mg/8.4ml inh susp	5		PA
<i>gentamicin in saline 0.8-0.9 mg/ml-% iv soln, 1-0.9 mg/ml-% iv soln, 1.2-0.9 mg/ml-% iv soln, 1.6-0.9 mg/ml-% iv soln, 2-0.9 mg/ml-% iv soln</i>	1		
<i>gentamicin sulfate 10 mg/ml inj soln</i>	1		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml inj soln</i>	1	GENTAK	
HUMATIN 250 mg cap	3		
<i>neomycin sulfate 500 mg tab</i>	1		
<i>neomycin-polymyxin b gu 40-200000</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>irrig soln</i>			
<i>streptomycin sulfate 1 gm im soln</i>	1		
<i>tobramycin sulfate 1.2 gm inj soln</i>	1		
<i>tobramycin sulfate 1.2 gm/30ml inj soln, 10 mg/ml inj soln, 2 gm/50ml inj soln, 80 mg/2ml inj soln</i>	1		
ZEMDRI 500 mg/10ml iv soln	3		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ALTABAX 1 % oint	3		
ARZOL SILVER NIT APPLICATORS 75-25 % ext misc	3		
<i>bacitracin 50000 unit im soln</i>	1	BACI-IM	
<i>benzalkonium chloride ext soln</i>	1		
BLUJEPA 750 mg tab	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
<i>chloramphenicol sod succinate 1 gm iv soln</i>	1	CHLOROMYCETIN	
CLEOCIN 150 mg cap, 300 mg cap, 75 mg cap	3		
CLEOCIN 75 mg/5ml soln	3		
CLEOCIN PHOSPHATE 300 mg/2ml inj soln, 600 mg/4ml inj soln, 9 gm/60ml inj soln, 900 mg/6ml inj soln	3		
CLEOCIN-T 1 % lot	3		
<i>clindacin 1 % foam</i>	1	EVOCLIN	
<i>clindacin etz 1 % swab</i>	1	CLEOCIN-T	
<i>clindacin-p 1 % swab</i>	1	CLEOCIN-T	
CLINDAGEL 1 % gel	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 9 gm/60ml inj soln, 900 mg/6ml inj soln, 9000 mg/60ml inj soln</i>	3	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
<i>clindamycin phosphate in d5w 300</i>	1	CLEOCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg/50ml iv soln, 600 mg/50ml iv soln, 900 mg/50ml iv soln</i>			
<i>clindamycin phosphate in nacl 300-0.9 mg/50ml-% iv soln, 600-0.9 mg/50ml-% iv soln, 900-0.9 mg/50ml-% iv soln</i>	3	CLEOCIN	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	4	COLY-MYCIN	PA
COLY-MYCIN M 150 mg inj soln	4		PA
CUBICIN 500 mg iv soln	3		
CUBICIN RF 500 mg iv soln	3		
<i>dalbavancin hcl 500 mg iv soln</i>	1		
DALVANCE 500 mg iv soln	3		
<i>daptomycin 350 mg iv soln</i>	1		
<i>daptomycin 500 mg iv soln</i>	1	CUBICIN	
<i>daptomycin-sodium chloride 1000-0.9 mg/100ml-% iv soln, 350-0.9 mg/50ml-% iv soln, 500-0.9 mg/50ml-% iv soln, 700-0.9 mg/100ml-% iv soln</i>	1		
EMBLAVEO 1.5-0.5 gm iv soln	5		PA
EVOCLIN 1 % foam	3		
FEM PH 0.9-0.025 % vag gel	3		
FIRST-METRONIDAZOLE 50 mg/ml susp	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		
FLAGYL 375 mg cap	3		
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>glutaraldehyde 25 % ext soln</i>	1		
HIPREX 1 gm tab	3		
HYOPHEN 81.6 mg tab	3		
KIMYRSA 1200 mg iv soln	3		
LIKMEZ 500 mg/5ml susp	3		
LINCOCIN 300 mg/ml inj soln	3		
<i>lincomycin hcl 300 mg/ml inj soln</i>	3	LINCOCIN	
<i>linezolid 600 mg tab</i>	1	ZYVOX	
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	1	ZYVOX	
<i>linezolid in sodium chloride 600-0.9 mg/300ml-% iv soln</i>	1	ZYVOX	
<i>lugols strong iodine 5-10 % ext soln</i>	3		
MACROBID 100 mg cap	3		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	3		
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 500 mg/100ml iv soln</i>	1	FLAGYL	
METRONIDAZOLE	3		
BENZO+SYRSPEND 50 mg/ml susp	3		
MONUROL 3 gm pckt	3		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
NEO-SYNALAR 0.5-0.025 % crm, 0.5-0.025 % ext kit	3		
<i>nitrofurantoin 50 mg/5ml susp</i>	1		
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
ORBACTIV 400 mg iv soln	3		
ORLYNVAH 500-500 mg tab	3		
<i>phosphasal 81.6 mg tab</i>	3		
<i>polymyxin b sulfate 500000 unit inj soln</i>	1		
SILVADENE 1 % crm	3		
<i>silver nitrate 0.5 % ext soln</i>	1		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		
SIVEXTRO 200 mg iv soln	5		PA
<i>ssd 1 % crm</i>	1	SILVADENE	
SULFAMYLON 5 % ext pckt	3		
SULFAMYLON 85 mg/gm crm	3		
<i>tigecycline 50 mg iv soln</i>	1	TYGACIL	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
TRIMO-SAN 0.025-0.01 % vag gel	3		
TYGACIL 50 mg iv soln	3		
<i>urelle 81 mg tab</i>	3		
<i>uretron d/s 81.6 mg tab</i>	1		
<i>uribel 118 mg cap</i>	3		
URIBEL 81.6 mg tab	3		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>uro-mp 118 mg cap</i>	3		
<i>uro-sp 118 mg cap</i>	3		
UROGESIC-BLUE 81.6 mg tab	3		
<i>ustell 120 mg cap</i>	3		
<i>utira-c 81.6 mg tab</i>	3		
VANCOCIN 125 mg cap, 250 mg cap	3		
<i>vancomycin hcl 1 gm iv soln, 1.25 gm iv soln, 1.5 gm iv soln, 1.75 gm iv soln, 2 gm iv soln, 5 gm iv soln, 750 mg iv soln</i>	1		
<i>vancomycin hcl 1000 mg/200ml iv soln, 1250 mg/250ml iv soln, 1500 mg/300ml iv soln, 1750 mg/350ml iv soln, 2000 mg/400ml iv soln, 25 mg/ml soln, 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	1		
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	
<i>vancomycin hcl 10 gm iv soln, 100 gm iv soln, 125 mg cap, 250 mg cap, 500 mg iv soln</i>	1	VANCOCIN	
<i>vancomycin hcl in dextrose 1-5 gm/200ml-% iv soln, 500-5 mg/100ml-% iv soln, 750-5 mg/150ml-% iv soln</i>	1		
<i>vancomycin hcl in dextrose 1.25-5 gm/250ml-% iv soln, 1.5-5 gm/250ml-% iv soln</i>	3		
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% iv soln, 500-0.9 mg/100ml-% iv soln, 750-0.9 mg/150ml-% iv soln</i>	1		
<i>vancomycin hcl in nacl 1.25-0.9 gm/250ml-% iv soln, 1.5-0.9 gm/250ml-% iv soln, 1.5-0.9 gm/500ml-% iv soln, 1.75-0.9 gm/500ml-% iv soln, 2-0.9 gm/500ml-% iv soln</i>	3		
VANCOMYCIN+SYRSPEND SF 50 mg/ml susp	3		
VIBATIV 750 mg iv soln	3		
<i>vilamit mb 118 mg cap</i>	3		
<i>vilevev mb 81 mg tab</i>	3		
XACDURO 1-1 gm iv soln	3		PA
XENLETA 600 mg tab	3		
XENLETA 150 mg/15ml iv soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XIFAXAN 200 mg tab, 550 mg tab	3		
ZYVOX 600 mg tab	3		
ZYVOX 100 mg/5ml susp, 200 mg/100ml iv soln, 600 mg/300ml iv soln	3		
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
AVYCAZ 2.5 (2-0.5) gm iv soln	3		
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp	1	CECLOR	
cefaclor er 500 mg tab er 12 hr	1	CECLOR CD	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefazolin in sodium chloride 3-0.9 gm/100ml-% iv soln	3		
cefazolin sodium 2 gm inj soln	1		
cefazolin sodium 2 gm/20ml iv soln pfs, 3 gm/30ml inj soln pfs	3		
cefazolin sodium 1 gm inj soln, 1 gm iv soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln	1	ANCEF	
cefazolin sodium-dextrose 2-3 gm-%(50ml) iv soln, 3-2 gm-%(50ml) iv soln	1		
cefazolin sodium-dextrose 2-4 gm/100ml-% iv soln, 3-4 gm/150ml-% iv soln	1		
cefazolin sodium-dextrose 1-4 gm-%(50ml) iv soln	1	ANCEF	
cefazolin sodium-dextrose 1-4 gm/50ml-% iv soln	1	ANCEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefepime hcl 100 gm iv soln	1		
cefepime hcl 1 gm inj soln	1	MAXIPIME	
cefepime hcl 1 gm/50ml iv soln, 2 gm/100ml iv soln	1	MAXIPIME	
cefepime-dextrose 1-5 gm-%(50ml) iv soln, 2-5 gm-%(50ml) iv soln	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CEFOTAN 1 gm inj soln, 2 gm inj soln	3		
cefotaxime sodium 1 gm inj soln, 2 gm inj soln	3	CLAFORAN	
cefotetan disodium 1 gm inj soln, 2 gm inj soln	1	CEFOTAN	
cefotetan disodium-dextrose 1-3.58 gm-%(50ml) iv soln, 2-2.08 gm-%(50ml) iv soln	1		
cefoxitin sodium 10 gm iv soln	1		
cefoxitin sodium 1 gm iv soln, 2 gm iv soln	1	MEFOXIN	
cefoxitin sodium-dextrose 1-4 gm-%(50ml) iv soln, 2-2.2 gm-%(50ml) iv soln	3	MEFOXIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftazidime 2 gm iv soln	1		
ceftazidime 1 gm inj soln, 6 gm inj soln	1	FORTAZ	
ceftazidime and dextrose 1-5 gm-%(50ml) iv soln, 2-5 gm-%(50ml) iv soln	1	TAZICEF	
ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 100 gm inj soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
ceftriaxone sodium in dextrose 20 mg/ml iv soln, 40 mg/ml iv soln	1	ROCEPHIN	
ceftriaxone sodium-dextrose 1-3.74 gm-%(50ml) iv soln, 2-2.22 gm-%(50ml) iv soln	1	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cefuroxime sodium 1.5 gm iv soln, 750 mg inj soln	1	ZINACEF	
cephalexin 250 mg tab, 500 mg tab	1		
cephalexin 250 mg cap, 500 mg cap, 750 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SUPRAX 400 mg cap	3		
SUPRAX 100 mg/5ml susp	3		
<i>tazicef 2 gm iv soln</i>	3		
TAZICEF 1 gm iv soln, 6 gm iv soln	3		
TAZICEF 1 gm/50ml iv soln	3		
<i>tazicef 1 gm inj soln</i>	3	FORTAZ	
TEFLARO 400 mg iv soln, 600 mg iv soln	3		
ZERBAXA 1.5 (1-0.5) gm iv soln	3		
ZEVERTA 500 mg iv soln	5		PA
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
<i>ampicillin sodium 1 gm iv soln, 10 gm iv soln, 125 mg inj soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i>	1		
<i>ampicillin sodium 1 gm inj soln</i>	1	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm inj soln, 15 (10-5) gm iv soln, 3 (2-1) gm inj soln</i>	3	UNASYN	
AUGMENTIN 500-125 mg tab	3		
AUGMENTIN 125-31.25 mg/5ml susp	3		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	3		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
FETROJA 1 gm iv soln	3		
<i>nafticillin sodium 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln</i>	1		
<i>nafticillin sodium 1 gm inj soln</i>	1	NALLPEN	
<i>nafticillin sodium in dextrose 1 gm/50ml iv soln, 2 gm/100ml iv soln</i>	3		
<i>oxacillin sodium 1 gm inj soln, 10 gm iv soln, 2 gm inj soln</i>	1		
<i>oxacillin sodium in dextrose 1 gm/50ml iv soln, 2 gm/50ml iv soln</i>	3		
<i>penicillin g pot in dextrose 20000 unit/ml iv soln, 40000 unit/ml iv soln, 60000 unit/ml iv soln</i>	3		
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	3	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
<i>pfizerpen 20000000 unit inj soln, 5000000 unit inj soln</i>	3	PFIZERPEN	
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm iv soln, 2.25 (2-0.25) gm iv soln</i>	1		
<i>piperacillin sod-tazobactam so 3-0.375 gm iv soln, 3.375 (3-0.375) gm iv soln, 4-0.5 gm iv soln, 4.5 (4-0.5) gm iv soln, 40.5 (36-4.5) gm iv soln</i>	1	ZOSYN	
UNASYN 1.5 (1-0.5) gm inj soln, 15 (10-5) gm iv soln, 3 (2-1) gm inj soln	3		
ZOSYN 2-0.25 gm/50ml iv soln, 3-0.375 gm/50ml iv soln, 4-0.5 gm/100ml iv soln	3		
Carbapenems- Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
<i>ertapenem sodium 1 gm inj soln</i>	3	INVANZ	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>imipenem-cilastatin 250 mg iv soln</i>	4	PRIMAXIN	PA
<i>imipenem-cilastatin 500 mg iv soln</i>	5	PRIMAXIN	PA
INVANZ 1 gm inj soln	3		
<i>meropenem 1 gm iv soln, 500 mg iv soln</i>	1	MERREM	
<i>meropenem-sodium chloride 1 gm/50ml iv soln, 500 mg/50ml iv soln</i>	3	MERREM	
PRIMAXIN IV 500-500 mg iv soln	5		PA
RECARBRIO 1.25 gm iv soln	3		
VABOMERE 2 (1-1) gm iv soln	3		
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg iv soln, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
DIFICID 40 mg/ml susp	3		
<i>e.e.s. 400 400 mg tab</i>	3	E.E.S.	
E.E.S. GRANULES 200 mg/5ml susp	3		
<i>ery 2 % pad</i>	3		
<i>ery-tab 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	3	ERY-TAB	
ERYGEL 2 % gel	3		
ERYPED 200 200 mg/5ml susp	3		
ERYPED 400 400 mg/5ml susp	3		
ERYTHROCIN LACTOBIONATE 500 mg iv soln	3		
<i>erythrocine lactobionate 500 mg iv soln</i>	3	ERYTHROCIN LACTOBIONATE	
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	ERY-TAB	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
<i>erythromycin lactobionate 500 mg iv soln</i>	1	ERYTHROCIN LACTOBIONATE	
ZITHROMAX 1 gm pckt, 250 mg tab, 500 mg iv soln, 500 mg tab	3		
ZITHROMAX 100 mg/5ml susp, 200 mg/5ml susp	3		
ZITHROMAX TRI-PAK 500 mg tab	3		
ZITHROMAX Z-PAK 250 mg tab	3		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
BAXDELA 300 mg iv soln, 450 mg tab	3		
CIPRO 250 mg tab, 500 mg tab	3		
CIPRO 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	3		
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin in d5w 400 mg/200ml iv soln</i>	1		
<i>ciprofloxacin in d5w 200 mg/100ml iv soln</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml iv soln, 25 mg/ml soln</i>	1	LEVAQUIN	
<i>levofloxacin in d5w 250 mg/50ml iv soln</i>	1		
<i>levofloxacin in d5w 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>moxifloxacin hcl 400 mg/250ml iv soln</i>	4	AVELOX	PA
<i>moxifloxacin hcl in nacl 400 mg/250ml iv soln</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
OTIPRIO 6 % i-tympan susp	3		
XEPI 1 % crm	3		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
BACTRIM 400-80 mg tab	3		
BACTRIM DS 800-160 mg tab	3		
BLEPH-10 10 % ophth soln	3		
KLARON 10 % lot	3		
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp, 400-80 mg/5ml iv soln</i>	1	SEPTRA	
<i>sulfatrim pediatric 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>ACTICLATE 150 mg tab, 75 mg tab</i>	3		
<i>avidoxy 100 mg tab</i>	3	ADOXA	
<i>AVIDOXY DK 100 mg cmb kit</i>	3		
<i>BENZODOX 30 x 100 MG & 4.4% cmb pack, 60 x 100 MG & 4.4% cmb pack</i>	3		
<i>coremino 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>DORYX 200 mg tab dr, 50 mg tab dr, 80 mg tab dr</i>	3		
<i>DORYX MPC 120 mg tab dr, 60 mg tab dr</i>	3		
<i>doxy 100 100 mg iv soln</i>	1	DOXY	
<i>doxycycline hyclate 50 mg tab</i>	1		
<i>doxycycline hyclate 80 mg tab dr</i>	3		
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg iv soln</i>	1	DOXY	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lymepak 100 mg tab</i>	3	VIBRA-TABS	
MINOCIN 100 mg iv soln	3		
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr</i>	3		
<i>minocycline hcl er 105 mg tab er 24 hr, 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er (biphasic) 105 mg tab er 24 hr, 135 mg tab er 24 hr</i>	3		
MINOLIRA 105 mg tab er 24 hr, 135 mg tab er 24 hr	3		
<i>mondoxylene nl 100 mg cap</i>	3	MONODOX	
NUZYRA 100 mg iv soln, 150 mg tab	3		
SEYSARA 100 mg tab, 150 mg tab, 60 mg tab	3		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	3		
<i>targadox 50 mg tab</i>	3		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 100 mg cap	3		
VIBRAMYCIN 25 mg/5ml susp	3		
XERAIVA 100 mg iv soln, 50 mg iv soln	3		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	3		
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES [ANTICONSULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		
BRIVIACT 10 mg/ml soln, 50 mg/5ml iv soln	3		
<i>dexmedetomidine hcl-dextrose 200MCG/50ML -5% iv soln,</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>400MCG/100ML -5% iv soln</i>			
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	3		
EPIDIOLEX 100 mg/ml soln	5		PA
FINTEPLA 2.2 mg/ml soln	5		PA
GABARONE 100 mg tab, 400 mg tab	1		
IGALMI 120 mcg subl film, 180 mcg subl film	3		
KEPPRA 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	3		
KEPPRA 100 mg/ml soln, 500 mg/5ml iv soln	3		
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml iv soln, 500 mg/5ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
<i>levetiracetam in nacl 1000 mg/100ml iv soln, 1500 mg/100ml iv soln, 500 mg/100ml iv soln</i>	1		
<i>midazolam 10 mg/0.7ml im soln auto-inj</i>	1		
NAYZILAM 5 mg/0.1ml nasal soln	3		
NEMBUTAL 50 mg/ml inj soln	3		
<i>pentobarbital sodium 50 mg/ml inj soln</i>	1		
<i>phenobarbital sodium 65 mg/ml inj soln</i>	1		
<i>phenobarbital sodium 130 mg/ml inj soln</i>	1	LUMINAL	
<i>roweepra 500 mg tab</i>	1	KEPPRA	
SEZABY 100 mg iv soln	3		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	3		
<i>topiramate 50 mg cap sprinkle</i>	1		
XCOPRI 100 mg tab, 14 x 12.5 MG & 14 x 25 mg tab pack, 14 x 150 MG & 14 x 200 mg tab pack, 14 x 50 MG & 14 x 100 mg tab pack, 150 mg tab, 200 mg tab, 50 mg tab	3		
XCOPRI (250 MG DAILY DOSE) 100	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
& 150 mg tab pack			
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	3		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
ZARONTIN 250 mg cap	3		
ZARONTIN 250 mg/5ml soln	3		
ZONEGRAN 100 mg cap, 25 mg cap	3		
ZONISADE 100 mg/5ml susp	3		
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 200 mg tab chew</i>	1		
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	3		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	3		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	5		PA
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	3		
DIASTAT PEDIATRIC 2.5 mg rect gel	3		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
FANATREX FUSEPAQ 25 mg/ml susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>gabapentin 25 mg tab, 50 mg tab</i>	3		
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	3		
KLONOPIN 0.5 mg tab, 1 mg tab, 2 mg tab	3		
LIBERVANT 10 mg bucc film, 12.5 mg bucc film, 15 mg bucc film, 5 mg bucc film, 7.5 mg bucc film	3		AL
MYSOLINE 250 mg tab, 50 mg tab	3		
NEURONTIN 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	3		
NEURONTIN 250 mg/5ml soln	3		
ONFI 10 mg tab, 20 mg tab	3		
ONFI 2.5 mg/ml susp	3		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix</i>	1		
<i>primidone 125 mg tab</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
SABRIL 500 mg pckt, 500 mg tab	5		PA
SYMPAZAN 10 mg oral film, 20 mg oral film, 5 mg oral film	3		
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>topiramate 50 mg cap sprinkle</i>	1		
<i>valproate sodium 100 mg/ml iv soln</i>	1	DEPACON	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	3		
VALTOCO 15 MG DOSE 2 x 7.5 mg/0.1ml Nasal Liquid Therapy Pack	3		
VALTOCO 20 MG DOSE 2 x 10 mg/0.1ml Nasal Liquid Therapy Pack	3		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	PA
<i>vigadrone 500 mg pckt</i>	5	SABRIL	PA
VIGAFYDE 100 mg/ml soln	5		PA
XCOPRI 25 mg tab	3		
ZTALMY 50 mg/ml susp	5		PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
EPRONTIA 25 mg/ml soln	3		
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	3		
FELBATOL 600 mg/5ml susp	3		
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FYCOMPA 0.5 mg/ml susp	3		
LAMICTAL 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	3		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab disint, 42 x 50 MG & 14x100 mg oral kit, 50 mg tab disint	3		
LAMICTAL STARTER 35 x 25 mg oral kit, 42 x 25 MG & 7 x 100 mg oral kit, 84 x 25 MG & 14x100 mg oral kit	3		
LAMICTAL XR 100 mg tab er 24 hr, 200 mg tab er 24 hr, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr	3		
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>perampanel 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	1	Fycompa	
QUDEXY XR 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	3		
<i>subvenite 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab</i>	1	LAMICTAL	
<i>subvenite starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>subvenite starter kit-green 84 x 25 MG & 14x100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>subvenite starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	3		
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	3		
<i>topiramate 25 mg/ml soln</i>	1		
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>	1	QUDEXY XR	
<i>topiramate er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr</i>	1	TROKENDI XR	
TROKENDI XR 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	3		
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
APTiom 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BANZEL 200 mg tab, 400 mg tab	3		
BANZEL 40 mg/ml susp	3		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
CEREBYX 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln	3		
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN 125 mg/5ml susp	3		
DILANTIN INFATABS 50 mg tab chew	3		
<i>epitol 200 mg tab</i>	1	TEGRETOL	
<i>eslicarbazepine acetate 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab</i>	1		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	3	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>lacosamide 10 mg/ml soln</i>	1	VIMPAT	
MOTPOLY XR 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	3		
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
<i>oxcarbazepine er 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1		
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	3		
<i>phenytek 200 mg cap, 300 mg cap</i>	3	DILANTIN	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 100 mg/4ml susp, 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin infatabs 50 mg tab chew</i>	1	DILANTIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TEGRETOL 200 mg tab	3		
TEGRETOL 100 mg/5ml susp	3		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	3		
TRILEPTAL 150 mg tab, 300 mg tab, 600 mg tab	3		
TRILEPTAL 300 mg/5ml susp	3		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
KISUNLA 350 mg/20ml iv soln	5		PA
LEQEMBI 200 mg/2ml iv soln, 500 mg/5ml iv soln	5		PA
LEQEMBI IQLIK 360 mg/1.8ml sc soln auto-inj	5		PA
MIPLYFFA 124 mg cap, 47 mg cap, 62 mg cap, 93 mg cap	5		PA
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ADLARITY 10 mg/day tdwk patch, 5 mg/day tdwk patch	3		
ARICEPT 10 mg tab, 23 mg tab, 5 mg tab	3		
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
EXELON 13.3 mg/24hr td patch 24hr,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr			
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
RAZADYNE ER 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	3		
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
ZUNVEYL 10 mg tab dr, 15 mg tab dr, 5 mg tab dr	3		
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 10 mg/5ml soln, 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
NAMENDA 10 mg tab, 5 mg tab	3		
NAMENDA TITRATION PAK 28 x 5 MG & 21 x 10 mg tab	3		
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	3		
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
AUVELITY 45-105 mg tab er	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	3	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	3		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
REMERON 15 mg tab, 30 mg tab	3		
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	3		
SPRAVATO (56 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	5		PA
SPRAVATO (84 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	5		PA
WELLBUTRIN SR 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	3		
WELLBUTRIN XL 150 mg tab er 24 hr, 300 mg tab er 24 hr	3		
ZULRESSO 100 mg/20ml iv soln	5		PA
ZURZUVAE 20 mg cap, 25 mg cap, 30 mg cap	5		PA, QL(28 / 365)
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
MARPLAN 10 mg tab	3		
NARDIL 15 mg tab	3		
PARNATE 10 mg tab	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrIs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
BRISDELLE 7.5 mg cap	3		
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	3		
<i>citalopram hydrobromide 30 mg cap</i>	3		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln</i>	1	CELEXA	
CYMBALTA 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	3		
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	3	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	3		
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	3		
<i>escitalopram oxalate 15 mg cap</i>	1		
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	3		
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	3		
<i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	
LEXAPRO 10 mg tab, 20 mg tab, 5 mg tab	3		
LYBALVI 10-10 mg tab, 15-10 mg tab, 20-10 mg tab, 5-10 mg tab	3		
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
PAXIL 10 mg/5ml susp	3		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	3		
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
PROZAC 10 mg cap, 20 mg cap, 40 mg cap	3		
RALDESY 10 mg/ml soln	3		
<i>sertraline hcl 150 mg cap, 200 mg cap</i>	3		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
SYMBYAX 3-25 mg cap, 6-25 mg cap	3		
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>venlafaxine besylate er 112.5 mg tab er 24 hr</i>	3		
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VIIBRYD STARTER PACK 10 & 20 mg oral kit	3		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
ZOLOFT 100 mg tab, 25 mg tab, 50 mg tab	3		
ZOLOFT 20 mg/ml oral conc	3		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	3		
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
DULOXICAINE 30 & 4 mg & % cmb kit	3		
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
NORPRAMIN 10 mg tab, 25 mg tab	3		
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	3		
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
AKYNZEO 235-0.25 mg iv soln, 300-0.5 mg cap	3		
AKYNZEO (TO-BE-DILUTED) 235-0.25 mg/20ml iv soln	3		
ANTIVERT 50 mg tab	3		
BARHEMSYS 10 mg/4ml iv soln, 5 mg/2ml iv soln	3		
BONJESTA 20-20 mg tab er	3		
DICLEGIS 10-10 mg tab dr	3		
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 50 mg tab</i>	1	ANTIVERT	
PHENERGAN 25 mg/ml inj soln, 50 mg/ml inj soln	3		
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
<i>promethegan 12.5 mg rect supp</i>	1	PHENERGAN	
<i>promethegan 12.5 mg rect supp, 25 mg rect supp</i>	3	PHENERGAN	
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
TRANSDERM-SCOP 1 mg/3days td patch 72 hr	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	3		
APONVIE 32 mg/4.4ml iv emul	3		
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	
CINVANTI 130 mg/18ml iv emul	3		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	
EMEND 125 mg/5ml susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EMEND 150 mg iv soln	5		PA
EMEND BIPACK 80 mg cap	3		
EMEND TRIPACK 80 & 125 mg cap	3		
<i>focinvez 150 mg/50ml iv soln</i>	5		PA
<i>fosaprepitant dimeglumine 150 mg iv soln</i>	5	EMEND	PA
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	
<i>granisetron hcl 1 mg/ml iv soln, 4 mg/4ml iv soln</i>	4	KYTRIL	PA
MARINOL 10 mg cap, 2.5 mg cap, 5 mg cap	3		
<i>metoclopramide hcl 5 mg/ml inj soln</i>	1	REGLAN	
<i>metoclopramide hcl +rfid 5 mg/ml inj soln</i>	1	REGLAN	
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	4		PA
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln</i>	4	ZOFRAN	PA
<i>ondansetron hcl +rfid 4 mg/2ml inj soln pfs</i>	4		PA
<i>palonosetron hcl 0.25 mg/2ml iv soln, 0.25 mg/5ml iv soln pfs</i>	1		
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	1	ALOXI	
SANCUSO 3.1 mg/24hr td patch	3		
SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe	5		PA
SYNDROS 5 mg/ml soln	3		
VARUBI (180 MG DOSE) 2 x 90 mg tab pack	3		
ZUPLENZ 4 mg oral film	3		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ABELCET 5 mg/ml iv susp	5		PA
AMBISOME 50 mg iv susp	5		PA
<i>amphotericin b liposome 50 mg iv susp</i>	5	AMBISOME	PA
ANCOBON 250 mg cap, 500 mg cap	3		
BREXAFEMME 150 mg tab	3		
CANCIDAS 50 mg iv soln, 70 mg iv	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
soln			
<i>caspofungin acetate 50 mg iv soln, 70 mg iv soln</i>	5	CANCIDAS	PA
<i>ciclodan 8 % ext soln</i>	1	PENLAC	
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	3	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
<i>corti-sav 1-1 % crm</i>	3		
CRESEMBA 186 mg cap, 372 mg iv soln, 74.5 mg cap	3		
DERMACINRX THERAZOLE PAK 1-0.05 & 20 % ext pack	3		
<i>dermazene 1-1 % crm</i>	3		
DIFLUCAN 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
DIFLUCAN 10 mg/ml susp, 40 mg/ml susp	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ECOZA 1 % foam	3		
ERAXIS 100 mg iv soln, 50 mg iv soln	5		PA
ERTACZO 2 % crm	3		
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
EXTINA 2 % foam	3		
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>fluconazole in sodium chloride 100-0.9 mg/50ml-% iv soln</i>	1		
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% iv soln, 400-0.9 mg/200ml-% iv soln</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquimez-hc 1-1.9 % crm</i>	3	VYTON	
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1	VYTON	
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	
JUBLIA 10 % ext soln	3		
KERYDIN 5 % ext soln	3		
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
KETODAN 2 % ext kit	3		
<i>ketodan 2 % foam</i>	1	EXTINA	
LOPROX 0.77 % (susp) ext kit	3		
LOPROX 0.77 % crm, 0.77 % ext kit	3		
LOPROX 0.77 % ext susp, 1 % shampoo	3		
<i>luliconazole 1 % crm</i>	3	LUZU	
LUZU 1 % crm	3		
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	4	MYCAMINE	PA
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	3	VUSION	
MYCAMINE 100 mg iv soln	4		PA
MYCAMINE 50 mg iv soln	5		PA
<i>naftifine hcl 2 % gel</i>	1		
<i>naftifine hcl 1 % crm, 2 % crm</i>	1	NAFTIN	
NAFTIN 1 % gel, 2 % gel	3		
NATACYN 5 % ophth susp	2		
NOXAFIL 100 mg tab dr, 300 mg pckt	3		
NOXAFIL 300 mg/16.7ml iv soln, 40 mg/ml susp	3		
<i>nyamyc 100000 unit/gm ext pwdr</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
<i>nystop 100000 unit/gm ext pwdr</i>	1	MYCOSTATIN	
ONYCHO-MED 2-250 %-mg ext kit	3		
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % crm	3		
OXISTAT 1 % lot	3		
<i>pedizolpak 2 & 2 % ext pack</i>	3		
<i>posaconazole 100 mg tab dr</i>	1	NOXAFIL	
<i>posaconazole 300 mg/16.7ml iv soln</i>	1	NOXAFIL	
RECURA crm	3		
SPORANOX 100 mg cap	3		
SPORANOX 10 mg/ml soln	3		
SPORANOX PULSEPAK 100 mg cap	3		
<i>sulconazole nitrate 1 % crm</i>	3	EXELDERM	
<i>sulconazole nitrate 1 % ext soln</i>	3	EXELDERM	
<i>tavaborole 5 % ext soln</i>	1	KERYDIN	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	QL(90 / 180)
<i>tolsura 65 mg cap</i>	3		
VFEND 200 mg tab, 50 mg tab	3		
VFEND 40 mg/ml susp	3		
VFEND IV 200 mg iv soln	5		PA
VIVJOA 150 mg cap pack	3		
<i>voriconazole 200 mg tab, 50 mg tab</i>	1	VFEND	
<i>voriconazole 40 mg/ml susp</i>	1	VFEND	
<i>voriconazole 200 mg iv soln</i>	5	VFEND	PA
VUSION 0.25-15-81.35 % oint	3		
VYTON 1-1.9 % crm	3		
XOLEGEL 2 % gel	3		
XOLEGEL COREPAK 2 & 1 % ext kit	3		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
ZOLPAK 1 % ext kit	3		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 200 mg tab</i>	3		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>allopurinol sodium 500 mg iv soln</i>	1	ALOPRIM	
ALOPRIM 500 mg iv soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine 0.6 mg cap</i>	3	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
COLCRYS 0.6 mg tab	3		
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
GLOPERBA 0.6 mg/5ml soln	3		
KRYSTEXXA 8 mg/ml iv soln	5		PA
MITIGARE 0.6 mg cap	3		
<i>probenecid 500 mg tab</i>	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	3		
ZYLOPRIM 100 mg tab, 300 mg tab	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
BREKIYA 1 mg/ml sc soln auto-inj	3		
CAFERGOT 1-100 mg tab	3		
D.H.E. 45 1 mg/ml inj soln	3		
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
MIGRANAL 4 mg/ml nasal soln	3		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	2		
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		
NURTEC 75 mg tab disint	2		
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	2		
REYVOW 100 mg tab, 50 mg tab	3		
UBRELVY 100 mg tab, 50 mg tab	2		
VYEPTI 100 mg/ml iv soln	3		
ZAVZPRET 10 mg/act nasal soln	3		PA, QL(6 / 30)
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25</i>	1	AXERT	QL(6 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab</i>			
AMERGE 1 mg tab, 2.5 mg tab	3		QL(9 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
FROVA 2.5 mg tab	3		
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	
IMITREX 20 mg/act nasal soln, 5 mg/act nasal soln	3		
IMITREX 100 mg tab, 25 mg tab, 50 mg tab	3		QL(9 / 30)
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	3		QL(2 / 30)
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj	3		
IMITREX STATDOSE SYSTEM 6 mg/0.5ml sc soln auto-inj	3		QL(2 / 30)
MAXALT 10 mg tab	3		QL(9 / 30)
MAXALT-MLT 10 mg tab disint	3		QL(9 / 30)
MIGRANOW 50 & 4-10 mg & % cmb pack	3		
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
ONZETRA XSAIL 11 mg/nosepc nasal exha pwdr	3		
RELPAX 20 mg tab, 40 mg tab	3		QL(6 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
SUMANSETRON 50 & 4 mg tab pack	3		
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	
<i>sumatriptan succinate 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(9 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYMBRAVO 20-10 mg tab	3		
TOSYMRA 10 mg/act nasal soln	3		
TREXIMET 85-500 mg tab	3		QL(9 / 30)
ZEMBRACE SYMTOUCH 3 mg/0.5ml sc soln auto-inj	3		
<i>zolmitriptan 5 mg nasal soln</i>	1	ZOMIG	
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint</i>	1	ZOMIG	QL(6 / 30)
<i>zolmitriptan 2.5 mg nasal soln</i>	3	ZOMIG	
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		
ZOMIG 5 mg tab	3		QL(3 / 30)
ZOMIG 2.5 mg tab	3		QL(6 / 30)
<i>zomig 5 mg tab</i>	3	ZOMIG	QL(3 / 30)
<i>zomig 2.5 mg tab</i>	3	ZOMIG	QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
BLOXIVERZ 10 mg/10ml iv soln, 5 mg/10ml iv soln	3		
FIRDAPSE 10 mg tab	5		PA
IMAAVY 1200 mg/6.5ml iv soln	5		PA
MESTINON 180 mg tab er, 60 mg tab	3		
MESTINON 60 mg/5ml soln	3		
<i>neostigmine methylsulfate 2 mg/2ml iv soln pfs, 3 mg/3ml iv soln, 3 mg/3ml iv soln pfs, 4 mg/4ml iv soln pfs, 5 mg/5ml iv soln pfs</i>	3		
<i>neostigmine methylsulfate 10 mg/10ml iv soln, 5 mg/10ml iv soln</i>	1	BLOXIVERZ	
<i>pyridostigmine bromide 30 mg tab</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
REGONOL 10 mg/2ml iv soln	3		
RYSTIGGO 280 mg/2ml sc soln, 420 mg/3ml sc soln, 560 mg/4ml sc soln, 840 mg/6ml sc soln	5		PA
VYVGART 400 mg/20ml iv soln	5		PA
VYVGART HYTRULO 180-2000 mg-	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
unit/ml sc soln			
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
MYCOBUTIN 150 mg cap	3		
<i>pretomanid 200 mg tab</i>	3		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
CAPASTAT SULFATE 1 gm inj soln	3		
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		
MYAMBUTOL 400 mg tab	3		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
RIFADIN 600 mg iv soln	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
<i>rifampin 600 mg iv soln</i>	3	RIFADIN	
RIFAMPIN+SYRSPEND SF 25 mg/ml susp	3		
SIRTURO 100 mg tab, 20 mg tab	5		PA
TRECTOR 250 mg tab	3		
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Molecular Target Inhibitors [Inhibidores Moleculares]			
ROMVIMZA 14 mg cap, 20 mg cap, 30 mg cap	5		PA
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
ALKERAN 2 mg tab	5		PA
<i>cyclophosphamide 25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab</i>	4		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA
LEUKERAN 2 mg tab	4		PA
MATULANE 50 mg cap	5		PA
<i>melphalan 2 mg tab</i>	4	ALKERAN	PA
MYLERAN 2 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TEMODAR 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap	5		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	PA
Antandrogens - Chemotherapy Agents [Antandrógenos - Agentes De Quimioterapia]			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
CASODEX 50 mg tab	3		
ERLEADA 240 mg tab	4		PA
ERLEADA 60 mg tab	4		PA, QL(120 / 30)
EULEXIN 125 mg cap	4		PA
<i>flutamide 125 mg cap</i>	1	EULEXIN	
NILANDRON 150 mg tab	5		PA
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
XTANDI 40 mg tab, 80 mg tab	5		PA
XTANDI 40 mg cap	5		PA
YONSA 125 mg tab	5		PA
ZYTIGA 250 mg tab, 500 mg tab	4		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 2.5 mg cap, 20 mg cap, 25 mg cap</i>	4	REVLIMID	PA
<i>lenalidomide 10 mg cap, 15 mg cap, 5 mg cap</i>	4	REVLIMID	PA
REVLIMID 2.5 mg cap, 20 mg cap, 25 mg cap	5		PA
REVLIMID 10 mg cap, 15 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		PA
FARESTON 60 mg tab	3		
SOLTAMOX 10 mg/5ml soln	3		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
CARAC 0.5 % crm	3		
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EFUDEX 5 % crm	3		
<i>fluorouracil 0.5 % crm</i>	2	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	1	EFUDEX	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	
PURIXAN 2000 mg/100ml susp	5		PA
SIKLOS 100 mg tab, 1000 mg tab	3		
TABLOID 40 mg tab	4		PA
VALCHLOR 0.016 % gel	5		PA
XELODA 150 mg tab, 500 mg tab	5		PA
XROMI 100 mg/ml soln	3		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
AKEEGA 100-500 mg tab, 50-500 mg tab	5		PA
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 mg pack	5		PA, QL(66 / 30)
HYDREA 500 mg cap	3		
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
INQOVI 35-100 mg tab	4		PA
<i>lederle leucovorin 5 mg tab</i>	1		
<i>leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab</i>	1		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA
ORGOVYX 120 mg tab	5		PA
PHESGO 60-60-2000 mg-mg-u/ml sc soln, 80-40-2000 mg-mg-u/ml sc soln	5		PA
REVUFORJ 110 mg tab, 160 mg tab	5		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	5		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
ARIMIDEX 1 mg tab	3		
AROMASIN 25 mg tab	3		
<i>exemestane 25 mg tab</i>	1	AROMASIN	
FEMARA 2.5 mg tab	3		
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5		PA
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	5		PA
ALECENSA 150 mg cap	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
AUGTYRO 160 mg cap, 40 mg cap	5		PA
AYVAKIT 25 mg tab, 50 mg tab	3		
AYVAKIT 100 mg tab, 200 mg tab, 300 mg tab	5		PA
BALVERSA 3 mg tab, 4 mg tab, 5 mg tab	5		PA
BOSULIF 100 mg cap, 100 mg tab, 400 mg tab, 50 mg cap, 500 mg tab	5		PA
BRAFTOVI 75 mg cap	5		PA
BRUKINSA 160 mg tab, 80 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap, 100 mg tab	5		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
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
COTELLIC 20 mg tab	5		PA
DANZITEN 71 mg tab, 95 mg tab	5		PA
<i>dasatinib 100 mg tab, 140 mg tab, 50 mg tab, 70 mg tab, 80 mg tab</i>	4		PA
<i>dasatinib 20 mg tab</i>	4		PA
DAURISMO 100 mg tab, 25 mg tab	5		PA
ENSACOVE 25 mg cap	5		PA, QL(30 / 30)
ENSACOVE 100 mg cap	5		PA, QL(60 / 30)
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
<i>etoposide 50 mg cap</i>	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
<i>everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol</i>	1	AFINITOR DISPERZ	
EXKIVITY 40 mg cap	5		PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA
FOTIVDA 0.89 mg cap, 1.34 mg cap	5		PA
FRUZAQLA 1 mg cap, 5 mg cap	5		PA
GAVRETO 100 mg cap	5		PA
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	5		PA
GLEEVEC 100 mg tab, 400 mg tab	5		PA
GOMEKLI 2 mg cap	4		PA, QL(84 / 28)
GOMEKLI 1 mg cap, 1 mg tab sol	4		PA, QL(168 / 28)
HERNEXEOS 60 mg tab	5		PA
HYCANTIN 0.25 mg cap, 1 mg cap	5		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
IBTROZI 200 mg cap	5		PA, QL(90 / 30)
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA
IDHIFA 100 mg tab, 50 mg tab	4		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA
IMBRUVICA 70 mg/ml susp	5		PA
<i>imkeldi 80 mg/ml soln</i>	5		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
INREBIC 100 mg cap	5		PA
IRESSA 250 mg tab	5		PA
ITOVEBI 3 mg tab, 9 mg tab	5		PA
IWILFIN 192 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
JAYPIRCA 100 mg tab, 50 mg tab	5		PA
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
pack			
KOSELUGO 10 mg cap, 25 mg cap	4		PA
KRAZATI 200 mg tab	5		PA
<i>lapatinib ditosylate 250 mg tab</i>	4	TYKERB	PA
LAZCLUZE 80 mg tab	5		PA
LAZCLUZE 240 mg tab	5		PA
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	5		PA
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	5		PA
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	5		PA
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	5		PA
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	5		PA
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	5		PA
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	5		PA
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	5		PA
LORBRENA 100 mg tab, 25 mg tab	5		PA
LUMAKRAS 120 mg tab, 240 mg tab	5		PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
LYTGOBI (12 MG DAILY DOSE) 4 mg tab pack	5		PA
LYTGOBI (16 MG DAILY DOSE) 4 mg tab pack	5		PA
LYTGOBI (20 MG DAILY DOSE) 4 mg tab pack	5		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKINIST 0.05 mg/ml soln	5		PA
MEKTOVI 15 mg tab	5		PA
MODEYSO 125 mg cap	5		PA
NERLYNX 40 mg tab	5		PA
NEXAVAR 200 mg tab	5		PA
<i>nilotinib d-tartrate 150 mg cap, 200 mg cap, 50 mg cap</i>	5		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA
NUBEQA 300 mg tab	4		PA
ODOMZO 200 mg cap	5		PA
OGSIVEO 100 mg tab, 150 mg tab	5		QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
OGSIVEO 50 mg tab	5		PA, QL(180 / 30)
OJEMDA 100 mg tab	5		PA, QL(24 / 28)
OJEMDA 25 mg/ml susp	5		PA, QL(96 / 28)
OJJAARA 100 mg tab, 150 mg tab, 200 mg tab	5		PA
ONUREG 200 mg tab, 300 mg tab	5		PA
ORSERDU 345 mg tab, 86 mg tab	5		PA
<i>pazopanib hcl 200 mg tab, 400 mg tab</i>	4		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	5		PA
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	5		PA
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	5		PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA
QINLOCK 50 mg tab	5		PA
RETEVMO 120 mg tab, 160 mg tab, 40 mg cap, 40 mg tab, 80 mg cap, 80 mg tab	5		PA
REZLIDHIA 150 mg cap	5		PA
ROZLYTREK 100 mg cap, 200 mg cap, 50 mg pckt	5		PA
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	5		PA
RYDAPT 25 mg cap	4		PA
SCSEMBLIX 100 mg tab, 20 mg tab, 40 mg tab	5		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	4	SUTENT	PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5		PA
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAFINLAR 10 mg tab sol, 50 mg cap, 75 mg cap	5		PA
TAGRISSO 40 mg tab, 80 mg tab	5		PA
TALZENNA 0.1 mg cap, 0.25 mg cap,	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.35 mg cap, 0.5 mg cap, 0.75 mg cap, 1 mg cap			
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	5		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TAZVERIK 200 mg tab	5		PA
TEPMETKO 225 mg tab	5		PA
TIBSOVO 250 mg tab	5		PA
TRUQAP 160 mg tab, 160 mg tab pack, 200 mg tab	5		PA, QL(64 / 28)
TRUSELTIQ (100MG DAILY DOSE) 100 mg cap pack	5		PA
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 mg cap pack	5		PA
TRUSELTIQ (50MG DAILY DOSE) 25 mg cap pack	5		PA
TRUSELTIQ (75MG DAILY DOSE) 25 mg cap pack	5		PA
TUKYSA 150 mg tab, 50 mg tab	5		PA
TURALIO 125 mg cap, 200 mg cap	5		PA
TYKERB 250 mg tab	5		PA
VANFLYTA 17.7 mg tab, 26.5 mg tab	5		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	5		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
VIJOICE 125 mg tab pack, 200 & 50 mg tab pack, 50 mg pckt, 50 mg tab pack	5		PA
VITRAKVI 100 mg cap, 25 mg cap	5		PA
VITRAKVI 20 mg/ml soln	5		PA
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	5		PA
VONJO 100 mg cap	5		PA
VORANIGO 10 mg tab, 40 mg tab	5		PA
VOTRIENT 200 mg tab	5		PA
WELIREG 40 mg tab	5		PA
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 200 mg cap, 250 mg cap, 50 mg cap sprinkle	5		PA
XOSPATA 40 mg tab	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	5		PA
XPOVIO (40 MG ONCE WEEKLY) 40 mg tab pack	5		PA
XPOVIO (40 MG ONCE WEEKLY) 10 mg tab pack	5		PA
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	5		PA
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	5		PA
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	5		PA
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack	5		PA
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	5		PA
ZEJULA 100 mg cap, 100 mg tab, 200 mg tab, 300 mg tab	5		PA
ZELBORAF 240 mg tab	5		PA
ZOLINZA 100 mg cap	5		PA
ZYDELIG 100 mg tab, 150 mg tab	5		PA
ZYKADIA 150 mg tab	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA
<i>bexarotene 1 % gel</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	5		PA
TARGRETIN 75 mg cap	5		PA
TARGRETIN 1 % gel	5		PA
<i>tretinoin 10 mg cap</i>	1	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
MESNEX 400 mg tab	5		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
ALBENZA 200 mg tab	3		
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	3		
BILTRICIDE 600 mg tab	3		
EGATEN 250 mg tab	3		
EMVERM 100 mg tab chew	2		
<i>ivermectin 6 mg tab</i>	1		
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
STROMECTOL 3 mg tab	3		
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	2		
ALINIA 500 mg tab	3		
ARAKODA 100 mg tab	3		
<i>artesunate 110 mg iv soln</i>	5		PA
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	3		
DARAPRIM 25 mg tab	5		PA
<i>hydroxychloroquine sulfate 100 mg tab, 300 mg tab, 400 mg tab</i>	1		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
IMPAVIDO 50 mg cap	3		
KRINTAFEL 150 mg tab	3		
LAMPIT 120 mg tab, 30 mg tab	3		
MALARONE 250-100 mg tab, 62.5-25 mg tab	3		
<i>mefloquine hcl 250 mg tab</i>	1		
MEPRON 750 mg/5ml susp	3		
<i>metronidazole 125 mg tab</i>	1		
NEBUPENT 300 mg inh soln	3		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
PENTAM 300 mg inj soln	3		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM	
PLAQUENIL 200 mg tab	3		
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	4	DARAPRIM	PA
<i>pyrimethamine-leucovorin 12.5-2.5 mg cap, 25-10 mg cap, 25-5 mg cap, 50-10 mg cap, 50-20 mg cap, 50-25 mg cap, 75-25 mg cap</i>	3		
QUALAQUIN 324 mg cap	3		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SOLOSEC 2 gm pckt	3		
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
<i>crotan 10 % lot</i>	3		
ELIMITE 5 % crm	3		
<i>malathion 0.5 % lot</i>	3	OVIDE	
NATROBA 0.9 % ext susp	3		
OVIDE 0.5 % lot	3		
<i>permethrin 5 % crm</i>	1	ELIMITE	
<i>spinosad 0.9 % ext susp</i>	1		
<i>sulfurated lime ext soln</i>	1		
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
COMTAN 200 mg tab	3		
<i>entacapone 200 mg tab</i>	1	COMTAN	
GOCOVRI 137 mg cap er 24 hr, 68.5 mg cap er 24 hr	3		
NOURIANZ 20 mg tab, 40 mg tab	3		
ONGENTYS 25 mg cap, 50 mg cap	3		
OSMOLEX ER 129 & 193 mg tab er 24 hr pack, 129 mg tab er 24 hr, 193 mg tab er 24 hr	3		
TASMAR 100 mg tab	3		
<i>tolcapone 100 mg tab</i>	1	TASMAR	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
APOKYN 30 mg/3ml sc soln cart	5		PA
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	5	APOKYN	PA
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10&15&20&25&30 mg Sublingual Kit	4		PA
MIRAPEX ER 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	3		
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		
ONAPGO 98 mg/20ml sc soln cart	5		PA
PARLODEL 2.5 mg tab, 5 mg cap	3		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab,</i>	1	STALEVO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab			
CREXONT 35-140 mg cap er, 52.5-210 mg cap er, 70-280 mg cap er, 87.5-350 mg cap er	3		
DHIVY 25-100 mg tab	3		
DUOPA 4.63-20 mg/ml enter susp	3		
LODOSYN 25 mg tab	3		
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	3		
SINEMET 10-100 mg tab, 25-100 mg tab	3		
STALEVO 100 25-100-200 mg tab	3		
STALEVO 125 31.25-125-200 mg tab	3		
STALEVO 150 37.5-150-200 mg tab	3		
STALEVO 200 50-200-200 mg tab	3		
STALEVO 50 12.5-50-200 mg tab	3		
STALEVO 75 18.75-75-200 mg tab	3		
VYALEV 12-240 mg/ml sc soln	3		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
AZILECT 0.5 mg tab, 1 mg tab	3		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
XADAGO 100 mg tab, 50 mg tab	3		
ZELAPAR 1.25 mg tab disint	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ADASUVE 10 mg inh aer pwdr br act	3		
<i>chlorpromazine hcl 100 mg/ml oral conc, 25 mg/ml inj soln, 30 mg/ml oral conc, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>compro 25 mg rect supp</i>	3	COMPRO	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab,</i>	1	PROLIXIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>2.5 mg tab, 5 mg tab</i>			
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln</i>	3		
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>molindone hcl 10 mg tab, 25 mg tab, 5 mg tab</i>	1	MOBAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>ABILIFY 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	3		
<i>ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER</i>	5		PA
<i>ABILIFY MYCITE 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	5		PA
<i>ABILIFY MYCITE MAINTENANCE KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg</i>	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
tab pack, 5 mg tab pack			
ABILIFY MYCITE STARTER KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	5		PA
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
ARISTADA 1064 mg/3.9ml im pfs, 441 mg/1.6ml im pfs, 662 mg/2.4ml im pfs, 882 mg/3.2ml im pfs	5		PA
ARISTADA INITIO 675 mg/2.4ml im pfs	5		PA
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
CAPLYTA 10.5 mg cap, 21 mg cap, 42 mg cap	3		
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, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	5		PA
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab	3		
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 mg tab	3		
FANAPT TITRATION PACK C 1 & 2 & 6 mg tab	3		
GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap	3		
INVEGA 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	3		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	5		PA
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs			
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	5		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	LATUDA	
NUPLAZID 10 mg tab, 34 mg cap	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
OPIPZA 10 mg oral film, 2 mg oral film, 5 mg oral film	3		
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
PERSERIS 120 mg Subcutaneous Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe	3		
<i>quetiapine fumarate 150 mg tab</i>	1		
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL 1 mg/ml soln	3		
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER			
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
RYKINDO 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		PA
SAPHRIS 10 mg tab sub, 2.5 mg tab sub, 5 mg tab sub	3		
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	3		
SEROQUEL 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	3		
SEROQUEL XR 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	3		
VRAYLAR 1.5 & 3 mg cap pack, 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	3		
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
ZYPREXA ZYDIS 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	3		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
CLOZARIL 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	3		
VERSACLOZ 50 mg/ml susp	3		
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 15 mg tab, 5 mg tab</i>	1		
<i>baclofen 25 mg/5ml susp</i>	1		
<i>baclofen 5 mg/5ml soln</i>	3		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
DANTRIUM 25 mg cap	3		
DANTRIUM 20 mg iv soln	4		PA
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 20 mg iv soln</i>	4	DANTRIUM IV	PA
<i>enovarx-baclofen 1 % crm</i>	3		
FLEQSUVY 25 mg/5ml susp	3		
LYVISPAH 10 mg pckt, 20 mg pckt, 5 mg pckt	3		
<i>metaxalone 640 mg tab</i>	1		
OZOBAX 5 mg/5ml soln	3		
<i>revonto 20 mg iv soln</i>	4	DANTRIUM IV	PA
RYANODEX 250 mg iv susp	3		
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	3		
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg/5ml soln</i>	3		
<i>metaxalone 640 mg tab</i>	1		
OZOBAX DS 10 mg/5ml soln	3		
ANTIVIRALS [ANTIVIRALES]			
Anti-hiv Agents, Other [Agentes Anti-Vih, Otros]			
SUNLENCA 300 mg tab	3		PA
YEZTUGO 300 mg tab	5		PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>cidofovir 75 mg/ml iv soln</i>	1	VISTIDE	
<i>foscarnet sodium 6000 mg/250ml iv soln</i>	5	FOSCAVIR	PA
FOSCAVIR 6000 mg/250ml iv soln	5		PA
<i>ganciclovir 500 mg/250ml iv soln</i>	3		
<i>ganciclovir sodium 500 mg/10ml iv soln</i>	1		
<i>ganciclovir sodium 500 mg iv soln</i>	4	CYTOVENE	PA
LIVTENCITY 200 mg tab	5		PA
PREVYMIS 120 mg pckt, 20 mg pckt, 240 mg tab, 480 mg tab	5		PA
PREVYMIS 240 mg/12ml iv soln, 480 mg/24ml iv soln	5		PA
VALCYTE 450 mg tab	3		
VALCYTE 50 mg/ml soln	3		
<i>valganciclovir hcl 450 mg tab</i>	4	VALCYTE	PA
<i>valganciclovir hcl 50 mg/ml soln</i>	4	VALCYTE	PA
ZIRGAN 0.15 % ophth gel	3		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	4	HEPSERA	PA
BARACLUDE 0.5 mg tab, 1 mg tab	5		PA
BARACLUDE 0.05 mg/ml soln	5		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
EPIVIR HBV 100 mg tab	4		PA
EPIVIR HBV 5 mg/ml soln	4		PA
HEPSERA 10 mg tab	5		PA
<i>lamivudine 100 mg tab</i>	4	EPIVIR HBV	PA
VEMLIDY 25 mg tab	5		PA
Anti-hepatitis C (hcv) Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc) - Medicamentos Para Hepatitis C]			
<i>acyclovir sodium 50 mg/ml iv soln</i>	1	ZOVIRAX	
EPCLUSA 150-37.5 mg pckt, 200-50 mg pckt, 200-50 mg tab, 400-100 mg tab	5		PA
HARVONI 90-400 mg tab	4		PA
HARVONI 33.75-150 mg pckt, 45-200 mg pckt, 45-200 mg tab	5		PA
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	4	HARVONI	PA
MAVYRET 100-40 mg tab, 50-20 mg pckt	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
SOVALDI 150 mg pckt, 200 mg pckt, 200 mg tab, 400 mg tab	5		PA
VIEKIRA PAK 12.5-75-50 & 250 mg tab pack	5		PA
VOSEVI 400-100-100 mg tab	5		PA
ZEPATIER 50-100 mg tab	5		PA
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	3		
TIVICAY PD 5 mg tab sol	3		
VOCABRIA 30 mg tab	3		
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
EDURANT 25 mg tab	2		
EDURANT PED 2.5 mg tab sol	2		
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	1	SUSTIVA	
etravirine 100 mg tab, 200 mg tab	1	INTELENCE	
INTELENCE 25 mg tab	2		
INTELENCE 100 mg tab, 200 mg tab	3		
nevirapine 200 mg tab	1	VIRAMUNE	
nevirapine 50 mg/5ml susp	1	VIRAMUNE	
nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr	1	VIRAMUNE XR	
PIFELTRO 100 mg tab	3		
SUSTIVA 200 mg cap, 50 mg cap, 600 mg tab	3		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	1	ZIAGEN	
abacavir sulfate 20 mg/ml soln	1	ZIAGEN	
emtricitabine 200 mg cap	1	EMTRIVA	
EMTRIVA 10 mg/ml soln	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EMTRIVA 200 mg cap	3		
EPIVIR 150 mg tab, 300 mg tab	3		
EPIVIR 10 mg/ml soln	3		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
RETROVIR 10 mg/ml iv soln	2		
RETROVIR 100 mg cap	3		
RETROVIR 50 mg/5ml syr	3		
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	VIREAD	
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
VIREAD 300 mg tab	3		
ZIAGEN 300 mg tab	3		
ZIAGEN 20 mg/ml soln	3		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	3		
FUZEON 90 mg sc soln	4		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	1	SELZENTRY	
RUKOBIA 600 mg tab er 12 hr	2		
SELZENTRY 25 mg tab, 75 mg tab	2		
SELZENTRY 20 mg/ml soln	2		
SELZENTRY 150 mg tab, 300 mg tab	3		
SUNLENCA 4 x 300 mg tab pack, 5 x 300 mg tab pack	3		
SUNLENCA 463.5 mg/1.5ml sc soln	3		PA
TROGARZO 200 mg/1.33ml iv soln	5		PA
TYBOST 150 mg tab	2		
YEZTUGO 463.5 mg/1.5ml sc soln	5		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	2		
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
<i>darunavir 600 mg tab, 800 mg tab</i>	1	PREZISTA	
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	
LEXIVA 50 mg/ml susp	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LEXIVA 700 mg tab	3		
NORVIR 100 mg pckt	2		
NORVIR 80 mg/ml soln	2		
NORVIR 100 mg tab	3		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	2		
REYATAZ 200 mg cap, 300 mg cap	3		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-hiv Combinations- Hiv Drugs [Combinaciones De Agentes Anti-Vih - Medicamentos Para Vih]			
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	3		
CABENUVA 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release	2		
CIMDUO 300-300 mg tab	2		
COMBIVIR 150-300 mg tab	3		
COMPLERA 200-25-300 mg tab	3		
DELSTRIGO 100-300-300 mg tab	3		
DESCOVY 120-15 mg tab, 200-25 mg tab	3		
DOVATO 50-300 mg tab	2		
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	ATRIPLA	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	SYMFI	
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	1	SYMFI LO	
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab</i>	1	TRUVADA	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	TRUVADA	PA
EPZICOM 600-300 mg tab	3		
EVOTAZ 300-150 mg tab	2		
GENVOYA 150-150-200-10 mg tab	3		
JULUCA 50-25 mg tab	2		
KALETRA 100-25 mg tab, 200-50 mg	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
tab			
KALETRA 400-100 mg/5ml soln	3		
lamivudine-zidovudine 150-300 mg tab	1	COMBIVIR	
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	1	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	1	KALETRA	
ODEFSEY 200-25-25 mg tab	3		
PREZCOBIX 675-150 mg tab, 800-150 mg tab	2		
STRIBILD 150-150-200-300 mg tab	3		
SYMFI 600-300-300 mg tab	2		
SYMFI LO 400-300-300 mg tab	2		
SYMTUZA 800-150-200-10 mg tab	3		
TRIUMEQ 600-50-300 mg tab	2		
trimeq pd 60-5-30 mg tab sol	3		
TRIZIVIR 300-150-300 mg tab	3		
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	3		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
RAPIVAB 200 mg/20ml iv soln	3		
RELENZA DISKHALER 5 mg/act inh aer pwr br act	3		
rimantadine hcl 100 mg tab	1	FLUMADINE	
TAMIFLU 45 mg cap, 75 mg cap	3		QL(10 / 180)
TAMIFLU 30 mg cap	3		QL(20 / 180)
TAMIFLU 6 mg/ml susp	3		QL(120 / 180)
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack, 2 x 20 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack, 2 x 40 mg tab pack	3		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
acyclovir 200-10 mg-% cmb pack	3		
DENAVIR 1 % crm	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	FAMVIR	
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	3		
<i>penciclovir 1 % crm</i>	1	DENAVIR	
SITAVIG 50 mg bucc tab	3		
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
VALTREX 1 gm tab, 500 mg tab	3		
XERESE 5-1 % crm	3		
ZOVIRAX 5 % crm, 5 % oint	3		
ZOVIRAX 200 mg/5ml susp	3		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	3		
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
<i>favipiravir 200 mg tab</i>	3		
LAGEVRIO 200 mg cap	3		
PAPZIMEOS 5000000000000 pu/ml sc susp	5		PA, QL(4 / 999)
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		
<i>remdesivir 100 mg iv soln</i>	3		
TPOXX 200 mg cap	3		
TPOXX 200 mg/20ml iv soln	3		
VEKLURY 100 mg iv soln	3		
VEKLURY 100 mg/20ml iv soln	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1	PRECEDEX	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
PRECEDEX 200 mcg/2ml iv soln	3		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab	3		
ATIVAN 2 mg/ml inj soln, 4 mg/ml inj soln	3		
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln, 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
<i>diazepam intensol 5 mg/ml oral conc</i>	1		
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>lorazepam intensol 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>LOREEV XR 1 mg cap er 24 hr sprinkle, 1.5 mg cap er 24 hr sprinkle, 2 mg cap er 24 hr sprinkle, 3 mg cap er 24 hr sprinkle</i>	3		
<i>midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln</i>	1		
<i>midazolam hcl-sodium chloride 100-</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>0.9 mg/100ml-% iv soln</i>			
<i>midazolam-sodium chloride (pf) 100-0.9 mg/100ml-% iv soln, 50-0.8 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln</i>	1		
MIDAZOLAM+SYRSPEND SF 1 mg/ml susp	3		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
TRANXENE-T 7.5 mg tab	3		
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	3		
XANAX 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	3		
XANAX XR 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	3		
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	3		
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ACTOPLUS MET 15-850 mg tab	3		
ACTOS 15 mg tab, 30 mg tab, 45 mg tab	3		
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	3		PA
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	3		PA
<i>alogliptin benzoate 12.5 mg tab, 25</i>	3	NESINA	ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab, 6.25 mg tab</i>			
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	3	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	3	OSENI	ST
AMARYL 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>bexagliflozin 20 mg tab</i>	3		ST
BRENZAVVY 20 mg tab	3		ST
BRYNOVIN 25 mg/ml soln	3		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		PA, QL(3.4 / 28)
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		PA, QL(2.4 / 30)
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		PA, QL(1.2 / 30)
CYCLOSET 0.8 mg tab	3		
<i>dapagliflozin pro-metformin er 10-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr</i>	3		PA
<i>dapagliflozin propanediol 10 mg tab, 5 mg tab</i>	3		PA
DUETACT 30-2 mg tab, 30-4 mg tab	3		
<i>exenatide 10 mcg/0.04ml sc soln pen-inj</i>	3		PA, QL(2.4 / 30)
FARXIGA 10 mg tab, 5 mg tab	2		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 2.5 mg tab</i>	1		
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
GLUCOTROL XL 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	3		
GLUMETZA 1000 mg tab er 24 hr, 500 mg tab er 24 hr	3		
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg</i>	1	GLYNASE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab, 6 mg tab</i>			
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	3		
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		ST
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
INVOKANA 100 mg tab, 300 mg tab	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	3		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		ST
<i>liraglutide 18 mg/3ml sc soln pen-inj</i>	2	Victoza	PA, QL(9 / 30)
<i>metformin hcl 625 mg tab, 750 mg tab</i>	1		
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	GLUMETZA	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		PA, QL(2 / 28)
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	3		ST
ONGLYZA 2.5 mg tab, 5 mg tab	3		ST
OSENI 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	3		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		PA, QL(1.5 / 28)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	
PRECOSE 100 mg tab, 25 mg tab, 50 mg tab	3		
QTERN 10-5 mg tab, 5-5 mg tab	3		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RIOMET 500 mg/5ml soln	3		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		PA, QL(30 / 30)
RYBELSUS (FORMULATION R2) 1.5 mg tab, 4 mg tab, 9 mg tab	2		PA, QL(30 / 30)
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1	Onglyza	
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1	Kombiglyze XR	
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sitagliptin base-metformin hcl 50-1000 mg tab, 50-500 mg tab</i>	3		ST
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	2		
STEGLATRO 15 mg tab, 5 mg tab	3		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	3		ST
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	3		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	3		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		PA, QL(2 / 28)
TZIELD 2 mg/2ml iv soln	3		
VICTOZA 18 mg/3ml sc soln pen-inj	3		PA, QL(9 / 30)
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	3		
ZITUVIO 100 mg tab, 25 mg tab, 50 mg tab	3		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGEN DIAGNOSTIC 1 mg inj	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
soln			
GLUCAGEN HYPOKIT 1 mg inj soln	3		
<i>glucagon emergency 1 mg/ml inj soln</i>	2		
<i>glucagon emergency 1 mg inj soln</i>	1	GLUCAGON EMERGENCY	
<i>glucagon emergency 1 mg inj soln</i>	3	GLUCAGON EMERGENCY	
<i>glucagon hcl (diagnostic) 1 mg inj soln</i>	3		
GVOKE HYPOPEN 1-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	3		
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	3		
GVOKE KIT 1 mg/0.2ml sc soln	3		
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	3		
KORLYM 300 mg tab	5		PA
<i>mifepristone 300 mg tab</i>	5		PA
PROGLYCEM 50 mg/ml susp	3		
ZEGALOGUE 0.6 mg/0.6ml sc soln auto-inj, 0.6 mg/0.6ml sc soln pfs	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
ADMELOG 100 unit/ml inj soln	2		
ADMELOG SOLOSTAR 100 unit/ml sc soln pen-inj	2		
AFREZZA 12 unit inh pwdr, 4 unit inh pwdr, 60x4 & 60x8 & 60x12 unit inh pwdr, 8 unit inh pwdr, 90 x 4 UNIT & 90x8 unit inh pwdr, 90 x 8 UNIT & 90x12 unit inh pwdr	3		
APIDRA 100 unit/ml inj soln	2		
APIDRA SOLOSTAR 100 unit/ml sc soln pen-inj	2		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		
BASAGLAR TEMPO PEN 100 unit/ml sc soln pen-inj	3		ST
FIASP 100 unit/ml inj soln	2		
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	2		
FIASP PENFILL 100 unit/ml sc soln cart	3		
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
unit/ml sc soln pen-inj			
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMALOG TEMPO PEN 100 unit/ml sc soln pen-inj	3		ST
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
<i>insulin asp prot & asp flexpen (70-30) 100 unit/ml sc susp pen-inj</i>	2	NOVOLOG MIX 70/30	PA
<i>insulin aspart 100 unit/ml inj soln</i>	2	NOVOLOG	PA
<i>insulin aspart flexpen 100 unit/ml sc soln pen-inj</i>	2	NOVOLOG FLEXPEN	PA
<i>insulin aspart penfill 100 unit/ml sc soln cart</i>	2	NOVOLOG PENFILL	PA
<i>insulin aspart prot & aspart (70-30) 100 unit/ml sc susp</i>	2	NOVOLOG MIX 70/30	PA
<i>insulin degludec 100 unit/ml sc soln</i>	3	TRESIBA	PA
<i>insulin degludec flextouch 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj</i>	3	TRESIBA FLEXTOUCH	PA
<i>insulin glargine 100 unit/ml sc soln</i>	3	LANTUS	PA
<i>insulin glargine max solostar 300 unit/ml sc soln pen-inj</i>	3		PA
<i>insulin glargine solostar 100 unit/ml sc</i>	2		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln pen-inj</i>			
<i>insulin glargine solostar 300 unit/ml sc soln pen-inj</i>	3		PA
<i>insulin glargine-yfgn 100 unit/ml sc soln, 100 unit/ml sc soln pen-inj</i>	3		ST
<i>insulin lispro 100 unit/ml inj soln</i>	2	HUMALOG	PA
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	2		PA
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	2		
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	2	HUMALOG MIX 75/25 KWIKPEN	
KIRSTY 100 unit/ml inj soln, 100 unit/ml sc soln pen-inj	3		ST
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
LEVEMIR 100 unit/ml sc soln	3		ST
LEVEMIR FLEXPEN 100 unit/ml sc soln pen-inj	3		ST
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	3		ST
LYUMJEV 100 unit/ml inj soln	2		
LYUMJEV KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
LYUMJEV TEMPO PEN 100 unit/ml sc soln pen-inj	3		ST
MERILOG 100 unit/ml sc soln	3		PA, ST
MERILOG SOLOSTAR 100 unit/ml sc soln pen-inj	3		PA, ST
MYXREDLIN 100-0.9 ut/100ml-% iv soln	3		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		
NOVOLIN N 100 unit/ml sc susp	2		
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		
NOVOLIN N RELION 100 unit/ml sc susp	2		
NOVOLIN R 100 unit/ml inj soln	2		
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	2		
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	2		
NOVOLIN R RELION 100 unit/ml inj soln	2		
NOVOLOG 100 unit/ml inj soln	2		
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		PA
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	2		
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	3		PA
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	3		PA
NOVOLOG PENFILL 100 unit/ml sc soln cart	2		
NOVOLOG RELION 100 unit/ml inj soln	3		PA
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		
SEMGLEE 100 unit/ml sc soln pen-inj	2		ST
SEMGLEE 100 unit/ml sc soln	3		ST
SEMGLEE (YFGN) 100 unit/ml sc soln, 100 unit/ml sc soln pen-inj	3		ST
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		
TRESIBA 100 unit/ml sc soln	2		
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>acd formula a 0.73-2.45-2.2 gm/100ml in vitro soln</i>	3		
ACD-A NOCLOT-50 0.73-2.45-2.2 gm/100ml in vitro soln	3		
<i>anticoagulant sodium citrate 4 % in vitro soln, 4 gm/100ml in vitro soln</i>	3		
<i>argatroban 250 mg/2.5ml iv soln, 50 mg/50ml iv soln</i>	1		
<i>argatroban in sodium chloride 50-0.9 mg/50ml-% iv soln</i>	1		
ARIXTRA 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln	3		
<i>bd heparin posiflush 10 unit/ml iv soln</i>	1		
<i>bivalirudin rtu 250 mg/50ml iv soln</i>	3		
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
DEFENCATH 1000-13.5 unit-mg/ml in vitro soln	3		PA
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	1	LOVENOX	
ENOXILUV KIT 40 mg/0.4ml Injection Prefilled Syringe Kit	5		PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	1	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	3		
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% iv soln, 12500-0.45</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ut/250ml-% iv soln, 2000-0.9 unit/l-% iv soln, 25000-0.45 ut/250ml-% iv soln, 25000-0.45 ut/500ml-% iv soln</i>			
<i>heparin (porcine) in nacl 20-0.9 unt/20ml-% iv soln pfs, 2500-0.9 ut/500ml-% iv soln, 4000-0.9 unit/l-% iv soln, 50-0.9 unt/50ml-% iv soln pfs, 5000-0.9 ut/500ml-% iv soln</i>	3		
<i>heparin na (pork) lock flsh pf 10 unit/ml iv soln</i>	1		
<i>heparin sod (porcine) in d5w 100 unit/ml iv soln, 25000-5 ut/500ml-% iv soln, 40-5 unit/ml-% iv soln</i>	1		
<i>heparin sod (pork) lock flush 10 unit/ml iv soln, 100 unit/ml iv soln</i>	1		
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/0.5ml inj soln pfs, 5000 unit/ml inj soln</i>	1		
<i>heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln, 5000 unit/ml inj soln</i>	1		
<i>hepmed 100&0.9&2.5-2.5 ut/ml&%&% cmb kit</i>	3		
<i>jantoven 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
<i>LOVENOX 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	3		
<i>PRADAXA 110 mg cap, 150 mg cap, 75 mg cap</i>	2		
<i>PRADAXA 110 mg pckt, 150 mg pckt, 20 mg pckt, 30 mg pckt, 40 mg pckt, 50 mg pckt</i>	3		
<i>rivaroxaban 2.5 mg tab</i>	1	Xarelto	
<i>rivaroxaban 1 mg/ml susp</i>	1	Xarelto	
<i>SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab</i>	3		
<i>sodium citrate 4 % In Vitro Solution Prefilled Syringe</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sodium citrate lock flush 120 mg/3ml iv soln pfs</i>	3		
TRICITRASOL 46.7 % in vitro conc	3		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO 1 mg/ml susp	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
AGRYLIN 0.5 mg cap	3		
ALVAIZ 18 mg tab, 36 mg tab, 54 mg tab, 9 mg tab	5		PA
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	5		PA
<i>eltrombopag olamine 12.5 mg tab, 25 mg pckt, 25 mg tab, 50 mg tab, 75 mg tab</i>	5	Promacta	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	5		PA
JESDUVROQ 1 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
LEUKINE 250 mcg inj soln	5		PA
MIRCERA 100 mcg/0.3ml inj soln pfs, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.3ml inj soln pfs, 30 mcg/0.3ml inj soln pfs, 50 mcg/0.3ml inj soln pfs, 75 mcg/0.3ml inj soln pfs	5		PA
MOZOBIL 24 mg/1.2ml sc soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MULPLETA 3 mg tab	5		PA
NEULASTA ONPRO 6 mg/0.6ml sc soln pfs	5		PA
NPLATE 125 mcg sc soln, 250 mcg sc soln, 500 mcg sc soln	5		PA
<i>plerixafor 24 mg/1.2ml sc soln</i>	5	MOZOBIL	PA
PROCRIPT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
PROMACTA 12.5 mg pckt, 12.5 mg tab, 25 mg pckt, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
REBLOZYL 25 mg sc soln, 75 mg sc soln	5		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
RYZNEUTA 20 mg/ml sc soln pfs	5		PA
UDENYCA ONBODY 6 mg/0.6ml sc soln pfs	5		PA
VAFSEO 150 mg tab, 300 mg tab	3		
XOLREMDI 100 mg cap	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
ALHEMO 150 mg/1.5ml sc soln pen-inj, 300 mg/3ml sc soln pen-inj, 60 mg/1.5ml sc soln pen-inj	5		PA
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
ALTUVIIIIO 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln	5		PA
AMICAR 1000 mg tab, 500 mg tab	3		
AMICAR 0.25 gm/ml soln	3		
<i>aminocaproic acid 250 mg/ml iv soln</i>	1		
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	1	AMICAR	
<i>aminocaproic acid 0.25 gm/ml soln</i>	1	AMICAR	
ANDEXXA 200 mg iv soln	3		
BALFAXAR 1000 unit iv soln, 500 unit iv soln	5		PA
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
BEQVEZ 4 x 1 ml Intravenous Suspension Therapy Pack, 5 x 1 ml Intravenous Suspension Therapy Pack, 6 x 1 ml Intravenous Suspension Therapy Pack, 7 x 1 ml Intravenous Suspension Therapy Pack	5		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
CORIFACT 1000-1600 unit iv kit	5		PA
CYKLOKAPRON 1000 mg/10ml iv soln	5		PA
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
ESPEROCT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	5		PA
FIBRYGA iv soln, 2 gm iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HEMLIBRA 105 mg/0.7ml sc soln, 12 mg/0.4ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 300 mg/2ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA
HYMPAVZI 150 mg/ml sc soln auto-inj	5		PA
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3500 unit iv soln, 500 unit iv soln	5		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
JIVI 4000 unit iv soln	5		PA
KCENTRA 1000 unit iv kit, 500 unit iv kit	5		PA
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
LYSTEDA 650 mg tab	3		
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 1500 unit iv kit, 1500 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA
<i>obizur 500 unit iv soln</i>	5		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
QFITLIA 20 mg/0.2ml sc soln, 50 mg/0.5ml sc soln auto-inj	5		PA
REBINYN 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
RIASTAP iv soln	5		PA
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
SEVENFACT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln	5		PA
<i>tranexamic acid 1000 mg/10ml iv soln</i>	5	CYKLOKAPRON	PA
<i>tranexamic acid 650 mg tab</i>	1	LYSTEDA	
<i>tranexamic acid-nacl 1000-0.7 mg/100ml-% iv soln</i>	3		
TRETTEN 2500 unit iv soln	5		PA
VONVENDI 1300 unit iv soln, 650 unit iv soln	5		PA
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
<i>aspirin-omeprazole 81-40 mg tab dr</i>	3	YOSPRALA	
BRILINTA 60 mg tab, 90 mg tab	2		
CABLIVI 11 mg inj kit	5		PA
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
DOPTELET 20 mg tab	5		PA
DURLAZA 162.5 mg cap er 24 hr	3		
EFFIENT 10 mg tab, 5 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>eptifibatide 20 mg/10ml iv soln, 75 mg/100ml iv soln</i>	1		
PLAVIX 75 mg tab	3		
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
TAVALISSE 100 mg tab, 150 mg tab	5		PA
<i>ticagrelor 60 mg tab, 90 mg tab</i>	1	Brilinta	
WAYRILZ 400 mg tab	5		PA
YOSPRALA 325-40 mg tab dr, 81-40 mg tab dr	3		
ZONTIVITY 2.08 mg tab	3		
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
AKOVAZ 25 mg/5ml iv soln pfs, 50 mg/ml iv soln	3		
BIORPHEN 0.5 mg/5ml iv soln	3		
CATAPRES-TTS-1 0.1 mg/24hr tdwk patch	3		
CATAPRES-TTS-2 0.2 mg/24hr tdwk patch	3		
CATAPRES-TTS-3 0.3 mg/24hr tdwk patch	3		
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine er 0.17 mg tab er 24 hr</i>	3		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>droxidopa 100 mg cap, 200 mg cap, 300 mg cap</i>	4	NORTHERA	PA
EMERPHED 25 mg/5ml iv soln pfs, 5 mg/ml iv soln, 50 mg/10ml iv soln pfs	3		
<i>ephedrine sulfate (pressors) 50 mg/10ml iv soln pfs</i>	1		
<i>ephedrine sulfate (pressors) 25 mg/5ml iv soln pfs, 5 mg/ml iv soln, 50 mg/5ml iv soln pfs</i>	3		
<i>ephedrine sulfate (pressors) 50 mg/ml iv soln</i>	1	AKOVAZ	
<i>epinephrine hcl-dextrose 4-5 mg/250ml-% iv soln</i>	3		
<i>epinephrine hcl-nacl 4-0.9 mg/250ml-</i>	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
% iv soln			
guanfacine hcl 1 mg tab, 2 mg tab	1	TENEX	
methyldopa 250 mg tab, 500 mg tab	1	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
NEXICLON XR 0.17 mg tab er 24 hr	3		
norepinephrine-dextrose 16-5 mg/250ml-% iv soln, 8-5 mg/500ml-% iv soln	3		
norepinephrine-sodium chloride 16-0.9 mg/250ml-% iv soln, 4-0.9 mg/250ml-% iv soln, 8-0.9 mg/250ml-% iv soln, 8-0.9 mg/500ml-% iv soln	3		
NORTHERA 100 mg cap, 200 mg cap, 300 mg cap	5		PA
phenylephrine hcl 0.8 mg/10ml iv soln pfs, 1 mg/10ml iv soln, 1 mg/10ml iv soln pfs	3		
phenylephrine hcl (pf) 0.5 mg/5ml iv soln	1		
phenylephrine hcl (pressors) 0.4 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs	3		
phenylephrine hcl-nacl 0.5-0.9 mg/5ml-% iv soln pfs, 1-0.9 mg/10ml-% iv soln pfs, 10-0.9 mg/250ml-% iv soln, 100-0.9 mcg/10ml-% iv soln pfs, 100-0.9 mg/250ml-% iv soln, 25-0.9 mg/250ml-% iv soln, 5-0.9 mg/50ml-% iv soln pfs, 50-0.9 mg/250ml-% iv soln	3		
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
DIBENZYLINE 10 mg cap	3		
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	3		
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	1		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
ARB LI 10 mg/ml susp	3		
ATACAND 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
AVAPRO 150 mg tab, 300 mg tab, 75 mg tab	3		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	3		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
COZAAR 100 mg tab, 25 mg tab, 50 mg tab	3		
DIOVAN 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	3		
EDARBI 40 mg tab, 80 mg tab	3		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
MICARDIS 20 mg tab, 40 mg tab, 80 mg tab	3		
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 4 mg/ml soln</i>	3		
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
ACCUPRIL 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
ALTACE 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	3		
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 1 mg/ml soln</i>	1	EPANED	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>enalaprilat 1.25 mg/ml iv soln</i>	1		
EPANED 1 mg/ml soln	3		
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
LOTENSIN 10 mg tab, 20 mg tab, 40	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg tab			
<i>moexipril hcl 15 mg tab, 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
QBRELIS 1 mg/ml soln	3		
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
VASOTEC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
ZESTRIL 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	3		
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 450 mg/9ml iv soln</i>	1		
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 150 mg/3ml iv soln, 900 mg/18ml iv soln</i>	1	CORDARONE	
BETAPACE 120 mg tab, 160 mg tab, 80 mg tab	3		
BETAPACE AF 120 mg tab, 160 mg tab, 80 mg tab	3		
CORVERT 1 mg/10ml iv soln	3		
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>ibutilide fumarate 1 mg/10ml iv soln</i>	3	CORVERT	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	3		
NEXTERONE 150-4.21 mg/100ml-% iv soln, 360-4.14 mg/200ml-% iv soln	3		
NORPACE 100 mg cap, 150 mg cap	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
<i>pacerone 100 mg tab, 200 mg tab,</i>	3	CORDARONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>400 mg tab</i>			
<i>procainamide hcl 100 mg/ml inj soln, 500 mg/ml inj soln</i>	1	PRONESTYL	
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	3		
<i>sorine 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl 150 mg/10ml iv soln</i>	3		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
SOTYLIZE 5 mg/ml soln	3		
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	3		
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
ATENOLOL+SYRSPEND SF 1 mg/ml susp	3		
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 2.5 mg tab</i>	1		
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BREVIBLOC 100 mg/10ml iv soln	3		
BREVIBLOC IN NACL 2000 mg/100ml iv soln, 2500 mg/250ml iv soln	3		
BREVIBLOC PREMIXED 2500 mg/250ml iv soln	3		
BREVIBLOC PREMIXED DS 2000 mg/100ml iv soln	3		
BYSTOLIC 10 mg tab, 2.5 mg tab, 20	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg tab, 5 mg tab			
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
COREG 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	3		
COREG CR 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	3		
CORGARD 20 mg tab, 40 mg tab, 80 mg tab	3		
<i>esmolol hcl 2000 mg/100ml iv soln, 2500 mg/250ml iv soln</i>	3		
<i>esmolol hcl 100 mg/10ml iv soln</i>	3	BREVIBLOC	
<i>esmolol hcl-sodium chloride 2000 mg/100ml iv soln, 2500 mg/250ml iv soln</i>	1	BREVIBLOC IN NACL	
HEMANGEOL 4.28 mg/ml soln	3		
INDERAL LA 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
KAPSPARGO SPRINKLE 100 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	3		
<i>labetalol hcl 400 mg tab</i>	1		
<i>labetalol hcl 20 mg/4ml iv soln pfs</i>	3		
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 5 mg/ml iv soln</i>	1	NORMODYNE	
<i>labetalol hcl-dextrose 200-5 mg/200ml-% iv soln</i>	3		
<i>labetalol hcl-sodium chloride 100-0.72 mg/100ml-% iv soln, 200-0.72 mg/200ml-% iv soln, 300-0.72 mg/300ml-% iv soln</i>	3		
LOPRESSOR 100 mg tab, 50 mg tab	3		
LOPRESSOR 10 mg/ml soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>metoprolol tartrate 5 mg/5ml iv soln</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
RAPIBLYK 280 mg iv soln	3		
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	3		
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
TOPROL XL 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
AMLODIPINE BES+SYRSPEND SF 1 mg/ml susp	3		
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CALAN SR 120 mg tab er, 180 mg tab er, 240 mg tab er	3		
CARDENE IV 20-0.86 mg/200ml-% iv soln, 20-4.8 mg/200ml-% iv soln, 40-0.83 mg/200ml-% iv soln	3		
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	3		
CARDIZEM CD 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
cap er 24 hr			
CARDIZEM LA 120 mg tab er 24 hr, 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	3		
<i>cartia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM CD	
CONJUPRI 2.5 mg tab, 5 mg tab	3		
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl 125 mg/25ml iv soln, 25 mg/5ml iv soln</i>	1		
<i>diltiazem hcl 100 mg iv soln, 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 50 mg/10ml iv soln</i>	1	CARDIZEM	
<i>diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl-dextrose 125-5 mg/125ml-% iv soln</i>	3		
<i>diltiazem hcl-sodium chloride 100-0.72 mg/100ml-% iv soln, 125-0.9 mg/125ml-% iv soln</i>	3		
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
KATERZIA 1 mg/ml susp	3		
<i>levamlodipine maleate 2.5 mg tab, 5</i>	3	CONJUPRI	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab</i>			
<i>matzim la 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nicardipine hcl 2.5 mg/ml iv soln</i>	1	CARDENE	
<i>nicardipine hcl in nacl 20-0.86 mg/200ml-% iv soln, 40-0.83 mg/200ml-% iv soln</i>	1		
<i>nicardipine hcl in nacl 20-0.9 mg/200ml-% iv soln, 40-0.9 mg/200ml-% iv soln</i>	3		
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
NORLIQVA 1 mg/ml soln	3		
NORVASC 10 mg tab, 2.5 mg tab, 5 mg tab	3		
NYMALIZE 6 mg/ml soln	3		
PROCARDIA XL 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	3		
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	3		
<i>taztia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	TIAZAC	
<i>tiadylt er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
TIAZAC 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl 2.5 mg/ml iv soln	1	ISOPTIN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	
VERELAN 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	3		
VERELAN PM 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ACTHAR 80 unit/ml inj gel	5		PA
ALDACTAZIDE 25-25 mg tab, 50-50 mg tab	3		
aliskiren fumarate 150 mg tab, 300 mg tab	1	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25	1	EXFORGE HCT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>			
ASPRUZYO SPRINKLE 1000 mg pckt, 500 mg pckt	3		
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	3		
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>atropine sulfate 0.4 mg/ml iv soln, 1 mg/ml iv soln</i>	1		
AVALIDE 150-12.5 mg tab, 300-12.5 mg tab	3		
AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	3		
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
BENICAR HCT 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	3		
BIDIL 20-37.5 mg tab	3		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
CADUET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	3		
CAMZYOS 10 mg cap, 15 mg cap, 2.5 mg cap, 5 mg cap	5		PA
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
CONSENSI 10-200 mg tab, 2.5-200 mg tab, 5-200 mg tab	3		
CORLANOR 5 mg tab, 7.5 mg tab	3		
CORLANOR 5 mg/5ml soln	3		
CORLOPAM 10 mg/ml iv soln, 20 mg/2ml iv soln	3		
CORTROPHIN 80 unit/ml inj gel	5		PA
DEMSEER 250 mg cap	3		
<i>dichlorphenamide 50 mg tab</i>	1	KEVEYIS	
<i>digitek 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln, 0.25 mg/ml inj soln</i>	1	LANOXIN	
DIOVAN HCT 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	3		
DUTOPROL 100-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr	3		
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 15-16 mg cap sprinkle, 24-26 mg tab, 49-51 mg tab, 6-6 mg cap sprinkle, 97-103 mg tab	2		
<i>ephedrine sulfate-nacl 25-0.9 mg/5ml-% iv soln pfs, 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs</i>	3		
EXFORGE 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	3		
EXFORGE HCT 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	3		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
GIAPREZA 0.5 mg/ml iv soln, 2.5 mg/ml iv soln	3		
HYZAAR 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	3		
INPEFA 200 mg tab, 400 mg tab	3		
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoproterenol hcl 0.2 mg/ml inj soln</i>	1	ISUPREL	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
<i>isoxsuprine hcl 10 mg tab, 20 mg tab</i>	1		
<i>ivabradine hcl 5 mg tab, 7.5 mg tab</i>	1	Corlanor	
KERENDIA 10 mg tab, 20 mg tab, 40 mg tab	3		
KEYEYIS 50 mg tab	3		
LANOXIN 125 mcg tab, 250 mcg tab, 62.5 mcg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LANOXIN 0.25 mg/ml inj soln	3		
LANOXIN PEDIATRIC 0.1 mg/ml inj soln	3		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
LODOCO 0.5 mg tab	3		PA
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
LOTREL 10-20 mg cap, 10-40 mg cap, 5-10 mg cap, 5-20 mg cap	3		
<i>mannitol 20 % iv soln, 25 % iv soln</i>	1		
MAXZIDE 75-50 mg tab	3		
MAXZIDE-25 37.5-25 mg tab	3		
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSEER	
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	3		
<i>milrinone lactate 10 mg/10ml iv soln, 20 mg/20ml iv soln, 50 mg/50ml iv soln</i>	1		
<i>milrinone lactate in dextrose 20-5 mg/100ml-% iv soln, 40-5 mg/200ml-% iv soln</i>	1		
NEXLIZET 180-10 mg tab	2		
NIPRIDE RTU 20-0.9 mg/100ml-% iv soln, 50-0.9 mg/100ml-% iv soln	3		
<i>nitroprusside sodium 25 mg/ml iv soln</i>	1		
<i>nitroprusside sodium-nacl 20-0.9 mg/100ml-% iv soln, 50-0.9 mg/100ml-% iv soln</i>	1		
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
OPSYNVI 10-20 mg tab, 10-40 mg tab	5		PA
<i>osmitrol 20 % iv soln</i>	3		
OSMITROL 10 % iv soln	3		
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
PRESTALIA 14-10 mg tab, 3.5-2.5 mg	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
tab, 7-5 mg tab			
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	3		
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	1	Entresto	
<i>sodium nitroprusside 25 mg/ml iv soln, 50 mg/2ml iv soln</i>	1		
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>sure result o3d3 system 1 & 1000 gm & unit oral kit</i>	3		
TEKTURNA 150 mg tab, 300 mg tab	2		
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	3		
TENORETIC 50 50-25 mg tab	3		
TERLIVAZ 0.85 mg iv soln	5		PA
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
TRIBENZOR 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	3		
TRYVIO 12.5 mg tab	3		
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VAPRISOL 20-5 mg/100ml-% iv soln	3		
VASERETIC 10-25 mg tab	3		
<i>vasopressin-dextrose 20-5 ut/100ml-% iv soln</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>vasopressin-sodium chloride 2-0.9 unit/2ml-% inj soln pfs, 40-0.9 ut/100ml-% iv soln</i>	3		
VECAMYL 2.5 mg tab	3		
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		
VOQUEZNA 10 mg tab, 20 mg tab	3		
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ZIAC 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	3		
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	1	BUMEX	
BUMEX 0.5 mg tab	3		
EDECRIN 25 mg tab	3		
<i>ethacrynate sodium 50 mg iv soln</i>	3	SODIUM EDECRIN	
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
FUROSCIX 80 mg/10ml Subcutaneous Cartridge Kit	3		
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
LASIX 20 mg tab, 40 mg tab, 80 mg tab	3		
SOAANZ 20 mg tab, 40 mg tab, 60 mg tab	3		
SODIUM EDECRIN 50 mg iv soln	3		
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	3		
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
CAROSPIR 25 mg/5ml susp	3		
DYRENIUM 100 mg cap, 50 mg cap	3		
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	
INSPRA 25 mg tab, 50 mg tab	3		
<i>spironolactone 25 mg/5ml susp</i>	1		
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorothiazide sodium 500 mg iv soln</i>	1	DIURIL	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
HEMICLOR 12.5 mg tab	3		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
INZIRQO 10 mg/ml susp	3		
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
SODIUM DIURIL 500 mg iv soln	3		
THALITONE 15 mg tab	3		
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 mg cap	3		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 30 mg cap, 90 mg cap</i>	3	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FENOGLIDE 120 mg tab, 40 mg tab	3		
FIBRICOR 105 mg tab, 35 mg tab	3		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
LOPID 600 mg tab	3		
TRICOR 145 mg tab, 48 mg tab	3		
TRILIPIX 135 mg cap dr, 45 mg cap dr	3		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ATORVALIQ 20 mg/5ml susp	3		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
CRESTOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
EZALLOR SPRINKLE 10 mg cap sprinkle, 20 mg cap sprinkle, 40 mg cap sprinkle, 5 mg cap sprinkle	3		
<i>flolipid 20 mg/5ml susp, 40 mg/5ml susp</i>	3		
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LESCOL XL 80 mg tab er 24 hr	3		
LIPITOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	3		
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1		
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
ZOCOR 10 mg tab, 20 mg tab, 40 mg tab	3		
ZYPITAMAG 2 mg tab, 4 mg tab	3		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
COLESTID 1 gm tab, 5 gm pckt	3		
COLESTID 5 gm oral gr	3		
COLESTID FLAVORED 5 gm pckt	3		
COLESTID FLAVORED 5 gm oral gr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
EVKEEZA 1200 mg/8ml iv soln, 345 mg/2.3ml iv soln	5		PA
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	3		
<i>ezetimibe-rosuvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab</i>	3	ROSZET	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>icosapent ethyl 0.5 gm cap, 1 gm cap</i>	1	VASCEPA	
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	5		PA
LEQVIO 284 mg/1.5ml sc soln pfs	3		
LOVAZA 1 gm cap	3		
NEXLETOL 180 mg tab	2		
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
NIASPAN 1000 mg tab er, 500 mg tab er, 750 mg tab er	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	4		PA
<i>prevalite 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>prevalite 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
QUESTRAN 4 gm pckt	3		
QUESTRAN 4 gm/dose oral pwdr	3		
QUESTRAN LIGHT 4 gm/dose oral pwdr	3		
REPATHA 140 mg/ml sc soln pfs	2		
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		
ROSZET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	3		
VASCEPA 0.5 gm cap, 1 gm cap	2		
VYTORIN 10-10 mg tab, 10-20 mg	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
tab, 10-40 mg tab, 10-80 mg tab			
WELCHOL 3.75 gm pckt, 625 mg tab	3		
ZETIA 10 mg tab	3		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>hydralazine hcl 20 mg/ml inj soln</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
GONITRO 400 mcg Sublingual Packet	3		
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	3		
<i>nitroglycerin 5 mg/ml iv soln</i>	1	NITRO-BID	
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin in d5w 100-5 mcg/ml-% iv soln, 200-5 mcg/ml-% iv soln, 400-5 mcg/ml-% iv soln</i>	1		
NITROLINGUAL 0.4 mg/spray tl soln	3		
NITROMIST 400 mcg/spray tl aer soln	3		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	3		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	3		
ADDERALL XR 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	3		
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating	3		
<i>amphet-dextroamphet 3-bead er 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr</i>	1	Mydayis	
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1	Evekeo	
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
AZSTARYS 26.1-5.2 mg cap, 39.2-7.8 mg cap, 52.3-10.4 mg cap	2		
DESOXYN 5 mg tab	3		
DEXEDRINE 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	3		
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml</i>	1	PROCENTRA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>dextroamphetamine sulfate 15 mg tab, 20 mg tab, 30 mg tab</i>	1	ZENZEDI	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
DYANAVEL XR 10 mg tab er, 15 mg tab er, 20 mg tab er, 5 mg tab er	3		
DYANAVEL XR 2.5 mg/ml susp er	3		
EVEKEO 10 mg tab, 5 mg tab	3		
EVEKEO ODT 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	3		
<i>lisdexamfetamine dimesylate 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap</i>	1	Vyvanse	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
MYDAYIS 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr	3		
<i>procentra 5 mg/5ml soln</i>	3	PROCENTRA	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		
XELSTRYM 13.5 mg/9hr td patch, 18 mg/9hr td patch, 4.5 mg/9hr td patch, 9 mg/9hr td patch	3		
<i>zenzedi 2.5 mg tab, 7.5 mg tab</i>	3		
<i>zenzedi 10 mg tab, 5 mg tab</i>	3	DEXTROSTAT	
<i>zenzedi 15 mg tab, 20 mg tab, 30 mg tab</i>	3	ZENZEDI	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
ADHANSIA XR 25 mg cap er 24 hr, 35 mg cap er 24 hr, 45 mg cap er 24 hr, 55 mg cap er 24 hr, 70 mg cap er 24 hr, 85 mg cap er 24 hr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
APTENSIO XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr	3		
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
CONCERTA 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	3		
COTEMPLA XR-ODT 17.3 mg Oral Tablet Extended Release Disintegrating, 25.9 mg Oral Tablet Extended Release Disintegrating, 8.6 mg Oral Tablet Extended Release Disintegrating	3		
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
FOCALIN 10 mg tab, 2.5 mg tab, 5 mg tab	3		
FOCALIN XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	3		
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
INTUNIV 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	3		
JORNAY PM 100 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KAPVAY 0.1 mg tab er 12 hr	3		
METHYLIN 10 mg/5ml soln, 5 mg/5ml soln	3		
<i>methylphenidate 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch</i>	1	DAYTRANA	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (osm) 72 mg tab er</i>	1		
<i>methylphenidate hcl er (osm) 45 mg tab er, 63 mg tab er</i>	3		
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
<i>methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	APTENSIO XR	
ONYDA XR 0.1 mg/ml susp er	3		
QELBREE 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	3		
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		
RELEXXII 45 mg tab er, 63 mg tab er,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
72 mg tab er			
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	3		
RITALIN LA 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	3		
STRATTERA 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	3		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
AUSTEDO 12 mg tab, 6 mg tab, 9 mg tab	5		PA
AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 mg tab pack	5		PA
AUSTEDO XR 12 mg tab er 24 hr, 18 mg tab er 24 hr, 24 mg tab er 24 hr, 30 mg tab er 24 hr, 36 mg tab er 24 hr, 42 mg tab er 24 hr, 48 mg tab er 24 hr, 6 mg tab er 24 hr	5		PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 mg tab er pack, 6 & 12 & 24 mg tab er pack	5		PA
CAFCIT 60 mg/3ml iv soln	3		
<i>caffeine citrate 20 mg/ml soln, 60 mg/3ml soln</i>	1		
<i>caffeine citrate 60 mg/3ml iv soln</i>	1	CAFCIT	
<i>caffeine-sodium benzoate 125-125 mg/ml inj soln</i>	3		
CONVENIENCE PAK 600 & 5 mg & % cmb pack	3		
DOPRAM 20 mg/ml iv soln	3		
EXSERVAN 50 mg oral film	3		
<i>gabapentin (once-daily) 300 mg tab, 600 mg tab</i>	1		
GRALISE 300 (9) & 600(24) mg oral misc, 300 mg tab, 600 mg tab	3		
HORIZANT 300 mg tab er, 600 mg tab er	3		
INGREZZA 40 & 80 mg cap pack, 40 mg cap, 40 mg cap sprinkle, 60 mg cap, 60 mg cap sprinkle, 80 mg cap, 80 mg cap sprinkle	5		PA
NUEDEXTA 20-10 mg cap	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RADICAVA 30 mg/100ml iv soln	5		PA
RADICAVA ORS 105 mg/5ml susp	5		PA
RADICAVA ORS STARTER KIT 105 mg/5ml susp	5		PA
RELYVRIO 3-1 gm pckt	5		PA
RILUTEK 50 mg tab	3		
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
TIGLUTIK 50 mg/10ml susp	3		
XENAZINE 12.5 mg tab, 25 mg tab	5		PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	3		
LYRICA 20 mg/ml soln	3		
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AMPYRA 10 mg tab er 12 hr	5		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BAFIERTAM 95 mg cap dr	5		PA
BETASERON 0.3 mg sc kit	4		PA
BRIUMVI 150 mg/6ml iv soln	5		PA
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	
<i>dimethyl fumarate starter pack 120 &</i>	4	TECFIDERA STARTER	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
240 mg cap dr pack		PACK	
EXTAVIA 0.3 mg sc kit	5		PA
ingolimod hcl 0.5 mg cap	4	GILENYA	
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	PA
glatopa 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
LEMTRADA 12 mg/1.2ml iv soln	5		PA
MAVENCLAD (10 TABS) 10 mg tab pack	4		PA
MAVENCLAD (4 TABS) 10 mg tab pack	4		PA
MAVENCLAD (5 TABS) 10 mg tab pack	4		PA
MAVENCLAD (6 TABS) 10 mg tab pack	4		PA
MAVENCLAD (7 TABS) 10 mg tab pack	4		PA
MAVENCLAD (8 TABS) 10 mg tab pack	4		PA
MAVENCLAD (9 TABS) 10 mg tab pack	4		PA
MAYZENT 1 mg tab	4		PA
MAYZENT 0.25 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 7 x 0.25 mg tab pack	4		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln auto-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
PONVORY 20 mg tab	5		PA
PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 mg tab pack	5		PA
REBIF 22 mcg/0.5ml sc soln pfs, 44 mcg/0.5ml sc soln pfs	5		PA
REBIF REBIDOSE 22 mcg/0.5ml sc soln auto-inj, 44 mcg/0.5ml sc soln auto-inj	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 mcg sc soln auto-inj	5		PA
REBIF TITRATION PACK 6X8.8 & 6X22 mcg sc soln pfs	5		PA
TASCENSO ODT 0.25 mg tab disint, 0.5 mg tab disint	5		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	4	AUBAGIO	
VUMERITY 231 mg cap dr	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG & 0.46MG 0.92mg(21) cap pack	4		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
ARESTIN 1 mg dental misc	3		
BOCASAL m/t pckt	3		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
<i>clinpro 5000 1.1 % dental paste</i>	3		
DEBACTEROL 30-50 % m/t soln	3		
DEBACTEROL 30-50 % m/t soln	3		
<i>denta 5000 plus 1.1 % dental crm</i>	3	PREVIDENT 5000 PLUS	
<i>dentagel 1.1 % dental gel</i>	3		
EPISIL m/t liq	3		
EVOXAC 30 mg cap	3		
FIRST-MOUTHWASH BLM m/t susp	3		
<i>fluoridex 1.1 % dental paste</i>	3		
<i>fluoridex enhanced whitening 1.1 % dental paste</i>	3		
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % dental gel	3		
<i>fluorimax 5000 1.1 % dental paste</i>	3		
FLUORIMAX 5000 SENSITIVE 1.1-5 % dental gel	3		
GELCLAIR m/t gel	3		
<i>just right 5000 1.1 % dental gel, 1.1 % dental paste</i>	3		
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
MUCOSITISRX m/t pckt	3		
MUCOTROL m/t wafer	3		
MUGARD m/t liq	3		
NAFRINSE DAILY ACIDULATED 1 mg/5ml m/t soln	3		
NAFRINSE DAILY/NEUTRAL 0.05 % m/t soln	3		
NAFRINSE WEEKLY 0.2 % m/t soln	3		
NEUTRASAL m/t pckt	3		
ORAFATE 10 % m/t paste	3		
<i>oralone 0.1 % m/t paste</i>	3	KENALOG IN ORABASE	
ORAMAGICRX m/t susp	3		
PERIDEX 0.12 % m/t soln	3		
<i>periogard 0.12 % m/t soln</i>	1	PERIDEX	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
PREVIDENT 1.1 % dental gel	3		
PREVIDENT 0.2 % m/t soln	3		
PREVIDENT 5000 BOOSTER PLUS 1.1 % dental paste	3		
PREVIDENT 5000 DRY MOUTH 1.1 % dental gel	3		
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % dental gel	3		
PREVIDENT 5000 ORTHO DEFENSE 1.1 % dental paste	3		
PREVIDENT 5000 PLUS 1.1 % dental crm	3		
PREVIDENT 5000 SENSITIVE 1.1-5 % dental gel	3		
PROTHELIAL 10 % m/t paste	3		
SALAGEN 5 mg tab, 7.5 mg tab	3		
SALIVAMAX m/t pckt	3		
<i>sf 1.1 % dental gel</i>	1		
<i>sf 5000 plus 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>silatrix 10 % m/t gel</i>	3		
<i>sodium fluoride 1.1 % dental gel</i>	1		
<i>sodium fluoride 0.2 % m/t soln</i>	1		
<i>sodium fluoride 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 enamel 1.1-5 % dental gel</i>	1		
<i>sodium fluoride 5000 plus 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 ppm 1.1 %</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dental gel, 1.1 % dental paste</i>			
<i>sodium fluoride 5000 ppm 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 sensitive 1.1-5 % dental gel</i>	1		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatitis And Pruritus Agent- Drugs To Treat Skin Conditions [Agentes Para La Dermatitis Y Pruritus - Medicamentos Para Tratar Condiciones De La Piel]			
ADVANCED ALLERGY COLLECTION 2.5 % ext kit	3		
ALA SCALP 2 % lot	3		
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	3		
ASTAGRAF XL 0.5 mg cap er 24 hr, 1 mg cap er 24 hr, 5 mg cap er 24 hr	3		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
BRYHALI 0.01 % lot	3		
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clobetavix 0.05 % ext kit</i>	3		
CLOBEX 0.05 % lot, 0.05 % shampoo	3		
CLOBEX SPRAY 0.05 % ext liq	3		
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % ext kit	3		
<i>clodan 0.05 % shampoo</i>	1	CLOBEX	
CLODERM 0.1 % crm	3		
CORDRAN 4 mcg/sqcm tape	3		
CORDRAN 0.025 % crm, 0.05 % crm, 0.05 % oint	3		
CORDRAN 0.05 % lot	3		
CORTANE-B 10-10-1 mg/ml lot	3		
CUTIVATE 0.05 % lot	3		
DERMA-SMOOTH/FS BODY 0.01 % ext oil	3		
DERMA-SMOOTH/FS SCALP 0.01 % ext oil	3		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
DESOWEN 0.05 % crm	3		
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>desoximetasone 0.25 % ext liq</i>	1	TOPICORT SPRAY	
<i>desrx 0.05 % gel</i>	1	DESONATE	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
DIPROLENE 0.05 % oint	3		
DUOBRII 0.01-0.045 % lot	3		
ENSTILAR 0.005-0.064 % foam	3		
ENVARUS XR 0.75 mg tab er 24 hr, 1 mg tab er 24 hr	3		
EPIFOAM 1-1 % foam	3		
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
FLUOPAR 0.1 & 5 % ext kit	3		
<i>fluovix 0.1 % ext pack</i>	3		
<i>fluovix plus 0.1 % ext pack</i>	3		
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halcinonide 0.1 % ext soln</i>	1		
<i>halcinonide 0.1 % crm</i>	1	HALOG	
<i>halobetasol propionate 0.05 % foam</i>	3		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	3		
HALOG 0.1 % ext soln	3		
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
IMPEKLO 0.15 MG/ACT (0.05%) lot	3		
IMPOYZ 0.025 % crm	3		
KENALOG 0.147 mg/gm ext aer soln	3		
LEXETTE 0.05 % foam	3		
<i>lidocaine-hydrocortisone ace 1-1 % crm</i>	3		
LOCOID 0.1 % lot	3		
LOCOID LIPOCREAM 0.1 % crm	3		
LUXIQ 0.12 % foam	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>nolix 0.05 % crm</i>	1	CORDRAN	
<i>nolix 0.05 % lot</i>	1	CORDRAN	
NUCORT 2 % lot	3		
<i>nutriarx creampak 0.1 & 5 % ext kit</i>	3		
OLUX 0.05 % foam	3		
OLUX-E 0.05 % foam	3		
PANDEL 0.1 % crm	3		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % crm, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
<i>prednicarbate 0.1 % oint</i>	1	DERMATOP	
PROGRAF 1 mg pkt	5		PA
QUINIXIL 0.1 & 5 % ext pack	3		
RADIAURA 3-0.5 % crm	3		
<i>sanadermr skin repair 0.1 & 5 % ext kit</i>	3		
SCALACORT DK 2 & 2-2 % ext kit	3		
SCARZEN SKIN REPAIR 0.1 & 5 % (lotion) ext kit	3		
SERNIVO 0.05 % ext emul	3		
SILA III 0.1 % ext pack	3		
SYNALAR 0.025 % crm, 0.025 % oint	3		
SYNALAR 0.01 % ext soln	3		
SYNALAR (CREAM) 0.025 % ext kit	3		
SYNALAR (OINTMENT) 0.025 % ext kit	3		
SYNALAR TS 0.01 % ext kit	3		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	3		
TASOPROL 0.05 % ext kit	3		
TEMOVATE 0.05 % crm, 0.05 % oint	3		
TEXACORT 2.5 % ext soln	3		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	3		
TOPICORT SPRAY 0.25 % ext liq	3		
TOVET 0.05 % ext kit	3		
<i>tovet 0.05 % foam</i>	1	OLUX-E	
<i>triadime-80 5-0.1 % ext kit</i>	3		
<i>triamcinolone acetanide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	1	TRIANEX	
<i>trianex 0.05 % oint</i>	3	TRIANEX	
TRIASIL 0.1 % ext pack	3		
<i>triderm 0.5 % crm</i>	1	TRIDERM	
TRIDESILON 0.05 % crm	3		
<i>triheal-80 0.1 & 5 % ext kit</i>	3		
TRILOCICLO 0.1 & 8 % ext kit	3		
<i>tritocin 0.05 % oint</i>	1	TRIANEX	
<i>trivix 0.1 & 5 % ext kit</i>	3		
ULTRAVATE 0.05 % lot	3		
VANOS 0.1 % crm	3		
VERDESO 0.05 % foam	3		
WYNZORA 0.005-0.064 % crm	3		
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ABSORICA 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	3		
ABSORICA LD 16 mg cap, 24 mg cap, 32 mg cap, 8 mg cap	3		
ACANYA 1.2-2.5 % gel	3		ST
<i>accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	
ACZONE 5 % gel, 7.5 % gel	3		
<i>adapalene 0.1 % ext soln</i>	3		
<i>adapalene 0.1 % crm, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene 0.1 % pad</i>	3	PLIXDA	
<i>adapalene-benzoyl peroxide 0.1-2.5 % pad</i>	3		
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	1	EPIDUO	
AKLIEF 0.005 % crm	3		
ALDARA 5 % crm	3		
ALTRENO 0.05 % lot	3		
AMELUZ 10 % gel	3		
<i>amnesteam 10 mg cap, 20 mg cap, 40</i>	1	ABSORICA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg cap</i>			
AMZEEQ 4 % foam	3		
<i>ana-lex 2-2 % rect kit</i>	3	PERANEX HC	
ANALPRAM HC 2.5-1 % crm	3		
ANALPRAM HC SINGLES 2.5-1 % crm	3		
ANALPRAM-HC 1-1 % crm	3		
ANALPRAM-HC 2.5-1 % lot	3		
ARAZLO 0.045 % lot	3		
ATRALIN 0.05 % gel	3		
<i>avar cleanser 10-5 % ext liq</i>	3		
AVAR LS CLEANSER 10-2 % ext liq	3		
<i>avar-e emollient 10-5 % crm</i>	3	PLEXION	
<i>avar-e green 10-5 % crm</i>	3	PLEXION	
AVAR-E LS 10-2 % crm	3		
<i>avita 0.025 % crm, 0.025 % gel</i>	3	RETIN-A	
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		
<i>b & c oint</i>	3		
<i>balsam peru-castor oil oint</i>	3		
BENZAMYCIN 5-3 % gel	3		ST
BENZEPRO 5.8 % ext misc	3		
BENZEPRO 5.2 % foam, 9.7 % foam	3		
BENZEPRO 6.8 % ext liq	3		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	3		
<i>benzoyl peroxide 6.5 % gel</i>	3		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	3		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	ST
BIMZELX 160 mg/ml sc soln auto-inj, 160 mg/ml sc soln pfs, 320 mg/2ml sc soln auto-inj, 320 mg/2ml sc soln pfs	5		PA
BOTOX 100 unit inj soln, 200 unit inj soln	4		PA
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	3		
<i>bpc oint</i>	3		
<i>brimonidine tartrate 0.33 % gel</i>	1	MIRVASO	
CABTREO 0.15-3.1-1.2 % gel	3		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>calcipotriene 0.005 % foam</i>	3	SORILUX	
<i>calcitrene 0.005 % oint</i>	3	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
<i>cerovel 40 % lot</i>	1	CARMOL 40	
<i>claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
CLENIA PLUS 9-4.25 % ext susp	3		
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % gel</i>	1		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	ST
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	ST
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	ST
<i>clindavix 1 & 1.8-2 % ext kit</i>	3		
CLINOIN 1.25-0.025-1 % crm	3		
<i>coal tar 20 % ext soln</i>	1		
CONDYLOX 0.5 % gel	3		
COSENTYX 125 mg/5ml iv soln	5		PA
COSENTYX UNOREADY 300 mg/2ml sc soln auto-inj	5		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>dermacinrx urea 41 % crm</i>	3		
DIFFERIN 0.1 % crm, 0.3 % gel	3		
DIFFERIN 0.1 % lot	3		
DOVONEX 0.005 % crm	3		
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DRITHO-CREME HP 1 % crm	3		
DYSPORT 300 unit im soln, 500 unit im soln	4		PA
EMROSI 40 mg cap er 24 hr	3		
<i>enzoclear 9.8 % foam</i>	3	BENZEFOAMULTRA	
EPIDUO 0.1-2.5 % gel	3		
EPIDUO FORTE 0.3-2.5 % gel	3		
EPSOLAY 5 % crm	3		ST
EUCRISA 2 % oint	2		
FABIOR 0.1 % foam	3		
FINACEA 15 % foam	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FINACEA 15 % gel	3		ST
<i>formaldehyde 10 % ext soln</i>	1		
GENADUR cmb kit	3		
GORDOFILM 16.7-16.7 % ext soln	3		
HPR PLUS foam	3		
HPR PLUS HYDROGEL ext kit	3		
HYDRO 40 40 % foam	3		
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1	ANALPRAM HC	
<i>hydrocortisone ace-pramoxine 25-18 mg rect supp</i>	3		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod 3.75 % crm</i>	1	ZYCLARA	
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	
IMULDOSA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
INOVA 4 & 5 % ext kit, 8 & 5 % ext kit	3		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % ext kit	3		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % ext kit	3		
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>ivermectin 1 % crm</i>	1	SOOLANTRA	
<i>keralyt 6 % shampoo</i>	3		
KERALYT 6 % gel	3		
KERALYT SCALP 6 % ext kit	3		
KLISYRI (250 MG) 1 % oint	3		
KLISYRI (350 MG) 1 % oint	3		
KORSUVA 65 mcg/1.3ml iv soln	5		PA
<i>lactic acid 10 % lot</i>	1	LACTINOL	
<i>lavare wound wash gel</i>	3		
LEQSELVI 8 mg tab	3		PA, QL(60 / 30)
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	3	RECTAGEL HC	
<i>lidocort 3-0.5 % crm</i>	3	ANAMANTLE HC	
LIDOTREX (ALOE VERA) 2 % gel	3		
LITFULO 50 mg cap	4		PA
METROCREAM 0.75 % crm	3		
METROGEL 1 % gel	3		ST
METROLOTION 0.75 % lot	3		
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MICROCYN gel	3		
MICROCYN SKIN AND WOUND gel	3		
MIRVASO 0.33 % gel	2		
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	4		PA
<i>myorisan 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
NEMLUVIO 30 mg Subcutaneous Auto-injector	5		PA
NEOSALUS foam	3		
NEUAC 1.2-5 % ext kit	3		
<i>neuac 1.2-5 % gel</i>	1	DUAC	
<i>nitroglycerin 0.4 % rect oint</i>	1		
NORITATE 1 % crm	3		ST
NUCARACLINPAK 1 % ext kit	3		
NUCARARXPAK 1-2.5 % ext kit	3		
OMVOH 100 mg/ml sc soln pfs	4		PA
OMVOH (300 MG DOSE) 100 MG/ML & 200 mg/2ml sc soln auto-inj, 100 MG/ML & 200 mg/2ml sc soln pfs	4		PA
ONEXTON 1.2-3.75 % gel	3		ST
ORACEA 40 mg cap dr	3		
OTULFI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
PLEXION 9.8-4.8 % crm, 9.8-4.8 % lot	3		
PLEXION CLEANSER 9.8-4.8 % ext liq	3		
PLEXION CLEANSING CLOTH 9.8-4.8 % pad	3		
PODOCON-25 25 % ext soln	3		
<i>podofilox 0.5 % gel</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PR BENZOYL PEROXIDE 6.9 % ext liq	3		
PR CREAM ext kit	3		
PRESERA foam	3		
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	2		
<i>protexa 42 % crm</i>	3		
PRUDOXIN 5 % crm	3		
<i>pyrogalllic acid 25-2 % oint</i>	3		
PYZCHIVA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
RECTIV 0.4 % rect oint	3		
REGENECARE 2 % gel	3		
REGENECARE 2 % gel	3		
REGRANEX 0.01 % gel	5		PA
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	3		
RETIN-A MICRO 0.04 % gel, 0.1 % gel	2		
RETIN-A MICRO PUMP 0.04 % gel, 0.06 % gel, 0.08 % gel, 0.1 % gel	2		
REXASIL PATCH & VITAMIN E LIQ ext kit	3		
RHOFADE 1 % crm	3		ST
ROSADAN 0.75 % cream ext kit, 0.75 % gel ext kit	3		
<i>rosadan 0.75 % crm</i>	1	METROCREAM	
<i>rosadan 0.75 % gel</i>	1	METROGEL	
<i>salicylic acid 6 % foam, 6 % gel</i>	1		
<i>salicylic acid 26 % ext soln, 6 % shampoo</i>	1		
<i>salicylic acid er 28.5 % ext soln</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	1		
<i>salicylic acid-cleanser 6 % cream ext kit</i>	1		
<i>salimez 6 % crm</i>	3		
<i>salimez forte 10 % crm</i>	3		
SALVAX 6 % foam	3		
SALVAX DUO PLUS 6 & 35 % ext kit	3		
SALYCIM 6 % crm	3		
SANTYL 250 unit/gm oint	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>scarcare gel-pad kit/large ext kit</i>	3		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.3 % shampoo</i>	3		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SOOLANTRA 1 % crm	3		
SORILUX 0.005 % foam	3		
SPEVIGO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln pfs, 450 mg/7.5ml iv soln	5		PA
<i>sss 10-5 10-5 % foam</i>	3		
<i>sss 10-5 10-5 % crm</i>	1	PLEXION	
STELARA 130 mg/26ml iv soln	4		PA
STEQEYMA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sod-sulfur wash 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 9-4.25 % ext susp</i>	3		
<i>sulfacetamide sodium-sulfur 10-2 % ext liq</i>	1	AVAR LS CLEANSER	
<i>sulfacetamide sodium-sulfur 10-2 % crm</i>	1	AVAR-E LS	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % pad</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 10-5 % crm, 9.8-4.8 % crm, 9.8-4.8 % lot</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % ext liq</i>	1	PLEXION CLEANSER	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	1	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
<i>sulfacleanse 8/4 8-4 % ext susp</i>	3	SUMAXIN TS	
<i>sulfamez wash 10-1 % ext emul</i>	1		
SUMADAN 9-4.5 % ext kit	3		
SUMADAN WASH 9-4.5 % ext liq	3		
SUMADAN XLT 9-4.5 % ext kit	3		
SUMAXIN 10-4 % pad	3		
SUMAXIN CP 10-4 % ext kit	3		
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs	4		PA
<i>tazarotene 0.05 % crm</i>	1		
<i>tazarotene 0.1 % foam</i>	3	FABIOR	
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	1	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % crm, 0.1 % gel	3		
TREMFYA 200 mg/20ml iv soln, 200 mg/2ml sc soln pfs	4		PA
TREMFYA PEN 200 mg/2ml sc soln auto-inj	4		PA
TREMFYA-CD/UC INDUCTION 200 mg/2ml sc soln auto-inj	4		PA
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
<i>tretinoin microsphere pump 0.08 % gel</i>	1		
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
TWYNEO 0.1-3 % crm	3		
ULTRASAL-ER 28.5 % ext soln	3		
<i>umecta mousse 40 % foam</i>	3		
URAMAXIN 45 % gel	3		
<i>urea 39 % crm, 41 % crm, 45 % crm, 47 % crm</i>	1		
<i>urea 35 % foam</i>	3		
<i>urea 40 % lot</i>	1	CARMOL 40	
<i>urea hydrating 35 % foam</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>urea nail 45 % gel</i>	1		
<i>uredeb 39 % crm</i>	1		
URESOL 42.5 % crm	3		
<i>vanoxide-hc 5-0.5 % lot</i>	3		
VARITHENA 180 mg/18ml Intravenous Foam	5		PA
VECTICAL 3 mcg/gm oint	3		
VELTIN 1.2-0.025 % gel	3		ST
VENELEX oint	3		
VEREGEN 15 % oint	3		
VIRASAL 27.5 % ext liq	3		
VTAMA 1 % crm	2		
WEZLANA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
WINLEVI 1 % crm	3		
XALIX 28 % ext soln	3		
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	4		PA
XIAFLEX 0.9 mg inj soln	5		PA
<i>xurea 39 % crm</i>	1		
YESINTEK 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
ZACARE 4 & 0.2 % ext kit, 8 & 0.2 % ext kit	3		
<i>zaclir cleansing 8 % lot</i>	3		
ZELSUVMI 10.3 % gel	3		
<i>zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ABSORICA	
ZIANA 1.2-0.025 % gel	3		ST
ZILXI 1.5 % foam	3		ST
ZITHRANOL 1 % shampoo	3		
ZONALON 5 % crm	3		
ZORYVE 0.15 % crm, 0.3 % crm, 0.3 % foam	3		
ZYCLARA 3.75 % crm	3		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	3		
Topical Anti-infectives- Drug To Treat Skin Conditions [Anti-Infectivos Tópicos- Medicamento Para Tratar Condiciones De La Piel]			
CLEOCIN 100 mg vag supp	3		
CLEOCIN 2 % vag crm	3		
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CLINDESSE 2 % vag crm	3		
GYNAZOLE-1 2 % vag crm	3		
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>miconazole 3 200 mg vag supp</i>	3	MONISTAT	
NUVESSA 1.3 % vag gel	3		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
VANDAZOLE 0.75 % vag gel	3		
XACIATO 2 % vag gel	3		
ELECTROLYTES/MINERALS/METALS/VITAMINS			
[ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
<i>sps (sodium polystyrene sulf) 15 gm/60ml cmb susp</i>	3		
Vitamins [Vitaminas]			
<i>b-complex inj soln</i>	1		
INFUVITE ADULT iv soln	3		
<i>ultra prenatal vit/min + dha 23-0.8-200 mg cap</i>	6		
<i>vitamin b complex 100 inj soln</i>	1		
<i>vitamin b complex-hydroxocobal inj soln</i>	1		
<i>vitamin b-complex 100 inj soln</i>	1		
ELECTROLYTES/MINERALS/METALS/VITAMINS- VITAMIN, MINERAL AND BODY FLUID DEFICIENCY DRUGS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ACCRUFER 30 mg cap	3		
<i>bprotected pedia iron 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
CARBAGLU 200 mg tab sol	5		PA
<i>carglumic acid 200 mg tab sol</i>	5	CARBAGLU	PA
<i>cvs iron 325 (65 Fe) mg tab</i>	6		AL
<i>cytra k crystals 3300-1002 mg pckt</i>	3		
<i>effer-k 25 meq tab eff</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff	3		
<i>eql iron supplement therapy 325 mg tab</i>	6		AL
<i>fe tabs 325 (65 Fe) mg tab dr</i>	6		AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>fer-in-sol 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FERAHEME 510 mg/17ml iv soln	5		PA
<i>ferosul 325 (65 Fe) mg tab</i>	6		AL
FERRLECIT 12.5 mg/ml iv soln	3		
<i>ferrous sulfate 325 (65 Fe) mg tab, 325 (65 Fe) mg tab dr</i>	6		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>ferumoxytol 510 mg/17ml iv soln</i>	5	FERAHEME	PA
FLORIVA 0.25-400 mg-unit/ml liq	3		
<i>fluoritab 0.275 (0.125 F) mg/drop soln</i>	6		AL
<i>ft iron 325 mg tab</i>	6		AL
<i>goodsense iron 325 mg tab</i>	6		AL
INFED 50 mg/ml inj soln	3		
INJECTAFER 100 mg/2ml iv soln, 750 mg/15ml iv soln	3		
<i>iron 325 (65 Fe) mg tab, 325 mg tab</i>	6		AL
<i>iron (ferrous sulfate) 325 (65 Fe) mg tab</i>	6		AL
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>iron high-potency 325 mg tab</i>	6		AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>iron supplement 15 mg/ml soln</i>	6	FER-IN-SOL	AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
JYNARQUE 15 mg tab, 15 mg tab pack, 30 & 15 mg tab pack, 30 mg tab, 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	5		PA
K-PHOS NO 2 305-700 mg tab	3		
<i>k-prime 25 meq tab eff</i>	3		
K-TAB 10 meq tab er, 20 meq tab er, 8 meq tab er	3		
<i>klor-con 20 meq pckt</i>	1		
<i>klor-con 8 meq tab er</i>	1	KLOR-CON	
<i>klor-con 10 10 meq tab er</i>	1	KLOR-CON	
<i>klor-con m10 10 meq tab er</i>	1		
<i>klor-con m15 15 meq tab er</i>	1	KLOR-CON	
<i>klor-con m20 20 meq tab er</i>	1	KLOR-CON	
<i>klor-con/ef 25 meq tab eff</i>	1		
<i>kp ferrous sulfate 325 (65 Fe) mg tab</i>	6		AL
<i>meijer ferrous sulfate 325 (65 Fe) mg</i>	6		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab</i>			
MONOFERRIC 1000 mg/10ml iv soln	3		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
<i>nafrinse 2.2 (1 F) mg tab chew</i>	1		
NAFRINSE DROPS 0.275 (0.125 F) mg/drop soln	6		AL
<i>nat-rul iron 325 mg tab</i>	6		AL
ORACIT 490-640 mg/5ml soln	3		
<i>pc pediatric iron drops 75 (15 Fe) mg/ml soln</i>	6	FER-IN-SOL	AL
<i>pot & sod cit-cit ac 550-500-334 mg/5ml soln</i>	1		
<i>potassium chloride 20 meq pckt, 40 meq pckt</i>	1		
<i>potassium chloride 10 % soln, 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 15 meq tab er</i>	1		
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROKIT-K	
<i>qc ferrous sulfate 325 (65 Fe) mg tab</i>	6		AL
<i>ra iron 325 (65 Fe) mg tab</i>	6		AL
SAMSCA 15 mg tab, 30 mg tab	5		PA
<i>sm iron 325 (65 Fe) mg tab</i>	6		AL
<i>sodium fluoride 2.2 (1 F) mg tab, 2.2 (1 F) mg tab chew</i>	1		
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	6		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	6	LURIDE	AL
<i>sv iron 325 (65 Fe) mg tab</i>	6		AL
<i>tolvaptan 15 mg tab</i>	4	JYNARQUE	PA
<i>tolvaptan 15 mg tab pack, 30 & 15 mg tab pack, 45 & 15 mg tab pack, 60 &</i>	5	Jynarque	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>30 mg tab pack</i>			
<i>tolvaptan 30 mg tab</i>	4	SAMSCA	PA
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
TRIFERIC 272 mg Hemodialysis Packet	3		
TRIFERIC AVNU 6.75 mg/4.5ml iv soln	3		
UROCIT-K 10 10 MEQ (1080 mg) tab er	3		
UROCIT-K 15 15 MEQ (1620 mg) tab er	3		
UROCIT-K 5 5 MEQ (540 mg) tab er	3		
<i>venofer 20 mg/ml iv soln</i>	3		
VENOFER 20 mg/ml iv soln	3		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	1	EXJADE	
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferiprone 1000 mg tab</i>	1	FERRIPROX	
<i>deferiprone 500 mg tab</i>	4	FERRIPROX	PA
<i>dimercaptopropane-sulfonate 250 mg/5ml inj soln</i>	3		
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	3		
FERRIPROX 1000 mg tab, 500 mg tab	5		PA
FERRIPROX 100 mg/ml soln	5		PA
FERRIPROX TWICE-A-DAY 1000 mg tab	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	3		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	3		PA
LOKELMA 10 gm pckt, 5 gm pckt	3		
<i>sodium polystyrene sulfonate oral pwdr</i>	1	KAYEXALATE	
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Suspension			
VELTASSA 1 gm pckt, 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		PA
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	3		
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
FOSRENOL 1000 mg pckt, 1000 mg tab chew, 500 mg tab chew, 750 mg pckt, 750 mg tab chew	3		
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	1	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	3		
RENAGEL 800 mg tab	3		
REVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	3		
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	REVELA	
sevelamer hcl 400 mg tab, 800 mg tab	1	RENAGEL	
VELPHORO 500 mg tab chew	3		
Vitamins- Vitamin, Mineral And Body Fluid Deficiency Drugs [Vitaminas- Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
abaneu-sl 600-600 mcg tab sub	3		
active fe 75-1.25 mg tab	3		
airavite 2.5-25-1 mg tab	3		
ALIVE DAILY SUP PRENATAL GUMMI 0.18-25 mg tab chew	6		
ALIVE PRENATAL 0.12-25 mg tab chew	6		
ASCOR 25000 mg/50ml iv soln	3		
ascorbic acid 500 mg/ml inj soln	1		
ascorbic acid 15000 mg/30ml iv soln	3		
ATABEX 18-0.8 mg tab chew	6		
ATABEX EC 29-1 mg tab dr	3		
ATABEX OB 29-1 mg tab	3		
azesco 13-1 mg tab	3		
BENTIVITE 35-1 mg tab	3		
bp vit 3 1 mg cap	3		
BRAINSTRONG PRENATAL 33-0.8 & 350 mg oral misc	6		
c-nate dha 28-1-200 mg cap	2		
cadeau dha 29-0.4-0.8-375 mg cap	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CENFOL 2.3-24.5-2 mg tab	3		
CENTRATEX 106-1 mg cap	3		
CENTRUM PRENATAL GUMMIES 0.18-25 mg tab chew	6		
CENTRUM SPECIALIST PRENATAL 27-0.8 & 200 mg oral misc	6		
<i>cholecal df 1-3800 mg-unit tab</i>	3		
CIFEREX 1-3775 mg-unit cap	3		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CITRANATAL BLOOM 90-1 mg tab	3		
CITRANATAL BLOOM DHA 90-1 & 300 mg oral misc	3		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL ESSENCE 35-1 & 300 mg pack	3		
CITRANATAL HARMONY 27-1-260 mg cap	3		
CITRANATAL MEDLEY 27-1-200 mg cap	3		
<i>classic prenatal 28-0.8 mg tab</i>	6		
CO-NATAL FA tab	3		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	3		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
<i>corvita 150 150-1.25 mg tab</i>	1		
CORVITE 150 150-1.25 mg tab	2		
CORVITE 150 tab	3		
<i>corvite fe tab</i>	3		
<i>cvs folic acid 800 mcg tab</i>	6		QL(30 / 30)
<i>cvs prenatal 27-0.8 mg tab</i>	6		
<i>cvs prenatal gummy 0.18-25 mg tab chew, 0.4 mg tab chew, 0.4-113.5 mg tab chew, 0.4-25 mg tab chew</i>	6		
<i>cvs prenatal multi+dha 27-0.8-250 mg cap</i>	6		
<i>cvs prenatal multivitamin 27-0.8-250</i>	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg cap</i>			
<i>cvs womens prenatal+dha 28-0.975 & 200 mg oral misc</i>	6		
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
<i>cyanocobalamin 2000 mcg/ml inj soln</i>	3		
DERMACINRX DOTREMIN 1-10000 mg-unit tab	3		
DERMACINRX FOLTAMIN 125-1 mcg-mg tab	3		
DERMACINRX PRETRATE 1 mg tab	3		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE/ZINC tab	3		
<i>dodex 1000 mcg/ml inj soln</i>	3		
DRISDOL 1.25 MG (50000 ut) cap	3		
DUET DHA 400 25-1 & 400 mg oral misc	3		
DUET DHA BALANCED 25-1 & 267 mg oral misc	3		
ELITE-OB 50-1.25 mg tab	2		
ENBRACE HR cap	3		
ENFAMIL EXPECTA 28-0.8 & 200 mg oral misc	6		
<i>eqi prenatal formula 28-0.8 mg tab</i>	6		
<i>ergocal 62.5 MCG (2500 ut) cap</i>	3		
<i>ergocalciferol 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
<i>fa-8 0.8 mg cap</i>	6		QL(30 / 30)
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1		
<i>fabb 2.2-25-1 mg tab</i>	1		
<i>feonyx tab</i>	3		
FERIVA 21/7 (WITH DOCUSATE) 75-1 mg tab	3		
FERIVAFA 110-1 mg cap	3		
<i>ferocon cap</i>	1		
<i>ferotinsic cap</i>	1		
FERRALET 90 90-1 mg tab	3		
FERRO-PLEX 115-1 mg tab	3		
<i>ferrocite plus 106-1 mg tab</i>	1		
FLORIVA 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
<i>folate 400 mcg tab</i>	6		QL(30 / 30)
<i>folbee 2.5-25-1 mg tab</i>	3		
<i>folbee plus tab</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FOLBEE PLUS CZ 5 mg tab	2		
FOLDITAM 1-10000 mg-unit tab	3		
FOLGARD OS 500-1.1 mg tab	3		
FOLGARD RX 2.2-25-1 mg tab	2		
FOLI-D 1-2000 mg-unit tab	3		
<i>folic acid 5 mg/ml inj soln</i>	1		
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	6		QL(30 / 30)
<i>folic d3 1-3775 mg-unit cap</i>	3		
<i>folite tab</i>	3		
FOLIVANE-OB 85-1 mg cap	2		
FOLIVANE-PLUS cap	3		
FOLIXAPURE 1-5000 mg-unit tab	3		
<i>folplex 2.2 2.2-25-0.5 mg tab</i>	1		
FOLTREXYL 1-5000 mg-unit tab	3		
<i>foltrin cap</i>	1		
FOLVITE-D 1-3775 mg-unit tab	3		
<i>ft folic acid 400 mcg tab, 800 mcg tab</i>	6		QL(30 / 30)
<i>ft prenatal 28-0.8 mg tab</i>	6		
FUSION PLUS cap	3		
GENICIN VITA-D 1-3775 mg-unit tab	3		
<i>gnp folic acid 400 mcg tab</i>	6		QL(30 / 30)
<i>gnp prenatal 28-0.8 mg tab</i>	6		
<i>gnp prenatal/folic acid 28-0.8 mg tab</i>	6		
GOOD START PRENATAL NOURISH 0.12-33.3 mg tab chew	6		
HEALTHY MAMA BE WELL ROUNDED 28-0.8 & 450 mg pack	6		
<i>hematinic plus vit/minerals 106-1 mg tab</i>	1		
<i>hematinic/folic acid 324-1 mg tab</i>	3		
HEMATOGEN FA 200-250-0.01-1 mg cap	3		
HEMATRON-AF 150-1 mg tab	3		
HEMATRON-AF (WITH DOCUSATE) 150-1 mg tab	3		
HEMOCYTE PLUS 106-1 mg cap	3		
<i>hemocyte-f 324-1 mg tab</i>	3		
<i>hm folic acid 400 mcg tab</i>	6		QL(30 / 30)
<i>hydroxocobalamin acetate 1000 mcg/ml im soln</i>	1		
INATAL GT tab	2		
INFUVITE PEDIATRIC iv soln	3		
INTEGRA PLUS cap	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
IROSPAN 24/6 oral misc	3		
<i>jenliva prenatal/postnatal 1 mg cap</i>	3		
<i>k-tan plus 162-115.2-1 mg cap</i>	1		
<i>kosher prenatal plus iron 30-1 mg tab</i>	3		
<i>kp folic acid 800 mcg tab</i>	6		QL(30 / 30)
<i>kp prenatal multivitamins 28-0.8 mg tab</i>	6		
<i>kpn prenatal 0.1 mg tab</i>	6		
<i>lipo-b im soln</i>	3		
<i>m-natal plus 27-1 mg tab</i>	3		
<i>masonatal 28-0.8 mg tab</i>	6		
<i>methylcobalamin 10000 mcg inj soln, 50000 mcg inj soln</i>	3		
<i>methylcobalamin 150 mg/30ml inj soln, 30 mg/30ml inj soln, 300 mg/30ml inj soln</i>	3		
<i>multi prenatal 27-0.8 mg tab</i>	6		
<i>multi-mac 15-0.75-1 mg tab</i>	3		
MULTIGEN 70 mg tab	3		
MULTIGEN FOLIC 70-150-2-1 mg tab	3		
MULTIGEN PLUS tab	3		
NASCOBAL 500 mcg/0.1ml nasal soln	3		
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	2		
NEEVO DHA 27-1.13 mg cap	3		
<i>neonatal + dha 29-1 & 200 mg oral misc</i>	3		
<i>neonatal 19 1 mg tab</i>	2		
<i>neonatal complete 27-1 mg tab, 29-1 mg tab</i>	3		
<i>neonatal fe 90-1 mg tab</i>	3		
NEONATAL PLUS 27-1 mg tab	3		
<i>neonatal prenatal 27-0.8 mg tab</i>	6		
NEONATAL VITAMIN 27-0.8 mg tab	6		
NEPHPLEX RX tab	3		
NEPHRON FA tab	3		
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	3		
NESTABS ONE 38-1-225 mg cap	3		
<i>neurin-sl 600-600 mcg tab subl</i>	3		
NICOMIDE 750-27-2-0.5 mg tab	3		
<i>nicotinamide 750-27-2-0.5 mg tab</i>	1		
NIFEREX tab	3		
NIVA-PLUS 27-1 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NUFERA tab	3		
<i>nufol 2.5-25-1 mg tab</i>	3		
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc, 29-1 & 387 mg oral misc	2		
OBSTETRIX EC 29-1 mg tab	3		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	3		
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 mg cap	3		
OBTREX tab	3		
OBTREX DHA 29-1 & 350 mg oral misc	6		
ONE A DAY PRENATAL 0.4-25 mg tab chew	6		
<i>one vite womens 27-0.8 mg tab</i>	6		
<i>one vite womens plus 27-1 mg tab</i>	3		
ONE-A-DAY WOMENS PRENATAL 28-0.8 & 223 mg oral misc, 28-0.8 & 440 mg oral misc	6		
ONE-A-DAY WOMENS PRENATAL 1 28-0.8-235 mg cap	6		
<i>ortho df 1-3775 mg-unit cap</i>	3		
<i>ostachol 1-3800 mg-unit tab</i>	3		
OVEEZA 0.5 mg cap	3		
PERRY PRENATAL 13.5-0.4 mg cap	6		
<i>physicians ez use b-12 1000 mcg/ml inj kit</i>	3		
<i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i>	3		
<i>pnv tabs 20-1 20-1 mg tab</i>	3		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	3		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	3		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	3		
<i>pnv-select 27-0.6-0.4 mg tab</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
POLY-VI-FLOR/IRON 0.5-10 mg tab chew	2		
POLY-VI-FLOR/IRON 0.25-7 mg/ml susp	2		
POTABA 500 mg cap	3		
<i>pregen dha 28-1-35 mg cap</i>	3		
<i>pregenna 20-1 mg tab</i>	3		
PREMESISRX 1 mg tab	2		
<i>prena 1 true 30-1.4 & 300 mg oral misc</i>	3		
<i>prena1 1.4 mg tab chew</i>	2		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	2		
<i>prenaissance 29-1.25-325 mg cap</i>	3		
<i>prenaissance plus 28-1-250 mg cap</i>	3		
<i>prenara 15-1 mg cap</i>	3		
<i>prenatabs fa 29-1 mg tab</i>	3		
PRENATABS RX 29-1 mg tab	3		
<i>prenatal 27-1 mg tab</i>	3		
<i>prenatal 27-0.8 mg tab, 28-0.8 mg tab, 6.75-0.2 mg tab</i>	6		
<i>prenatal (w/iron & fa) 27-0.8 mg tab</i>	6		
<i>prenatal + complete multi 0.267 & 373 mg pack, 18-0.8 & 290 mg pack</i>	6		
<i>prenatal 19 tab, tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	3		
<i>prenatal adult gummy/dha/fa 0.4-25 mg tab chew</i>	6		
<i>prenatal complete 14-0.4 mg tab</i>	6		
<i>prenatal formula 28-0.8-235 mg cap</i>	6		
<i>prenatal formula a-free 9-0.267 mg tab</i>	6		
<i>prenatal forte tab</i>	6		
<i>prenatal gummies 0.18-25 mg tab chew</i>	6		
<i>prenatal gummies/dha & fa 0.4-32.5 mg tab chew</i>	6		
<i>prenatal multi +dha 27-0.8-200 mg cap, 27-0.8-228 mg cap, 27-0.8-250 mg cap</i>	6		
<i>prenatal multivit plus folate 0.8 mg tab</i>	6		
PRENATAL MULTIVITAMIN + DHA 28-0.8 & 200 mg oral misc	6		
<i>prenatal multivitamin plus dha 27-0.8-250 mg cap</i>	6		
<i>prenatal one daily 27-0.8 mg tab</i>	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>prenatal plus 27-1 mg tab</i>	3		
<i>prenatal plus vitamin/mineral 27-1 mg tab</i>	3		
<i>prenatal vitamin 27-0.8 mg tab</i>	6		
<i>prenatal vitamin and mineral 28-0.8 mg tab</i>	6		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	3		
<i>prenatal vitamins 27-0.8 mg tab, 28-0.8 mg tab</i>	6		
PRENATAL-U 106.5-1 mg cap	2		
<i>prenatal/folic acid+dha 27-0.8-200 mg cap</i>	6		
<i>prenatal/iron tab, 28-0.8 mg tab</i>	6		
<i>prenatal+dha 28-0.975 & 200 mg oral misc</i>	6		
PRENATE 0.6-0.4 mg tab chew	3		
PRENATE AM 1 mg tab	2		
PRENATE DHA 18-0.6-0.4-300 mg cap	3		
PRENATE ELITE 20-0.6-0.4 mg tab	3		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	3		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	3		
PRENATE MINI 18-0.6-0.4-350 mg cap	3		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	3		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	3		
PRENATRIX 27-1 mg tab	3		
PRENATRYL 27-1 mg tab	3		
<i>prenatvite complete 1 mg tab</i>	3		
<i>prenatvite plus 1 mg tab</i>	2		
<i>prenatvite rx 0.8 mg tab</i>	2		
<i>preplus 27-1 mg tab</i>	3		
PRIMACARE 30-1-470 mg cap	3		
PROVIDA OB 20-20-1.25 mg cap	2		
<i>purevit dualfe plus 162-115.2-1 mg cap</i>	1		
<i>px folic acid 400 mcg tab</i>	6		QL(30 / 30)
<i>px prenatal multivitamins 28-0.8 mg tab</i>	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pyridoxal-5 phosphate 100 mg/ml inj soln</i>	3		
<i>pyridoxine hcl 100 mg/ml inj soln</i>	1		
<i>qc folic acid 800 mcg tab</i>	6		QL(30 / 30)
<i>qc prenatal 28-0.8 mg tab</i>	6		
QUFLORA FE 0.25 mg tab chew	3		
QUFLORA FE PEDIATRIC 0.25-9.5 mg/ml liq	3		
QUFLORA GUMMIES 0.125 mg tab chew	3		
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	6		QL(30 / 30)
<i>ra prenatal 28-0.8 mg tab</i>	6		
<i>ra prenatal formula 28-0.8 mg tab</i>	6		
<i>relnate dha 28-1-200 mg cap</i>	2		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
<i>revesta 1-5750 mg-unit cap</i>	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	3		
<i>se-tan plus 162-115.2-1 mg cap</i>	1		
SELECT-OB 29-1 mg tab chew	2		
SELECT-OB 29-0.6-0.4 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
SIMILAC PRENATAL EARLY SHIELD 27-0.8 & 200 mg oral misc	6		
<i>sm folic acid 400 mcg tab</i>	6		QL(30 / 30)
<i>sm one daily prenatal 28-0.8 & 440 mg oral misc</i>	6		
<i>sm prenatal vitamins 28-0.8 mg tab</i>	6		
STUART ONE 27-0.8-200 mg cap	6		
SUPERVITE liq	3		
TALIVA 1 mg cap	3		
<i>tandem plus 162-115.2-1 mg cap</i>	3		
<i>taron forte cap</i>	3		
TARON-C DHA 35-1 mg cap	2		
THERANATAL COMPLETE 27-1 & 300 mg oral misc	6		
THERANATAL CORE NUTRITION 27-1 mg tab	3		
THERANATAL ONE 27-1-300 mg cap	6		
THERANATAL OVAVITE 18-1 & 125 mg pack	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>thiamine hcl 100 mg/ml inj soln</i>	1		
<i>thrivite rx 29-1 mg tab</i>	3		
TRI-VI-FLOR 0.5 mg/ml susp	2		
<i>tri-vi-floro 0.5 mg/ml susp</i>	2		
<i>tri-vite/fluoride 0.5 mg/ml soln</i>	1		
TRICARE tab	3		
<i>tricon cap</i>	3		
<i>trinatal rx 1 60-1 mg tab</i>	2		
TRINATE tab	2		
<i>tristart dha 31-0.6-0.4-200 mg cap</i>	3		
TRISTART FREE 33-1 mg cap	3		
TRISTART ONE 35-1-215 mg cap	3		
<i>true folic acid 400 mcg tab</i>	6		QL(30 / 30)
UPSPRING PRENATAL COMPLETE 9-0.267-191.67 mg cap	6		
VINATE CARE 40-1 mg tab chew	6		
VINATE DHA RF 27-1.13 mg cap	2		
VINATE II 29-1 mg tab	3		
VINATE ONE 60-1 mg tab	2		
<i>virt-c dha 53.5-38-1 mg cap</i>	3		
<i>virt-gard 2.2-25-1 mg tab</i>	1		
<i>virt-nate dha 28-1-200 mg cap</i>	3		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	3		
<i>vit b12-methionine-inos-chol im soln</i>	3		
<i>vita-pac 0.9 mg cap</i>	6		
VITAFOL FE+ 90-0.6-0.4-200 mg cap	3		
VITAFOL GUMMIES 3.33-0.333-34.8 mg tab chew	3		
VITAFOL STRIPS 1 mg oral film	2		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	3		
VITAFOL-NANO 18-0.6-0.4 mg tab	3		
VITAFOL-OB tab	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAL-D RX 1 mg tab	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		
VITAMEDMD REDICHEW RX 1.4 mg tab chew	3		
VITAMEZ 1 mg cap	3		
<i>vitamin d (ergocalciferol) 1.25 MG</i>	1	DRISDOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
(50000 ut) cap, 50000 unit cap			
vitamin deficiency system-b12 1000 mcg/ml inj kit	3		
vitamins acd-fluoride 0.5 mg/ml soln	1		
VITAPEARL 30-1.4-200 mg cap er	3		
VITATHELY WITH GINGER 27-1 mg tab	3		
VITATRUE 30-1.4 & 300 mg oral misc	3		
VIVA DHA 28-1-200 mg cap	2		
vp-pnv-dha 28-1-215.8 mg cap	3		
wescap-c dha 53.5-38-1 mg cap	2		
wescap-pn dha 27-0.6-0.4-300 mg cap	2		
wesnata dha complete 29-1-200 & 200 mg oral misc	3		
wesnate dha 28-1-200 mg cap	2		
westab mini 2.2-25-1 mg tab	1		
westab one 2.5-25-1 mg tab	3		
westab plus 27-1 mg tab	3		
westgel dha 31-0.6-0.4-200 mg cap	3		
yl folic acid 400 mcg tab	6		QL(30 / 30)
zalvit 13-1 mg tab	3		
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		
ziphex 13-1 mg tab	3		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
ZENPEP 60000-189600 unit cap dr prt	2		
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
REZDIFFRA 100 mg tab, 60 mg tab, 80 mg tab	5		PA
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ANASPAZ 0.125 mg tab disint	3		
atropine sulfate 1.2 mg/3ml iv soln pfs	3		
belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp	1		
BENTYL 10 mg/ml im soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
CUVPOSA 1 mg/5ml soln	3		
DARTISLA ODT 1.7 mg tab disint	3		
<i>dicyclomine hcl 40 mg tab</i>	1		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
DONNATAL 16.2 mg tab	3		
DONNATAL 16.2 mg/5ml oral elix	3		
<i>ed-spaz 0.125 mg tab disint</i>	3	ANASPAZ	
GLYCATE 1.5 mg tab	3		
<i>glycopyrrolate 0.6 mg/3ml inj soln pfs, 0.6 mg/3ml iv soln pfs, 1 mg/5ml inj soln pfs, 1 mg/5ml iv soln pfs</i>	3		
<i>glycopyrrolate 1 mg/5ml soln</i>	1	CUVPOSA	
<i>glycopyrrolate 1.5 mg tab</i>	3	GLYCATE	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>glycopyrrolate 4 mg/20ml inj soln</i>	1	ROBINUL	
<i>glycopyrrolate pf 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs</i>	1		
<i>glycopyrrolate pf +rfid 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs</i>	1		
GLYRX-PF 0.4 mg/2ml inj soln	3		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln, 0.5 mg/ml inj soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBIID	
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
LEVBIID 0.375 mg tab er 12 hr	3		
LEVSIN 0.125 mg tab	3		
LEVSIN 0.5 mg/ml inj soln	3		
LEVSIN/SL 0.125 mg tab subl	3		
LIBRAX 5-2.5 mg cap	3		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
<i>nulev 0.125 mg tab disint</i>	3	ANASPAZ	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>oscimin 0.125 mg tab</i>	3	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	3	LEVSIN/SL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	DONNATAL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml oral elix</i>	1	DONNATAL	
<i>phenobarbital-belladonna alk 16.2 mg tab</i>	1	DONNATAL	
<i>phenobarbital-belladonna alk 16.2 mg/5ml oral elix</i>	1	DONNATAL	
<i>phenohydro 16.2 mg tab</i>	3	DONNATAL	
<i>phenohydro 16.2 mg/5ml oral elix</i>	3	DONNATAL	
ROBINUL 1 mg tab	3		
ROBINUL-FORTE 2 mg tab	3		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
AEMCOLO 194 mg tab dr	3		
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		
<i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>	1		
<i>chenodal 250 mg tab</i>	5		PA
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
CTEXLI 250 mg tab	3		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	3		
GASTROCROM 100 mg/5ml oral conc	3		
GATTEX 5 mg sc kit	5		PA
GIMOTI 15 mg/act nasal soln	3		
HELIDAC THERAPY oral misc	3		
IQIRVO 80 mg tab	5		PA
LIVDELZI 10 mg cap	5		PA
LOMOTIL 2.5-0.025 mg tab	3		
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOOZOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
MOTTEGRITY 1 mg tab, 2 mg tab	3		QL(30 / 30), ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MOTOFEN 1-0.025 mg tab	3		
MYALEPT 11.3 mg sc soln	5		PA
MYTESI 125 mg tab dr	3		
OMECLAMOX-PAK 500-500-20 mg oral misc	2		
<i>opium 10 MG/ML (1%) oral tinct</i>	1		
<i>prucalopride succinate 1 mg tab, 2 mg tab</i>	1	Motegrity	QL(30 / 30), ST
PYLERA 140-125-125 mg cap	2		
REBYOTA 150 ml Rectal Suspension	5		PA
REGLAN 10 mg tab, 5 mg tab	3		
RELISTOR 8 mg/0.4ml sc soln pfs	3		QL(12 / 30), ST
RELISTOR 12 mg/0.6ml sc soln, 12 mg/0.6ml sc soln pfs	3		QL(18 / 30), ST
RELISTOR 150 mg tab	3		QL(90 / 30), ST
RELTONE 200 mg cap, 400 mg cap	3		
RESTORA RX 60-1.25 mg cap	3		
SYMPROIC 0.2 mg tab	2		QL(30 / 30), ST
TALICIA 250-12.5-10 mg cap dr	2		
TRULANCE 3 mg tab	3		QL(30 / 30), ST
URSO 250 250 mg tab	3		
URSO FORTE 500 mg tab	3		
<i>ursodiol 200 mg cap, 400 mg cap</i>	3		
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
URSODIOL+SYRSPEND SF 30 mg/ml susp	3		
VELSIPITY 2 mg tab	5		PA
VOQUEZNA DUAL PAK 500-20 mg pack	3		
VOQUEZNA TRIPLE PAK 500-500-20 mg pack	2		
XERMELO 250 mg tab	5		PA
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln, 400 mg/6.67ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg/5ml iv soln, 200 mg/20ml iv soln, 200 mg/50ml iv soln, 40 mg/10ml iv soln, 40 mg/4ml iv soln</i>	1		
<i>famotidine 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>famotidine (pf) 20 mg/2ml iv soln</i>	1	PEPCID	
<i>famotidine premixed 20-0.9 mg/50ml-% iv soln</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>nizatidine 15 mg/ml soln</i>	1	AXID	
PEPCID 40 mg tab	3		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	3		QL(60 / 30), ST
BYLVAY 1200 mcg cap, 400 mcg cap	5		PA
BYLVAY (PELLETS) 200 mcg cap sprinkle, 600 mcg cap sprinkle	5		PA
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		QL(30 / 30), ST
LIVMARLI 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	5		PA
LIVMARLI 19 mg/ml soln, 9.5 mg/ml soln	5		PA
LOTRONEX 0.5 mg tab, 1 mg tab	3		
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	QL(60 / 30), ST
VIBERZI 100 mg tab, 75 mg tab	3		
ZELNORM 6 mg tab	3		PA, QL(60 / 30)
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln, 10-3.5-12 MG-GM - gm/175ml soln	3		
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	1		
<i>gavilyte-g 236 gm soln</i>	1	GOLYTELY	
<i>gavilyte-n with flavor pack 420 gm soln</i>	1	NULYTELY	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
GIALAX oral kit	3		
GOLYTELY 236 gm soln	3		
IBSRELA 50 mg tab	3		PA, QL(60 / 30)
<i>kristalose 20 gm pckt</i>	3		
<i>kristalose 10 gm pckt</i>	3	KRISTALOSE	
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose 10 gm pckt</i>	1	KRISTALOSE	
<i>lactulose encephalopathy 10 gm/15ml</i>	1	CONSTULOSE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
MOVANTIK 12.5 mg tab, 25 mg tab	2		QL(30 / 30), ST
MOVIPREP 100 gm soln	3		
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln</i>	1	SUPREP BOWEL PREP KIT	
NULYTELY LEMON-LIME 420 gm soln	3		
OSMOPREP 1.102-0.398 gm tab	3		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat 100 gm soln</i>	1	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm soln</i>	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	3		
PLENVU 140 gm soln	3		
SUFLAVE 178.7 gm soln	3		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	3		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm tab	3		
CARAFATE 1 gm/10ml susp	3		
CYTOTEC 100 mcg tab, 200 mcg tab	3		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
ACIPHEX 20 mg tab dr	3		
DEXILANT 30 mg cap dr, 60 mg cap dr	2		
<i>dexlansoprazole 30 mg cap dr</i>	1		
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	
<i>esomeprazole magnesium 2.5 mg pckt, 5 mg pckt</i>	1		
<i>esomeprazole magnesium 10 mg pckt, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	
<i>esomeprazole magnesium 20 mg cap dr</i>	3	NEXIUM	
<i>esomeprazole sodium 40 mg iv soln</i>	1	NEXIUM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>esomeprazole strontium 49.3 mg cap dr</i>	3		
FIRST-LANSOPRAZOLE 3 mg/ml susp	3		
FIRST-OMEPRAZOLE 2 mg/ml susp	3		
KONVOMEF 2-84 mg/ml susp	3		
<i>lansoprazole 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg cap dr</i>	3	PREVACID	
<i>lansoprazole 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 10 mg pkt, 2.5 mg pkt, 20 mg cap dr, 20 mg pkt, 40 mg cap dr, 40 mg pkt, 5 mg pkt	3		
NEXIUM I.V. 40 mg iv soln	3		
<i>omeprazole 10 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate 20-1680 mg pkt, 40-1100 mg cap, 40-1680 mg pkt</i>	1	ZEGERID	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	3	ZEGERID	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	3		
<i>pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg pkt, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium-nacl 40-0.9 mg/100ml-% iv soln, 40-0.9 mg/50ml-% iv soln</i>	1		
PREVACID 30 mg cap dr	3		
PREVACID SOLUTAB 30 mg Oral Tablet Delayed Release Disintegrating	3		
PRILOSEC 10 mg pkt, 2.5 mg pkt	3		
PROTONIX 20 mg tab dr, 40 mg iv soln, 40 mg pkt, 40 mg tab dr	3		
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	
<i>rabeprazole sodium 10 mg cap sprinkle</i>	3	ACIPHEX SPRINKLE	
ZEGERID 20-1100 mg cap, 20-1680 mg pkt, 40-1100 mg cap, 40-1680 mg pkt	3		
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO, ENZIMÁTICO O PROTEINICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic, Enzyme, Or Protein Disorder: Replacement, Modifiers, Treatment [Trastornos			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Genético, Enzimático O Proteinico: Reemplazo, Modificadores, Tratamiento]			
ADAKVEO 100 mg/10ml iv soln	5		PA
<i>adzynma 1500 unit iv kit, 500 unit iv kit</i>	5		PA
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
AMMONUL 10-10 % iv soln	5		PA
AMVUTTRA 25 mg/0.5ml sc soln pfs	5		PA
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
ATTRUBY 356 mg tab pack	5		PA
<i>betaine oral pwdr</i>	4	CYSTADANE	PA
BRINEURA 2 X 150 mg/5ml Intraventricular Kit	5		PA
BUPHENYL 500 mg tab	5		PA
BUPHENYL 3 gm/tsp oral pwdr	5		PA
CERDELGA 84 mg cap	5		PA
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CRYSVITA 10 mg/ml sc soln, 20 mg/ml sc soln, 30 mg/ml sc soln	5		PA
CYSTADANE oral pwdr	5		PA
CYSTADROPS 0.37 % ophth soln	5		PA
CYSTAGON 150 mg cap, 50 mg cap	5		PA
CYSTARAN 0.44 % ophth soln	3		
DUVYZAT 8.86 mg/ml susp	5		PA
ELAPRASE 6 mg/3ml iv soln	5		PA
ELELYSO 200 unit iv soln	5		PA
ELFABRIO 5 mg/2.5ml iv soln	5		PA
EVRYSDI 5 mg tab	5		PA
EVRYSDI 0.75 mg/ml soln	5		PA
EXONDYS 51 100 mg/2ml iv soln, 500 mg/10ml iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
FILSPARI 200 mg tab, 400 mg tab	3		
GALAFOLD 123 mg cap	5		PA
GIVLAARI 189 mg/ml sc soln	5		PA
GLASSIA 1000 mg/50ml iv soln, 4 gm/200ml iv soln, 5 gm/250ml iv soln	5		PA
<i>glycerol phenylbutyrate 1.1 gm/ml liq</i>	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HARLIKU 2 mg tab	5		PA
<i>javygtor 100 mg pckt, 100 mg tab, 500 mg pckt</i>	5	KUVAN	PA
KANUMA 20 mg/10ml iv soln	5		PA
KEBILIDI 2800000000000 vg/0.5ml inj susp	5		PA
KUVAN 100 mg pckt, 100 mg tab, 500 mg pckt	5		PA
LENMELDY iv susp	5		PA
<i>levocarnitine 500 mg/ml inj soln</i>	3		
LUMIZYME 50 mg iv soln	5		PA
MACRILEN 60 mg pckt	3		
MEPSEVII 10 mg/5ml iv soln	5		PA
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	5		PA
NEXVIAZYME 100 mg iv soln	5		PA
<i>nitisinone 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap</i>	5	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
NULIBRY 9.5 mg iv soln	5		PA
OCALIVA 10 mg tab, 5 mg tab	5		PA
ONPATTRO 10 mg/5ml iv soln	5		PA
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
OXBRYTA 300 mg tab, 300 mg tab sol	5		PA
PALYNZIQ 10 mg/0.5ml sc soln pfs, 2.5 mg/0.5ml sc soln pfs, 20 mg/ml sc soln pfs	5		PA
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	3		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	3		ST
PHEBURANE 483 mg/gm Oral Pellet	5		PA
PROCYSBI 25 mg cap dr, 300 mg pckt, 75 mg cap dr, 75 mg pckt	5		PA
PROLASTIN-C 1000 mg iv soln, 1000 mg/20ml iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PYRUKYND 20 mg tab, 5 mg tab, 50 mg tab	5		PA
PYRUKYND TAPER PACK 5 mg tab pack, 7 x 20 MG & 7 x 5 mg tab pack, 7 x 50 MG & 7 x 20 mg tab pack	5		PA
RAVICTI 1.1 gm/ml liq	5		PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
SCENESSE 16 mg sc implant	5		PA
SEPHIENCE 1000 mg pckt, 250 mg pckt	5		PA
sod benz-sod phenylacet 10-10 % iv soln	5	AMMONUL	PA
sodium phenylbutyrate 500 mg tab	4	BUPHENYL	PA
sodium phenylbutyrate 3 gm/tsp oral pwr	4	BUPHENYL	PA
STRENSIQ 18 mg/0.45ml sc soln, 28 mg/0.7ml sc soln, 40 mg/ml sc soln, 80 mg/0.8ml sc soln	5		PA
TEGSEDI 284 mg/1.5ml sc soln pfs	5		PA
TRYNGOLZA 80 mg/0.8ml sc soln auto-inj	5		PA
VANRAFIA 0.75 mg tab	4		PA
VILTEPSO 250 mg/5ml iv soln	5		PA
VIMIZIM 5 mg/5ml iv soln	5		PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	3		ST
VOXZOGO 0.4 mg sc soln, 0.56 mg sc soln, 1.2 mg sc soln	5		PA
VPRIV 400 unit iv soln	5		PA
VYKAT XR 150 mg tab er 24 hr, 25 mg tab er 24 hr, 75 mg tab er 24 hr	5		PA
VYNDAMAX 61 mg cap	5		PA
VYNDALGE 20 mg cap	5		PA
VYONDYS 53 100 mg/2ml iv soln	5		PA
WAINUA 45 mg/0.8ml sc soln auto-inj	5		PA
XENPOZYME 4 mg iv soln	5		PA
XPHOZAH 20 mg tab, 30 mg tab	3		
XURIDEN 2 gm pckt	5		PA
ZAVESCA 100 mg cap	5		PA
ZEMAIRA 1000 mg iv soln	5		PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt			
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
DETROL 1 mg tab, 2 mg tab	3		
DETROL LA 2 mg cap er 24 hr, 4 mg cap er 24 hr	3		
DITROPAN XL 10 mg tab er 24 hr, 5 mg tab er 24 hr	3		
<i>fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	TOVIAZ	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	3		
GEMTESA 75 mg tab	3		
<i>mirabegron er 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	Myrbetriq	
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		
<i>oxybutynin chloride 2.5 mg tab</i>	1		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	3	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>trospium chloride 20 mg tab</i>	1	SANCTURA	
<i>trospium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VESICARE LS 5 mg/5ml susp	3		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
AVODART 0.5 mg cap	3		
CARDURA 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	3		
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
DEFLUX 50-15 mg/ml Injection Prefilled Syringe	3		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
ENTADFI 5-5 mg cap	3		
<i>finasteride 5 mg tab</i>	1	PROSCAR	
FLOMAX 0.4 mg cap	3		
JALYN 0.5-0.4 mg cap	3		
PROSCAR 5 mg tab	3		
RAPAFLO 4 mg cap, 8 mg cap	3		
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
TEZRULY 1 mg/ml soln	3		
UROXATRAL 10 mg tab er 24 hr	3		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>argyle sterile saline 0.9 % irrig soln</i>	3		
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
CUPRIMINE 250 mg cap	5		PA
<i>curity sterile saline 0.9 % irrig soln</i>	3		
DEPEN TITRATABS 250 mg tab	3		
ELMIRON 100 mg cap	3		
ENCARE 100 mg vag supp	6		QL(12 / 30)
<i>glycine 1.5 % irrig soln</i>	1		
<i>glycine urologic 1.5 % irrig soln</i>	1		
LITHOSTAT 250 mg tab	3		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	6		QL(81 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
OXLUMO 94.5 mg/0.5ml sc soln	5		PA
<i>penicillamine 250 mg cap</i>	5	CUPRIMINE	PA
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
<i>pentosan polysulfate sodium 150 mg cap dr, 200 mg cap dr</i>	3		
<i>phenazo 200 mg tab</i>	1	PYRIDIUM	
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
PHEXXI 1.8-1-0.4 % vag gel	3		
PYRIDIUM 100 mg tab, 200 mg tab	3		
RENACIDIN irrig soln	3		
RIVFLOZA 80 mg/0.5ml sc soln	5		PA, QL(0.5 / 30)
RIVFLOZA 128 mg/0.8ml sc soln pfs	5		PA, QL(0.8 / 30)
RIVFLOZA 160 mg/ml sc soln pfs	5		PA, QL(1 / 30)
<i>sodium chloride 0.9 % irrig soln</i>	1		
THIOLA 100 mg tab	3		
THIOLA EC 100 mg tab dr, 300 mg tab dr	5		PA
<i>tiopronin 100 mg tab dr, 300 mg tab dr</i>	5		PA
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	6		QL(12 / 30)
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam	6		QL(17 / 30)
VCF VAGINAL CONTRACEPTIVE 28 % vag film	6		QL(18 / 30)
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	6		QL(25.5 / 30)
<i>venxxiva 100 mg tab dr, 300 mg tab dr</i>	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
AGAMREE 40 mg/ml susp	5		PA
<i>dexamethasone sodium phosphate 4 mg/ml inj soln pfs</i>	1		
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALKINDI SPRINKLE 0.5 mg cap sprinkle, 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	3		
<i>beta 1 kit 30 mg/5ml inj kit</i>	3		
BETALOAN SUIK 30 mg/5ml cmb kit	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>betamethasone combo 7 (4-3) mg/ml inj susp</i>	3		
<i>betamethasone combo 6 (3-3) mg/ml inj susp</i>	3	CELESTONE SOLUSPAN	
<i>betamethasone sod phos & acet 7 (4-3) mg/ml inj susp</i>	3		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>bsp 0820 30 mg/5ml inj kit</i>	3		
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	3		
CONTRAST ALLERGY PREMEDIATION PACK 3 x 50 MG & 1 x 50 mg oral kit	3		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>cortisone acetate 25 mg tab</i>	3	CORTONE	
CORTROPHIN GEL 40 unit/0.5ml Subcutaneous Prefilled Syringe, 80 unit/ml Subcutaneous Prefilled Syringe	5		PA
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	3		
<i>dexabliss 1.5 mg (39) tab pack</i>	3		
<i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
<i>dexamethasone (la) 16 mg/ml inj susp</i>	3		
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phos (pf) 10 mg/ml inj soln pfs</i>	1		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1	HEXADROL	
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DEXLIDO 10 & 1 mg/ml-% inj kit	3		
DEXLIDO-M 10 & 0.25 & 1 mg/ml-%- % inj kit	3		
DEXONTO 0.4% 20 mg/5ml Iontophoresis Solution	3		
DMT SUIK 10 mg/ml cmb kit	3		
DOUBLEDEX 10 mg/ml inj kit	3		
DXEVO 11-DAY 1.5 mg tab pack	3		
DYURAL 80-LM 80 & 0.25 & 1 mg/ml-%- % inj kit	3		
DYURAL-40 40 & 0.25 & 1 mg/ml-%- % inj kit	3		
DYURAL-80 80 & 0.25 & 1 mg/ml-%- % inj kit	3		
DYURAL-L 40 & 1 mg/ml-% inj kit	3		
DYURAL-LM 40 & 0.25 & 1 mg/ml-%- % inj kit	3		
EMFLAZA 18 mg tab, 30 mg tab, 36 mg tab, 6 mg tab	5		PA
EMFLAZA 22.75 mg/ml susp	5		PA
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
HEMADY 20 mg tab	3		
<i>hidex 6-day 1.5 mg (21) tab pack</i>	3		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone sod suc (pf) 100 mg inj soln</i>	1		
INTRAROSA 6.5 mg vag insert	3		
KENALOG-10 10 mg/ml inj susp	3		
KENALOG-40 40 mg/ml inj susp	3		
KENALOG-80 80 mg/ml inj susp	3		
KHINDIVI 1 mg/ml soln	5		AL
<i>lidocidex i 5-10 mg/1.5ml inj soln</i>	3		
<i>lidolog 40 & 2 mg/ml-% inj kit</i>	3		
MARBETA-25 6 & 0.25 mg/ml-% inj kit	3		
MARBETA-L 6 & 0.25 & 1 mg/ml-%- % inj kit	3		
MARDEX-25 10 & 0.25 mg/ml-% inj kit	3		
MAS CARE-PAK 10 mg/ml inj kit	3		
MEDROL 2 mg tab	2		
MEDROL 16 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	3		
MEDROLOAN II SUIK 40 mg/ml cmb kit	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MEDROLOAN SUIK 40 mg/ml cmb kit	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone ace-lido 40-10 mg/ml inj susp, 80-10 mg/ml inj susp</i>	3		
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	3		
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln</i>	1	SOLU-MEDROL	
<i>methylprednisolone-bupivacaine 40-5 mg/ml inj susp, 80-5 mg/ml inj susp</i>	3		
<i>millipred 5 mg tab</i>	2	MILLIPRED	
<i>mlk f1 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	3		
<i>mlk f2 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	3		
<i>mlk f3 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	3		
<i>MLK F4 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	3		
<i>multi-specialty 40 & 1 mg/ml-% inj kit</i>	3		
<i>ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	3		
<i>ORTIKOS 6 mg cap er 24 hr, 9 mg cap er 24 hr</i>	3		
<i>p-care k40 40 mg/ml inj kit</i>	3		
<i>p-care k40g 40 mg/ml cmb kit</i>	3		
<i>p-care k40mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	3		
<i>p-care k80 2 X 40 mg/ml inj kit</i>	3		
<i>p-care k80g 40 mg/ml cmb kit</i>	3		
<i>p-care k80mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	3		
<i>PEDIAPRED 5 mg/5ml soln</i>	3		
<i>physicians ez use joint/tunnel 40-1 mg/ml-% cmb kit</i>	3		
<i>physicians ez use m-pred 40-0.5 mg/ml-% inj kit</i>	3		
<i>pod-care 100c 30 mg/5ml inj kit</i>	3		
<i>pod-care 100cg 30 mg/5ml cmb kit</i>	3		
<i>pod-care 100cmx 6 & 0.5 & 1 mg/ml-%-% inj kit</i>	3		
<i>pod-care 100k 40 mg/ml inj kit</i>	3		
<i>pod-care 100kg 40 mg/ml cmb kit</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pod-care 100kx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	3		
POINT OF CARE L.2 40 & 1 mg/ml-% inj kit	3		
POINT OF CARE L.5 40 & 1 mg/ml-% inj kit	3		
POINT OF CARE LM DEP 2 40 & 0.25 & 1 mg/ml-%-% inj kit	3		
<i>prednisolone 5 mg tab</i>	2	MILLIPRED	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 5 mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
PRO-C-DURE 5 2 X 40 mg/ml inj kit	3		
PRO-C-DURE 6 3 X 40 mg/ml inj kit	3		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	3		
READYSHARP ANESTH + BETAMETH 6 & 0.5 & 1 mg/ml-%-% inj kit	3		
READYSHARP ANESTH + DEXAMETH 10 & 0.5 & 1 mg/ml-%-% inj kit	3		
READYSHARP ANESTH + METHYLPRED 80 & 0.5 & 1 mg/ml-%-% inj kit	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
READYSHARP BETAMETHASONE 30 mg/5ml inj kit	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 1000 mg inj soln, 2 gm inj soln, 500 mg inj soln	3		
SOLU-MEDROL (PF) 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln	3		
TAPERDEX 12-DAY 1.5 mg (49) tab pack	3		
<i>taperdex 6-day 1.5 mg (21) tab pack, 1.5 mg tab pack</i>	3		
TAPERDEX 7-DAY 1.5 mg (27) tab pack	3		
<i>topidex 10 mg/ml inj kit</i>	3		
<i>triamcinolone acetonide 10 mg/ml inj susp, 50 mg/ml inj susp</i>	3		
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone diacetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	3		
<i>triamcinolone-bupivacaine 40-5 mg/ml inj susp</i>	3		
TRILOAN II SUIK 40 mg/ml cmb kit	3		
TRILOAN SUIK 40 mg/ml cmb kit	3		
zcort 7-day 1.5 mg (25) tab pack	3		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ACTHAR GEL 40 unit/0.5ml sc pen-inj, 80 unit/ml sc pen-inj	5		PA
BYNFEZIA PEN 2500 mcg/ml sc soln pen-inj	5		PA
CORTROPHIN GEL 40 unit/0.5ml Subcutaneous Prefilled Syringe, 80 unit/ml Subcutaneous Prefilled Syringe	5		PA
DDAVP 0.1 mg tab, 0.2 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DDAVP 4 mcg/ml inj soln	3		
DDAVP PF 4 mcg/ml inj soln	3		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 1.5 mg/ml nasal soln</i>	4		PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	
EGRIFTA SV 2 mg sc soln	5		PA
EGRIFTA WR 11.6 mg sc kit	5		PA
GENOTROPIN 12 mg sc cart, 5 mg sc cart	4		PA
GENOTROPIN MINISQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	4		PA
HUMATROPE 12 mg Injection Cartridge, 24 mg Injection Cartridge, 6 mg Injection Cartridge	5		PA
INCRELEX 40 mg/4ml sc soln	5		PA
<i>lanreotide acetate 120 mg/0.5ml sc soln</i>	4		PA
MYCAPSSA 20 mg cap dr	5		PA
NGENLA 24 mg/1.2ml sc soln pen-inj, 60 mg/1.2ml sc soln pen-inj	5		PA
NOC DURNA 27.7 mcg tab subl, 55.3 mcg tab subl	3		
NORDITROPIN FLEXPON 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj			
NUTROPIN AQ NUSPIN 10 10 mg/2ml sc soln pen-inj	5		PA
NUTROPIN AQ NUSPIN 20 20 mg/2ml sc soln pen-inj	5		PA
NUTROPIN AQ NUSPIN 5 5 mg/2ml sc soln pen-inj	5		PA
<i>octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs</i>	4		PA
<i>octreotide acetate 10 mg im kit, 20 mg im kit, 30 mg im kit</i>	5		PA
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
OMNITROPE 5.8 mg sc soln	5		PA
OMNITROPE 10 mg/1.5ml sc soln cart, 5 mg/1.5ml sc soln cart	5		PA
SAIZEN 5 mg inj soln, 8.8 mg inj soln	5		PA
SAIZENPREP 8.8 mg inj soln	5		PA
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	5		PA
SANDOSTATIN LAR DEPOT 10 mg im kit, 20 mg im kit, 30 mg im kit	5		PA
SEROSTIM 4 mg sc soln, 5 mg sc soln, 6 mg sc soln	5		PA
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA
SIGNIFOR LAR 10 mg Intramuscular Suspension Reconstituted ER, 20 mg Intramuscular Suspension Reconstituted ER, 30 mg Intramuscular Suspension Reconstituted ER, 40 mg Intramuscular Suspension Reconstituted ER, 60 mg Intramuscular Suspension Reconstituted ER	5		PA
SKYTROFA 11 mg sc cart, 13.3 mg sc cart, 3 mg sc cart, 3.6 mg sc cart, 4.3 mg sc cart, 5.2 mg sc cart, 6.3 mg sc cart, 7.6 mg sc cart, 9.1 mg sc cart	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
STIMATE 1.5 mg/ml nasal soln	5		PA
<i>vasopressin 20 unit/ml iv soln</i>	1	VASOSTRICT	
VASOSTRICT 20 unit/ml iv soln	3		
ZOMACTON 10 mg sc soln, 5 mg sc soln	5		PA
ZOMACTON (FOR ZOMA-JET 10) 10 mg sc soln	5		PA
ZORBTIVE 8.8 mg sc soln	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CERVIDIL 10 mg vag insert	3		
MIFEPREX 200 mg tab	3		
<i>mifepristone 200 mg tab</i>	1		
PREPIDIL 0.5 mg/3gm vag gel	3		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
ANDROGEL 20.25 MG/1.25GM (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	3		
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	3		
AVEED 750 mg/3ml im soln	3		
AZMIRO 200 mg/ml im soln pfs	3		
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>depo-testosterone 100 mg/ml im soln,</i>	3	DEPO-TESTOSTERONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>200 mg/ml im soln</i>			
<i>ec-rx testosterone 0.2 % td crm, 0.4 % td crm, 10 % td crm, 20 % td crm</i>	3		
FORTESTA 10 MG/ACT (2%) td gel	3		
JATENZO 158 mg cap, 198 mg cap, 237 mg cap	3		
KYZATREX 100 mg cap, 150 mg cap, 200 mg cap	3		
<i>methitest 10 mg tab</i>	3		
<i>methyltestosterone 10 mg cap</i>	1	TESTRED	
NATESTO 5.5 mg/act nasal gel	3		
TESTIM 50 MG/5GM (1%) td gel	3		
TESTONE CIK 200 mg/ml im kit	3		
TESTOPEL 75 mg implant pellet	3		
<i>testosterone 100 mg implant pellet, 200 mg implant pellet, 25 mg implant pellet, 50 mg implant pellet</i>	3		
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	
<i>testosterone 10 MG/ACT (2%) td gel</i>	1	FORTESTA	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	1	DEPO-TESTOSTERONE	
<i>testosterone cypionate 200 mg/ml inj soln</i>	3	DEPO-TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	
TLANDO 112.5 mg cap	3		
VOGELXO 50 MG/5GM (1%) td gel	3		
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		
XYOSTED 100 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj	3		
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ACTIVELLA 1-0.5 mg tab	3		
<i>afirmelle 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
ALORA 0.025 mg/24hr tdbiw patch,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch			
<i>altavera 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
<i>alyacen 1/35 1-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
<i>amabelz 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
<i>amethyst 90-20 mcg tab</i>	6	AMETHYST 28 DAY	
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
ANNOVERA 0.013-0.15 mg/24hr vag ring	3		
<i>apri 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	1		
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
<i>aubra 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>aubra eq 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	LOESTRIN	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	LOESTRIN	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>aviane 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>ayuna 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
BALCOLTRA 0.1-20 mg-mcg(21) tab	3		
<i>balziva 0.4-35 mg-mcg tab</i>	1		
BEYAZ 3-0.02-0.451 mg tab	3		
BIJUVA 0.5-100 mg cap, 1-100 mg cap	3		
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	6	LOSEASONIQUE	QL(28 / 28)
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	1		
<i>charlotte 24 fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	
<i>chateal 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
<i>chateal eq 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
CLIMARA 0.025 mg/24hr tdkw patch,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch			
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
<i>covaryx 1.25-2.5 mg tab</i>	3	ESTRATEST	
<i>covaryx hs 0.625-1.25 mg tab</i>	3		
<i>cryselle-28 0.3-30 mg-mcg tab</i>	6		QL(28 / 28)
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	1		
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
<i>cyred 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>cyred eq 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>dasetta 1/35 (28) 1-35 mg-mcg tab</i>	1		
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil, 40 mg/ml im oil	3		
<i>delyla 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	3		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel, 1.25 mg/1.25gm td gel	3		
<i>dolishale 90-20 mcg tab</i>	6	AMETHYST 28 DAY	
<i>dotti 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	6	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	6	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03</i>	6	YASMIN	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab</i>			
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
<i>DUAVEE 0.45-20 mg tab</i>	2		
<i>ec-rx estradiol 0.4 % td crm, 0.6 % td crm</i>	3		
<i>eemt 1.25-2.5 mg tab</i>	3	ESTRATEST	
<i>eemt hs 0.625-1.25 mg tab</i>	3		
<i>ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel</i>	3		
<i>elinest 0.3-30 mg-mcg tab</i>	6		QL(28 / 28)
<i>eluryng 0.12-0.015 mg/24hr vag ring</i>	6	NUVARING	QL(1 / 28)
<i>emoquette 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>enilloring 0.12-0.015 mg/24hr vag ring</i>	6	NUVARING	QL(1 / 28)
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	6	ENPRESSE 28 DAY	QL(28 / 28)
<i>enskyce 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estarylla 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>ESTRACE 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3		
<i>estrace 0.01 % vag crm</i>	3	ESTRACE	
<i>estradiol 0.75 MG/1.25 GM (0.06%) td gel</i>	1		
<i>estradiol 6 mg implant pellet</i>	3		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel</i>	1	DIVIGEL	
<i>estradiol 1 mg/gm td gel, 1.25 mg/1.25gm td gel</i>	1	DIVIGEL	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.01 % vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 10 mg/ml im oil</i>	1		
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	6	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	3		
<i>falmina 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>fayosim 42-21-21-7 days tab</i>	1	QUARTETTE	
FEMHRT 0.5-2.5 mg-mcg tab	3		
FEMLYV 1-0.02 mg tab disint	3		
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
<i>femynor 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>finzala 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	
<i>fyavolv 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>fyavolv 0.5-2.5 mg-mcg tab</i>	3	FEMHRT	
<i>gemmily 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
GENERESS FE 0.8-25 mg-mcg tab chew	3		
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	1	LOESTRIN	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	1	LOESTRIN FE	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	LOESTRIN FE	
<i>haloette 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	
<i>iclevia 0.15-0.03 mg tab</i>	1	SEASONALE	
IMVEXXY MAINTENANCE PACK 10 mcg vag insert, 4 mcg vag insert	2		
IMVEXXY STARTER PACK 10 mcg vag insert, 4 mcg vag insert	2		
<i>introvale 0.15-0.03 mg tab</i>	6	SEASONALE	QL(91 / 91)
<i>isibloom 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>jasmiel 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
<i>jinteli 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>jolessa 0.15-0.03 mg tab</i>	6	SEASONALE	QL(91 / 91)
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	3		
<i>juleber 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN	QL(28 / 28)
<i>junel 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN	QL(28 / 28)
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>junel fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>kaitlib fe 0.8-25 mg-mcg tab chew</i>	6	GENERESS FE	QL(28 / 28)
<i>kalliga 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
<i>kelnor 1/35 1-35 mg-mcg tab</i>	1	DEMULEN	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	1	DEMULEN	
<i>kurvelo 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	1	LOESTRIN	
<i>larin 1/20 1-20 mg-mcg tab</i>	1	LOESTRIN	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>larissia 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>layolis fe 0.8-25 mg-mcg tab chew</i>	6	GENERESS FE	QL(28 / 28)
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	1		
<i>lessina 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	6	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	6	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	6	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	6	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	1		
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	6	AMETHYST 28 DAY	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
<i>lillow 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		
<i>lo-zumandimine 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	3	LOESTRIN	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	3	LOESTRIN	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN FE	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	
<i>loryna 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	3		
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	6		QL(28 / 28)
<i>luta 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>lyllana 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>marlissa 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab, 2.5 mg tab	2		
MENOSTAR 14 mcg/24hr tdkw patch	3		
<i>merzee 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
<i>mibelas 24 fe 1-20 mg-mcg(24) tab chew</i>	6	MINASTRIN 24 FE	QL(28 / 28)
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN	QL(28 / 28)
<i>microgestin 1/20 1-20 mg-mcg tab</i>	1	LOESTRIN	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>mili 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>mimvey 1-0.5 mg tab</i>	1	ACTIVELLA	
MINASTRIN 24 FE 1-20 mg-mcg(24) tab chew	3		
MINIVELLE 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mono-linyah 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	6		QL(28 / 28)
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	6		QL(28 / 28)
NEXTSTELLIS 3-14.2 mg tab	3		
<i>nikki 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1.5-30 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	6	MINASTRIN 24 FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	1	FEMCON FE	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	6	GENERESS FE	QL(28 / 28)
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	1		
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	1	LOESTRIN	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	6	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
NUVARING 0.12-0.015 mg/24hr vag ring	3		
<i>nylia 1/35 1-35 mg-mcg tab</i>	1		
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ORTHO-CYCLEN (28)	
<i>ocella 3-0.03 mg tab</i>	6	YASMIN	QL(28 / 28)
<i>orsythia 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>philith 0.4-35 mg-mcg tab</i>	1		
<i>pimtreea 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
<i>pirmella 1/35 1-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>portia-28 0.15-30 mg-mcg tab</i>	6	NORDETTE	QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMARIN 25 mg inj soln	3		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
<i>previfem 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
QUARTETTE 42-21-21-7 days tab	3		
<i>reclipsen 0.15-30 mg-mcg tab</i>	6	DESOGEN	QL(28 / 28)
<i>rivelsa 42-21-21-7 days tab</i>	1	QUARTETTE	
SAFYRAL 3-0.03-0.451 mg tab	3		
SEASONIQUE 0.15-0.03 & 0.01 mg tab	3		
<i>setlakin 0.15-0.03 mg tab</i>	6	SEASONALE	QL(91 / 91)
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>sronyx 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>syeda 3-0.03 mg tab</i>	6	YASMIN	QL(28 / 28)
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	6	LOESTRIN FE	QL(28 / 28)
<i>taysofy 1-20 mg-mcg(24) cap</i>	3	TAYTULLA	
TAYTULLA 1-20 mg-mcg(24) cap	3		
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	3		
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	1		
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mcg tab</i>			
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ORTHO TRI-CYCLEN	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	6	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	6	ENPRESSE 28 DAY	QL(28 / 28)
<i>turqoz 0.3-30 mg-mcg tab</i>	6		QL(28 / 28)
TWIRLA 120-30 mcg/24hr tdkw patch	3		
TYBLUME 0.1-20 mg-mcg tab chew	3		
<i>tydemy 3-0.03-0.451 mg tab</i>	6	SAFYRAL	QL(28 / 28)
VAGIFEM 10 mcg vag tab	3		
VELIVET 0.1/0.125/0.15 -0.025 mg tab	3		
<i>vestura 3-0.02 mg tab</i>	6	YAZ	QL(28 / 28)
<i>vienva 0.1-20 mg-mcg tab</i>	6	ALESSE	QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
VIVELLE-DOT 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch	3		
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	6	MIRCETTE	QL(28 / 28)
<i>vyfemla 0.4-35 mg-mcg tab</i>	1		
<i>vylibra 0.25-35 mg-mcg tab</i>	6	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>wera 0.5-35 mg-mcg tab</i>	6		QL(28 / 28)
<i>wymzya fe 0.4-35 mg-mcg tab chew</i>	3	FEMCON FE	
<i>xulane 150-35 mcg/24hr tdkw patch</i>	6		QL(3 / 28)
YASMIN 28 3-0.03 mg tab	3		
YAZ 3-0.02 mg tab	3		
<i>yuvaferm 10 mcg vag tab</i>	1	VAGIFEM	
<i>zafemy 150-35 mcg/24hr tdkw patch</i>	1		
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	1	DEMULEN	
<i>zumandimine 3-0.03 mg tab</i>	6	YASMIN	QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>aftera 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>afterpill 1.5 mg tab</i>	6	PLAN B ONE-STEP	
AYGESTIN 5 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>camila 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
CRINONE 4 % vag gel, 8 % vag gel	3		
<i>curae 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>deblitane 0.35 mg tab</i>	1	NOR-QD	
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	3		
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		
<i>ec-rx progesterone 10 % td crm, 20 % td crm</i>	3		
<i>econtra ez 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>econtra one-step 1.5 mg tab</i>	6	PLAN B ONE-STEP	
ELLA 30 mg tab	6		
<i>errin 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	3		
<i>gallifrey 5 mg tab</i>	3	AYGESTIN	
<i>heather 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
<i>her style 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>hydroxyprogesterone caproate 250 mg/ml im oil</i>	4	MAKENA	PA
<i>incassia 0.35 mg tab</i>	1	NOR-QD	
<i>jencycla 0.35 mg tab</i>	1	NOR-QD	
KYLEENA 19.5 mg iud	3		
<i>levonorgestrel 1.5 mg tab</i>	6	PLAN B ONE-STEP	
LILETTA (52 MG) 20.1 mcg/day iud	3		
<i>lyleq 0.35 mg tab</i>	1	NOR-QD	
<i>lyza 0.35 mg tab</i>	1	NOR-QD	
MAKENA 250 mg/ml im oil, 275 mg/1.1ml sc soln auto-inj	5		PA
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	6	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp, 800 mg/20ml susp</i>	1	MEGACE	
MIRENA (52 MG) 20 mcg/day iud	6		QL(1 / 2920)
<i>my choice 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>my way 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>new day 1.5 mg tab</i>	6	PLAN B ONE-STEP	
NEXPLANON 68 mg sc implant	6		QL(1 / 1095)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>nora-be 0.35 mg tab</i>	1	NOR-QD	
<i>norethindrone 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>norlyda 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
<i>norlyroc 0.35 mg tab</i>	1	NOR-QD	
<i>opcicon one-step 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>option 2 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>plan b one-step 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>progesterone 50 mg/ml im oil</i>	1		
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
<i>progesterone micronized 10 % td crm</i>	3		
PROMETRIUM 100 mg cap, 200 mg cap	3		
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	3		
<i>react 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>sharobel 0.35 mg tab</i>	6	NOR-QD	QL(28 / 28)
<i>shewise 1.5 mg tab</i>	6	PLAN B ONE-STEP	
SKYLA 13.5 mg iud	3		
SLYND 4 mg tab	3		
<i>take action 1.5 mg tab</i>	6	PLAN B ONE-STEP	
<i>tulana 0.35 mg tab</i>	1	NOR-QD	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
EVISTA 60 mg tab	3		
OSPHENA 60 mg tab	3		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ADTHYZA 120 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 60 mg tab, 65 mg tab, 90 mg tab, 97.5 mg tab	3		
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
CYTOMEL 25 mcg tab, 5 mcg tab, 50	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mcg tab			
ERMEZA 150 mcg/5ml soln	3		
euthyrox 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
levo-t 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
levothyroxine sodium 100 mcg iv soln, 200 mcg iv soln, 500 mcg iv soln	1		
levothyroxine sodium 100 mcg/5ml iv soln, 100 mcg/ml iv soln, 200 mcg/5ml iv soln, 500 mcg/5ml iv soln	1		
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	3	TIROSINT	
levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	1	CYTOMEL	
liothyronine sodium 10 mcg/ml iv soln	1	TRIOSTAT	
NP THYROID 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	3		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
THYQUIDITY 100 mcg/5ml soln	3		
thyroid 120 mg tab, 15 mg tab, 30 mg	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab, 60 mg tab, 90 mg tab</i>			
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 62.5 mcg cap, 75 mcg cap, 88 mcg cap	3		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	3		
TRIOSTAT 10 mcg/ml iv soln	3		
<i>unithroid 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	3	SYNTHROID	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	4		PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
ISTURISA 1 mg tab, 10 mg tab, 5 mg tab	5		PA
RECORLEV 150 mg tab	5		PA
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
FENSOLVI (6 MONTH) 45 mg sc kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit, 30 mg im kit	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		PA
MYFEMBREE 40-1-0.5 mg tab	2		
ORIAHNN 300-1-0.5 & 300 mg cap pack	2		
ORILISSA 150 mg tab, 200 mg tab	2		
SUPPRELIN LA 50 mg sc kit	5		PA
SYNAREL 2 mg/ml nasal soln	4		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	5		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
<i>sodium iodide i-131 1000 mci/ml soln</i>	3		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
ANDEMBRY 200 mg/1.2ml sc soln auto-inj	5		PA
BERINERT 500 unit iv kit	5		PA
CINRYZE 500 unit iv soln	5		PA
DAWNZERA 80 mg/0.8ml sc soln auto-inj	5		PA
EKTERLY 300 mg tab	5		PA, QL(8 / 30)
FIRAZYR 30 mg/3ml sc soln pfs	5		PA
HAEGARDA 2000 unit sc soln, 3000 unit sc soln	5		PA
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	5		PA
<i>icatibant acetate 30 mg/3ml sc soln</i>	5	FIRAZYR	PA
KALBITOR 10 mg/ml sc soln	5		PA
ORLADEYO 110 mg cap, 150 mg cap	5		PA
RUCONEST 2100 unit iv soln	5		PA
<i>sajazir 30 mg/3ml sc soln pfs</i>	5		PA
TAKHZYRO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln, 300 mg/2ml sc soln pfs	5		PA
VOYDEYA 100 mg tab, 50 & 100 mg	5		PA, QL(180 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
tab pack			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
ABRILADA (1 PEN) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
ABRILADA (2 PEN) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
ABRILADA (2 SYRINGE) 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
<i>adalimumab-adaz 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs</i>	4	HYRIMOZ	PA
<i>adalimumab-adbm (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm (2 syringe) 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit</i>	5		PA
<i>adalimumab-adbm(cd/uc/hs strt) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-fkjp 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5	HULIO	PA
<i>adalimumab-fkjp (2 pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5	HULIO	PA
<i>adalimumab-fkjp (2 syringe) 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit</i>	5	HULIO	PA
<i>adalimumab-ryvk (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit</i>	5		PA
AMJEVITA 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	5		PA
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	5		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
AVSOLA 100 mg iv soln	4		PA
azasan 100 mg tab, 75 mg tab	3	AZASAN	
azathioprine 100 mg tab, 75 mg tab	1	AZASAN	
azathioprine 50 mg tab	1	IMURAN	
azathioprine sodium 100 mg inj soln	1	IMURAN	
CELLCEPT 250 mg cap, 500 mg tab	3		
CELLCEPT 200 mg/ml susp	3		
CELLCEPT INTRAVENOUS 500 mg iv soln	5		PA
CIMZIA 2 X 200 mg sc kit	5		PA
CIMZIA (2 SYRINGE) 200 mg/ml sc pfs kit	5		PA
CIMZIA-STARTER 200 mg/ml sc pfs kit	5		PA
cyclosporine 100 mg cap, 25 mg cap	1	SANDIMMUNE	
cyclosporine 50 mg/ml iv soln	4	SANDIMMUNE	PA
cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap	1	NEORAL	
cyclosporine modified 100 mg/ml soln	1	NEORAL	
CYLTEZO (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO (2 SYRINGE) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
CYLTEZO-CD/UC/HS STARTER 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
ELIDEL 1 % crm	3		
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
ENVARUSUS XR 4 mg tab er 24 hr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	3	ZORTRESS	
<i>gengraf 100 mg cap, 25 mg cap</i>	3	NEORAL	
<i>gengraf 100 mg/ml soln</i>	3	NEORAL	
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
HULIO (2 PEN) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HULIO (2 SYRINGE) 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
HUMIRA (1 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40mg/0.4ml sc pfs kit	4		PA
HUMIRA-PED>=40KG CROHNS START 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA-PED>=40KG UC STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PSORIASIS/VEIT STARTER 80 MG/0.8ML &	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
40mg/0.4ml Subcutaneous Auto-injector Kit			
HYFTOR 0.2 % gel	3		
HYRIMOZ 10 mg/0.1 ml sc soln pfs, 10 mg/0.1ml sc soln pfs, 20 mg/0.2ml sc soln pfs, 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	5		PA
HYRIMOZ-CROHNS/UC STARTER 80 mg/0.8ml sc soln auto-inj	5		PA
HYRIMOZ-PED<40KG CROHN STARTER 80 MG/0.8ML & 40mg/0.4ml sc soln pfs	5		PA
HYRIMOZ-PED>=40KG CROHN START 80 mg/0.8ml sc soln pfs	5		PA
HYRIMOZ-PLAQ PSOR/UEIT START 80 MG/0.8ML & 40mg/0.4ml sc soln auto-inj	5		PA
HYRIMOZ-PLAQUE PSORIASIS START 80 MG/0.8ML & 40mg/0.4ml sc soln auto-inj	5		PA
IDACIO (2 PEN) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
IDACIO (2 SYRINGE) 40 mg/0.8ml sc pfs kit	5		PA
IDACIO-CROHNS/UC STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
IDACIO-PSORIASIS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
IMURAN 50 mg tab	3		
INFLECTRA 100 mg iv soln	5		PA
<i>infliximab 100 mg iv soln</i>	4		PA
JYLAMVO 2 mg/ml soln	5		PA
LUPKYNIS 7.9 mg cap	4		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate mofetil 500 mg iv soln</i>	4	CELLCEPT	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mycophenolate mofetil hcl 500 mg iv soln</i>	4	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
MYFORTIC 180 mg tab dr, 360 mg tab dr	3		
NEORAL 100 mg cap, 25 mg cap	3		
NEORAL 100 mg/ml soln	3		
OLUMIANT 1 mg tab, 2 mg tab, 4 mg tab	5		PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
OTREXUP 10 mg/0.4ml sc soln auto-inj, 12.5 mg/0.4ml sc soln auto-inj, 15 mg/0.4ml sc soln auto-inj, 17.5 mg/0.4ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.4ml sc soln auto-inj, 25 mg/0.4ml sc soln auto-inj	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
PROGRAF 0.5 mg cap, 1 mg cap, 5 mg cap	3		
PROGRAF 0.2 mg pckt	5		PA
PROGRAF 5 mg/ml iv soln	5		PA
PROTOPIC 0.03 % oint, 0.1 % oint	3		
RAPAMUNE 0.5 mg tab, 1 mg tab, 2 mg tab	3		
RAPAMUNE 1 mg/ml soln	3		
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj	2		
REDITREX 10 mg/0.4ml sc soln pfs, 12.5 mg/0.5ml sc soln pfs, 15 mg/0.6ml sc soln pfs, 17.5 mg/0.7ml sc soln pfs, 20 mg/0.8ml sc soln pfs,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
22.5 mg/0.9ml sc soln pfs, 25 mg/ml sc soln pfs, 7.5 mg/0.3ml sc soln pfs			
REMICADE 100 mg iv soln	5		PA
RENFLEXIS 100 mg iv soln	4		PA
REZUROCK 200 mg tab	5		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	4		PA
RINVOQ LQ 1 mg/ml soln	4		PA
SANDIMMUNE 100 mg/ml soln	2		
SANDIMMUNE 100 mg cap, 25 mg cap	3		
SANDIMMUNE 50 mg/ml iv soln	5		PA
SIMLANDI (1 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
SIMLANDI (1 SYRINGE) 80 mg/0.8ml sc pfs kit	5		PA
SIMLANDI (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit	5		PA
SIMLANDI (2 SYRINGE) 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit	5		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	5		PA
SIMPONI ARIA 50 mg/4ml iv soln	5		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	RAPAMUNE	
<i>sirolimus 1 mg/ml soln</i>	3	RAPAMUNE	
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	PROGRAF	
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	4		PA
TYENNE 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs	5		PA
XATMEP 2.5 mg/ml soln	5		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
YUFLYMA (1 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit	5		PA
YUFLYMA (2 PEN) 40 mg/0.4ml	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Subcutaneous Auto-injector Kit			
YUFLYMA (2 SYRINGE) 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit	5		PA
YUSIMRY 40 mg/0.8ml sc soln auto-inj	5		PA
ZORTRESS 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab	3		
ZYMFENTRA (1 PEN) 120 mg/ml Subcutaneous Auto-injector Kit	5		PA
ZYMFENTRA (2 PEN) 120 mg/ml Subcutaneous Auto-injector Kit	5		PA
ZYMFENTRA (2 SYRINGE) 120 mg/ml sc pfs kit	5		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
ALYGLO 10 gm/100ml iv soln, 20 gm/200ml iv soln, 5 gm/50ml iv soln	5		PA
GAMASTAN im soln	5		PA
Immunoglobulins- Immune System Drugs [Inmunoglobulinas - Medicamentos Para El Sistema Inmune]			
ANASCORP iv soln	5		PA
ANAVIP iv soln	5		PA
<i>antivenin latrodectus mactans inj kit</i>	4		PA
<i>antivenin micrurus fulvius iv soln</i>	4		PA
ASCENIV 5 gm/50ml iv soln	5		PA
ATGAM 50 mg/ml iv soln	5		PA
BIVIGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	5		PA
CROFAB iv soln	5		PA
CUTAQUIG 1 gm/6ml sc soln, 1.65 gm/10ml sc soln, 2 gm/12ml sc soln, 3.3 gm/20ml sc soln, 4 gm/24ml sc soln, 8 gm/48ml sc soln	5		PA
CUVITRU 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln, 8 gm/40ml sc soln	5		PA
CYTOGAM 50 mg/ml iv soln	5		PA
FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/100ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		PA
GAMMAGARD 1 gm/10ml inj soln, 10	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln			
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	5		PA
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		PA
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		PA
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		PA
HEPAGAM B 312 unit/ml inj soln	3		
HIZENTRA 1 gm/5ml sc soln, 1 gm/5ml sc soln pfs, 10 gm/50ml sc soln, 10 gm/50ml sc soln pfs, 2 gm/10ml sc soln, 2 gm/10ml sc soln pfs, 4 gm/20ml sc soln, 4 gm/20ml sc soln pfs	5		PA
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs	3		
HYPERRAB 900 unit/3ml inj soln	3		
HYPERRAB 1500 unit/5ml inj soln, 300 unit/ml inj soln	5		PA
HYPERRHO 1500 unit im soln pfs	2		
HYPERRHO MINI-DOSE 250 unit im soln pfs	2		
HYPERTET 250 unit/ml im soln pfs	3		
IMOGAM RABIES-HT 300 unit/2ml inj soln	5		PA
<i>kedrab 1500 unit/10ml inj soln, 300 unit/2ml inj soln</i>	5		PA
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	2		
NABI-HB 312 unit/ml im soln	3		
OCTAGAM 1 gm/20ml iv soln, 10 gm/100ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
gm/500ml iv soln, 30 gm/300ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln			
ORALAIR 300 ir tab subl	3		
ORALAIR ADULT STARTER PACK 300 ir tab subl	3		
ORALAIR CHILDRENS STARTER PACK 100 ir tab subl	3		
PANZYGA 1 gm/10ml iv soln, 10 gm/100ml iv soln, 2.5 gm/25ml iv soln, 20 gm/200ml iv soln, 30 gm/300ml iv soln, 5 gm/50ml iv soln	5		PA
PRIVIGEN 10 gm/100ml iv soln, 20 gm/200ml iv soln, 40 gm/400ml iv soln, 5 gm/50ml iv soln	5		PA
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	2		
RHOPHYLAC 1500 unit/2ml inj soln pfs	2		
THYMOGLOBULIN 25 mg iv soln	5		PA
VARIZIG 125 unit/1.2ml im soln	3		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	2		
XEMBIFY 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		PA
Immunological Agents, Other- Immune System Drugs [Agentes Inmunológicos, Otros Medicamentos Para El Sistema Inmunitario]			
ADBRY 150 mg/ml sc soln pfs, 300 mg/2ml sc soln auto-inj	5		PA
AMJEVITA 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs	5		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.4ml sc soln pfs	5		PA
ANZUPGO 20 mg/gm crm	3		
ARCALYST 220 mg sc soln	5		PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA
BKEMV 300 mg/30ml iv soln	5		PA
CIBINQO 100 mg tab, 200 mg tab, 50	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg tab			
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		PA
DUPIXENT 100 mg/0.67ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj	4		PA
DUPIXENT 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	4		PA
EBGLYSS 250 mg/2ml sc soln auto-inj, 250 mg/2ml sc soln pfs	4		PA
EMPAVELI 1080 mg/20ml sc soln	5		PA
ENJAYMO 1100 mg/22ml iv soln	5		PA
EPYSQLI 300 mg/30ml iv soln	5		PA
FABHALTA 200 mg cap	5		PA
GAMIFANT 10 mg/2ml iv soln, 100 mg/20ml iv soln, 50 mg/10ml iv soln	5		PA
HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit	5		PA
ILARIS 150 mg/ml sc soln	5		PA
ILUMYA 100 mg/ml sc soln pfs	5		PA
KINERET 100 mg/0.67ml sc soln pfs	5		PA
LEFLUNICLO 20 & 1 mg & % cmb kit	3		
<i>methoxsalen rapid 10 mg cap</i>	1	OXSORALEN-ULTRA	
NIKTIMVO 22 mg/0.44ml iv soln, 9 mg/0.18ml iv soln	5		PA
NUDERMRXPAK 120 0.005-5 % ext pack	3		
NUDERMRXPAK 60 0.005-5 % ext pack	3		
NULOJIX 250 mg iv soln	5		PA
OPZELURA 1.5 % crm	2		
PIASKY 340 mg/2ml inj soln	5		PA
PYZCHIVA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln auto-inj, 90 mg/ml sc soln auto-inj	5		PA
RYONCIL <12.5KG 1 x 3.8 ml iv kit	5		PA
RYONCIL 12.5KG TO <25KG 2 x 3.8	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ml iv kit			
RYONCIL 25KG TO <37.5KG 3 x 3.8 ml iv kit	5		PA
RYONCIL 37.5KG TO <50KG 4 x 3.8 ml iv kit	5		PA
RYONCIL 50KG TO <62.5KG 5 x 3.8 ml iv kit	5		PA
RYONCIL 62.5KG TO <75KG 6 x 3.8 ml iv kit	5		PA
RYONCIL 75KG TO <87.5KG 7 x 3.8 ml iv kit	5		PA
RYONCIL 87.5KG TO <100KG 8 x 3.8 ml iv kit	5		PA
SAPHNELO 300 mg/2ml iv soln	5		PA
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI 180 mg/1.2ml sc soln cart	4		PA
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	4		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
SOLIRIS 300 mg/30ml iv soln	5		PA
SOTYKTU 6 mg tab	5		PA
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
SYLVANT 100 mg iv soln, 400 mg iv soln	5		PA
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
TAVNEOS 10 mg cap	5		PA
TREMFYA 100 mg/ml sc soln pfs, 200 mg/20ml iv soln, 200 mg/2ml sc soln pfs	4		PA
TREMFYA ONE-PRESS 100 mg/ml sc soln pen-inj	4		PA
TREMFYA PEN 100 mg/ml sc soln auto-inj, 200 mg/2ml sc soln auto-inj	4		PA
TREMFYA-CD/UC INDUCTION 200 mg/2ml sc soln auto-inj	4		PA
TRIONEX 0.005 % ext kit	3		
ULTOMIRIS 1100 mg/11ml iv soln,	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
300 mg/3ml iv soln			
VEOPOZ 400 mg/2ml inj soln	5		PA
WEZLANA 130 mg/26ml iv soln	5		PA
XOLAIR 150 mg sc soln	5		PA
XOLAIR 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		PA
ZILBRYSQ 16.6 mg/0.416ml sc soln pfs	5		PA, QL(11.65 / 28)
ZILBRYSQ 23 mg/0.574ml sc soln pfs	5		PA, QL(16.07 / 28)
ZILBRYSQ 32.4 mg/0.81ml sc soln pfs	5		PA, QL(22.68 / 28)
ZOKINVY 50 mg cap, 75 mg cap	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
ARAVA 10 mg tab, 20 mg tab	3		
BEYFORTUS 50 mg/0.5ml im soln pfs	5		QL(1 / 365), AL
ENFLONSIA 105 mg/0.7ml im soln pfs	3		
ENTYVIO 300 mg iv soln	5		PA
ENTYVIO PEN 108 mg/0.68ml sc soln auto-inj	5		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 20 mg tab, 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
SIMULECT 10 mg iv soln, 20 mg iv soln	5		PA
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
TOFIDENCE 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
TYENNE 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
Immunostimulants- Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Sistema Inmune]			
BESREMI 500 mcg/ml sc soln pfs	5		PA
FULPHILA 6 mg/0.6ml sc soln pfs	4		PA
FYLNETRA 6 mg/0.6ml sc soln pfs	5		PA
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln	5		PA
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
NIVESTYM 480 mcg/0.8ml inj soln pfs	4		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/1.6ml inj soln	5		PA
NYPOZI 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
NYVEPRIA 6 mg/0.6ml sc soln pfs	5		PA
<i>releuko 300 mcg/0.5ml sc soln pfs, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml inj soln</i>	5		PA
RELEUKO 300 mcg/ml inj soln	5		PA
ROLVEDON 13.2 mg/0.6ml sc soln pfs	5		PA
STIMUFEND 6 mg/0.6ml sc soln pfs	5		PA
UDENYCA 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	4		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	5		PA
Vaccines [Vacunas]			
ADACEL 5-2-15.5 lf-mcg/0.5 im susp, 5-2-15.5 lf-mcg/0.5 im susp pfs	3		
AFLURIA im susp	3		
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
COMIRNATY 30 mcg/0.3ml im susp	3		
DAPTACEL 23-15-5 im susp	3		
<i>diphtheria-tetanus toxoids dt 25-5 Ifu/0.5ml im susp</i>	3		
FLUAD 0.5 ml im susp pfs	3		
FLUAD QUADRIVALENT 0.5 ml im	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
pfs			
FLUARIX 0.5 ml im susp pfs	3		
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUBLOK 0.5 ml im soln pfs	3		
FLUBLOK QUADRIVALENT 0.5 ml im soln pfs	3		
FLUCELVAX im susp, 0.5 ml im susp pfs	3		
FLUCELVAX QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLULAVAL 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT 0.5 ml im susp pfs	3		
FLUMIST nasal liq	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUZONE im susp, 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs	3		
FLUZONE QUADRIVALENT im susp, 0.5 ml im susp, 0.5 ml im susp pfs	3		
INFANRIX 25-58-10 im susp	3		
KINRIX 0.5 ml im susp pfs	3		
MNEXSPIKE 10 mcg/0.2ml im susp pfs	3		
<i>novavax covid-19 vaccine 5 mcg/0.5ml im susp</i>	3		
<i>nuvaxovid covid-19 vaccine 5 mcg/0.5ml im susp pfs</i>	3		
PEDIARIX im susp pfs	3		
<i>penmenvy im susp</i>	3		
PENTACEL im susp	3		
QUADRACEL im susp, 0.5 ml im susp pfs	3		
SPIKEVAX 50 mcg/0.5ml im susp	3		
TDVAX 2-2 If/0.5ml im susp	3		
<i>tetanus-diphtheria toxoids td 2-2 If/0.5ml im susp</i>	3		
Vaccines- Immune System Drugs [Vacunas- Medicamentos Que Estimulan O Suprimen El Sistema Inmune]			
AFLURIA im susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
COMIRNATY 30 mcg/0.3ml im susp pfs	3		
FLUARIX 0.5 ml im susp pfs	3		
FLUCELVAX 0.5 ml im susp pfs	3		
FLULAVAL 0.5 ml im susp pfs	3		
FLUZONE im susp, 0.5 ml im susp pfs	3		
SPIKEVAX 50 mcg/0.5ml im susp pfs	3		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
APRISO 0.375 gm cap er 24 hr	2		
ASACOL HD 800 mg tab dr	3		ST
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
CANASA 1000 mg rect supp	3		
COLAZAL 750 mg cap	3		
DELZICOL 400 mg cap dr	3		ST
DIPENTUM 250 mg cap	3		
LIALDA 1.2 gm tab dr	3		ST
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	ST
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	ST
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	ST
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
OMVOH 100 mg/ml sc soln auto-inj, 300 mg/15ml iv soln	4		PA
PENTASA 500 mg cap er	3		
PENTASA 250 mg cap er	3		ST
ROWASA 4 gm rect kit	3		
SFROWASA 4 gm/60ml rect enema	2		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 2 mg/act rect foam</i>	1		
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	
<i>budesonide er 9 mg tab er 24 hr</i>	1	UCERIS	
CORTENEMA 100 mg/60ml rect enema	3		
CORTIFOAM 10 % foam	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EOHILIA 2 mg/10ml susp	3		PA, QL(600 / 30)
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
TARPEYO 4 mg cap dr	5		PA
UCERIS 9 mg tab er 24 hr	3		
UCERIS 2 mg/act rect foam	3		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
AZULFIDINE 500 mg tab	3		
AZULFIDINE EN-TABS 500 mg tab dr	3		
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
ACTONEL 150 mg tab, 35 mg tab	3		
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	
ATELVIA 35 mg tab dr	3		
BINOSTO 70 mg tab eff	3		
BOMYNTRA 120 mg/1.7ml sc soln, 120 mg/1.7ml sc soln pfs	5		PA, QL(1.7 / 28)
BONIVA 150 mg tab	3		
<i>calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln</i>	1	MIACALCIN	
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
CONEXXENCE 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
<i>doxercalciferol 4 mcg/2ml iv soln</i>	1	HECTOROL	
EVENITY 105 mg/1.17ml sc soln pfs	5		PA
FORTEO 560 mcg/2.24ml sc soln pen-inj	4		PA
FOSAMAX 70 mg tab	3		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
HECTOROL 4 mcg/2ml iv soln	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
JUBBONTI 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
MIACALCIN 200 unit/ml inj soln	3		
NATPARA 100 mcg sc cart, 25 mcg sc cart, 50 mcg sc cart, 75 mcg sc cart	5		PA
OSENVELT 120 mg/1.7ml sc soln	5		PA, QL(1.7 / 28)
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	4		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	
PARSABIV 10 mg/2ml iv soln, 2.5 mg/0.5ml iv soln, 5 mg/ml iv soln	5		PA
PROLIA 60 mg/ml sc soln pfs	5		PA
RAYALDEE 30 mcg cap er	3		
RECLAST 5 mg/100ml iv soln	5		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	
ROCALTROL 0.25 mcg cap, 0.5 mcg cap	3		
ROCALTROL 1 mcg/ml soln	3		
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	3		
STOBOCLO 60 mg/ml sc soln pfs	5		PA, QL(1 / 80)
<i>teriparatide 560 mcg/2.24ml sc soln pen-inj</i>	4	Forteo	PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
WYOST 120 mg/1.7ml sc soln	5		PA, QL(1.7 / 28)
XGEVA 120 mg/1.7ml sc soln	5		PA
ZEMPLAR 1 mcg cap, 2 mcg cap	3		
ZEMPLAR 2 mcg/ml iv soln, 5 mcg/ml iv soln	3		
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	4	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
<i>1st tier unfine pentips 29G X 12MM misc</i>	2		
<i>1st tier unfine pentips 31G X 5 MM</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>			
<i>1st tier unifine pentips plus 29G X 12MM misc</i>	2		
<i>1st tier unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	3		
<i>1st tier unilet comfortouch misc</i>	2		
ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
ACCU-CHEK AVIVA PLUS in vitro strip, w/Device kit	3		ST
ACCU-CHEK FASTCLIX LANCET kit	2		
ACCU-CHEK FASTCLIX LANCETS misc	2		
ACCU-CHEK GUIDE w/Device kit	3		ST
ACCU-CHEK GUIDE ME w/Device kit	3		ST
ACCU-CHEK GUIDE TEST in vitro strip	3		ST
ACCU-CHEK SAFE-T PRO LANCETS misc	2		
ACCU-CHEK SMARTVIEW in vitro strip	3		ST
ACCU-CHEK SOFTCLIX LANCET DEV kit	2		
ACCU-CHEK SOFTCLIX LANCETS misc	2		
ACCUTREND GLUCOSE in vitro strip	3		ST
ACCUTREND PLUS dev	3		
<i>acti-lance 28g misc</i>	2		
<i>acti-lance lite lancets 28g misc</i>	2		
<i>acti-lance special lancets 17g misc</i>	2		
<i>acti-lance universal 23g misc</i>	2		
ACTICOAT 16"X16" sheet, 4"X4" sheet, 4"X48" sheet, 4"X8" sheet, 5"X5" sheet, 8"X16" sheet	3		
ACTICOAT 7 2"X2" pad, 6"X6" sheet	3		
ACTICOAT ANTIMICROBIAL 2"X2" pad	3		
ACTICOAT FLEX 3 16"X16" sheet, 2"X2" sheet, 4"X48" sheet, 4"X8"	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
sheet, 8"X16" sheet			
ACTICOAT FLEX 7 1"X24" sheet, 16"X16" sheet, 2"X2" sheet, 4"X5" sheet, 6"X6" sheet, 8"X16" sheet	3		
ACTICOAT SURGICAL 4"X10" pad, 4"X13-3/4" pad	3		
<i>adjustable lancing device misc</i>	3		
ADVANCE INTUITION METER dev	3		ST
ADVANCE INTUITION MONITOR kit	3		ST
ADVANCE INTUITION TEST in vitro strip	3		ST
ADVANCE MICRO-DRAW METER dev	3		ST
ADVANCE MICRO-DRAW TEST in vitro strip	3		ST
<i>advanced mobile lancet misc</i>	2		
<i>advantage safety lancets 28g misc</i>	3		
ADVOCATE ALCOHOL PREP PADS 70 % pad	3		
ADVOCATE BLOOD GLUCOSE MONITOR dev	3		ST
ADVOCATE BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
ADVOCATE DUO dev	3		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	3		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	3		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
ADVOCATE LANCETS misc	2		
ADVOCATE LANCETS 30G misc	2		
ADVOCATE LANCING DEVICE misc	3		
ADVOCATE RAPID-SAFE LANCING misc	3		
ADVOCATE REDI-CODE dev, in vitro strip, w/Device kit	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ADVOCATE REDI-CODE+ dev	3		ST
ADVOCATE REDI-CODE+ TEST in vitro strip	3		ST
ADVOCATE SAFETY LANCETS misc	2		
ADVOCATE SAFETY LANCETS 21G misc	3		
ADVOCATE SAFETY LANCETS 23G misc	3		
ADVOCATE SAFETY LANCETS 26G misc	2		
ADVOCATE SAFETY LANCETS 28G misc	3		
ADVOCATE TEST in vitro strip	3		ST
AFFINITY 1.5 CM X 1.5 CM sheet, 2.5 CM X 2.5 CM sheet	3		
AGAMATRIX AMP dev	3		ST
AGAMATRIX AMP TEST in vitro strip	3		ST
AGAMATRIX JAZZ TEST in vitro strip	3		ST
AGAMATRIX JAZZ WIRELESS 2 w/Device kit	3		ST
AGAMATRIX KEYNOTE TEST in vitro strip	3		ST
AGAMATRIX PRESTO w/Device kit	3		ST
AGAMATRIX PRESTO PRO METER dev	3		ST
AGAMATRIX PRESTO TEST in vitro strip	3		ST
AGAMATRIX ULTRA-THIN LANCETS misc	2		
<i>aimsko lubricated misc</i>	3		
<i>aimsko twist lancets 32g misc</i>	2		
AIMSCO TWIST LANCETS 33G misc	2		
ALCOH-GLOVE CONTOURED WIPE pad	3		
<i>alcohol pads 70 % pad</i>	3		
<i>alcohol prep pad, 70 % pad</i>	3		
<i>alcohol prep pads 70 % pad</i>	3		
<i>alcohol swabs pad, 70 % pad</i>	3		
<i>alcohol swabstick pad</i>	3		
ALLERGIST PACKAGE 26G X 1/2" 1 ml kit	3		
<i>allergy syringe 27G X 3/8" 1 ml misc</i>	3		
ALLEVYN AG ADHESIVE 12.5X12.5CM pad, 17.5X17.5CM pad	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ALLEVYN AG GENTLE 2"X2" pad	3		
ALLEVYN AG GENTLE BORDER 12.5X12.5CM pad, 17.5X17.5CM pad	3		
ALLEVYN AG NON-ADHESIVE 2"X2" pad	3		
AMNIOCORE AMNIOTIC MEMBRANE 2 CM X 3 CM sheet, 3 CM X 3 CM sheet, 4 CM X 3 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 6 CM X 6 CM sheet	3		
AMNIOFIX 100 mg inj susp, 160 mg inj susp, 20 mg inj susp, 40 mg inj susp	3		
AMNIOTEXT 1 CM X 1 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 3 CM X 3 CM sheet, 4 CM X 3 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 8 CM X 8 CM sheet	3		
<i>amondys 45 100 mg/2ml iv soln</i>	5		PA
<i>amphenol-40 40 mg inj susp</i>	3		
APLIGRAF ext disk	3		
APLISOL 5 unit/0.1ml i-dermal soln	3		
<i>aq insulin syringe 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>aqinject pen needle 31G X 5 MM misc, 32G X 4 MM misc</i>	3		
AQUACEL AG FOAM 12.5X12.5CM pad, 17.5X17.5CM pad	3		
AQUALANCE LANCETS 30G misc	2		
ASCLERA 0.5 % iv soln, 1 % iv soln	3		
<i>aspergillus fumigatus 1:20 i-dermal soln</i>	3		
ASSURE 3 METER kit	3		ST
ASSURE 3 TEST in vitro strip	3		ST
ASSURE 4 METER dev	3		ST
ASSURE 4 TEST in vitro strip	3		ST
<i>assure comfort lancets 28g misc</i>	2		
ASSURE HAEMOLANCE PLUS HIGH misc	2		
ASSURE HAEMOLANCE PLUS LOW misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ASSURE HAEMOLANCE PLUS MICRO misc	2		
ASSURE HAEMOLANCE PLUS NORMAL misc	2		
ASSURE HAEMOLANCE PLUS PED misc	2		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	3		
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	2		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	2		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	3		
ASSURE II in vitro strip	3		ST
ASSURE II CHECK in vitro strip	3		ST
ASSURE LANCE LANCETS misc	2		
ASSURE LANCE LANCETS 21G misc	2		
ASSURE LANCE PLUS SAFETY 25G misc	2		
ASSURE LANCE PLUS SAFETY 30G misc	2		
ASSURE LANCE SAFETY LANCET 28G misc	2		
ASSURE PLATINUM in vitro strip	3		ST
ASSURE PLATINUM METER dev	3		ST
ASSURE PRISM MULTI METER dev	3		ST
ASSURE PRISM MULTI TEST in vitro strip	3		ST
ASSURE PRO BLOOD GLUCOSE METER dev	3		ST
ASSURE PRO TEST in vitro strip	3		ST
<i>atopavo ext emul</i>	3		
<i>aum alcohol prep pads 70 % pad</i>	3		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	2		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	3		
<i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 8 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	2		
<i>aum mini insulin pen needle 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>MM misc</i>			
<i>aum pen needle 32G X 5 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	2		
<i>aum pen needle 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	3		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	3		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	3		
<i>aureobasidium pullulans 1:20 i-dermal soln</i>	3		
<i>aurora lancet super thin 30g misc</i>	2		
<i>aurora lancet thin 23g misc</i>	2		
<i>aurora pen needles 29G X 12MM misc</i>	2		
<i>aurora pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
<i>aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc</i>	3		
AUTO-LANCET misc	3		
AUTO-LANCET MINI misc	3		
AUTOLET II CLINISAFE kit	3		
AUTOLET LANCING DEVICE misc	3		
AUTOLET LITE CLINISAFE kit	3		
AUTOLET LITE LANCING DEVICE misc	3		
AUTOLET LITE STARTER PACK kit	3		
AUTOLET MINI misc	3		
AUTOLET PLUS misc	3		
<i>autopen dev</i>	3		
AVO CREAM ext emul	3		
BARDIA BULB IRRIGATION SYRINGE 60 ML misc	3		
BARDIA PISTON IRRIGATION SYR 60 ML misc	3		
BD ALLERGY SYRINGE 27G X 3/8" 1 ml misc, 28G X 1/2" 1 ml misc	3		
BD AUTOSHIELD DUO 30G X 5 MM misc	2		
BD BLUNT FILL NEEDLE 18G X 1-1/2" misc	3		
BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2" misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD CONTROL SYRING LUER-LOK 10 ML misc	3		
BD DISP NEEDLE 23G X 1" misc, 25G X 1" misc, 30G X 1" misc	3		
BD DISP NEEDLES 16G X 1-1/2" misc, 18G X 1-1/2" misc, 19G X 1" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1-1/2" misc, 22G X 1-1/2" misc, 25G X 5/8" misc, 25G X 7/8" misc, 27G X 1/2" misc, 30G X 1/2" misc	3		
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" misc	3		
BD ECLIPSE NEEDLE 18G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 23G X 1" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc, 27G X 1/2" misc	3		
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" misc	3		
BD ECLIPSE SYRINGE 21G X 1" 3 ml misc, 25G X 1" 3 ml misc, 27G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc	3		
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc	3		
BD FILTER NEEDLE 18G X 1-1/2" misc	3		
BD FILTER NEEDLE/5 MICRON misc	3		
BD HYPODERMIC NEEDLE 16G X 1" misc, 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 21G X 1" misc, 21G X 2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 3/4" misc, 25G X 1-1/2" misc, 26G X 1/2" misc	3		
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ml misc	2		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc			
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	2		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	2		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ml misc	2		
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	2		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
BD INTEGRA NEEDLE 23G X 1" misc	3		
BD INTEGRA SYRINGE 21G X 1" 3 ml misc, 21G X 1-1/2" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 3 ml misc	3		
BD LATITUDE DIABETES kit	3		ST
BD LATITUDE DIABETES SYSTEM kit	3		ST
BD LOGIC BLOOD GLUCOSE MONITOR w/Device kit	3		ST
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ml misc	3		
BD LUER-LOK SYRINGE 10 ML misc, 18G X 1-1/2" 3 ml misc, 20G X 1" 1 ml misc, 20G X 1" 10 ml misc, 20G X 1" 3 ml misc, 20G X 1" 5 ml misc, 20G X 1-1/2" 10 ml misc, 20G X 1-1/2" 5 ml misc, 21G X 1" 10 ml misc, 21G X 1" 3 ml misc, 21G X 1" 5 ml misc, 21G X 1-1/2" 10 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1" 10 ml misc, 22G X 1" 3 ml misc, 22G X 1" 5 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 5 ml misc, 23G X	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 1 ml misc, 25G X 5/8" 3 ml misc, 26G X 5/8" 3 ml misc			
BD MICROTAINER LANCETS misc	2		
BD NOKOR ADMIX NEEDLE 18G X 1-1/2" misc	3		
BD PEN misc	3		
BD PEN MINI misc	3		
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM misc	3		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	3		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	3		
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM misc	3		
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM misc	3		
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM misc	3		
BD PLASTIPAK SYRINGE 21G X 1" 3 ml misc, 3 ML misc	3		
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" misc	3		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	2		
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" 3 ml misc, 23G X 1-1/2" misc, 25G X 1" misc, 25G X 5/8" misc	3		
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" misc, 22G X 1-1/2" misc, 22G X 1-1/2" 5 ml misc, 23G X 1" misc	3		
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ml misc, 27G X 3/8" 1 ml misc, 27G X 5/8" 1 ml misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD SWAB SINGLE USE REGULAR pad	3		
BD SWABS SINGLE USE BUTTERFLY pad	3		
BD SYRINGE 50 ML misc	3		
BD SYRINGE BLUNT CANNULA 17G 10 ML misc	3		
BD SYRINGE DISPOSABLE 50 ML misc	3		
BD SYRINGE DUAL CANNULA 10 ML misc	3		
BD SYRINGE LUER SLIP TIP 20 ML misc, 5 ML misc, 50 ML misc	3		
BD SYRINGE LUER-LOK 10 ML misc, 20 ML misc, 3 ML misc, 30 ML misc, 5 ML misc	3		
BD SYRINGE SLIP TIP 10 ML misc, 26G X 5/8" 1 ml misc, 3 ML misc	3		
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 25G X 5/8" 1 ml misc, 25G X 5/8" 3 ml misc	3		
BD TB SYRINGE 27G X 3/8" 1 ml misc	3		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	2		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	2		
BD YALE LNR REUSABLE NEEDLE 26G X 1/2" misc	3		
BIAFINE ext emul	3		
BIONECT 0.2 % crm, 0.2 % foam, 0.2 % gel	3		
BIOSCANNER GLUCOSE TEST in vitro strip	3		ST
BIOSTEP 4"X4" sheet, 5 CM X 5 CM sheet	3		
BIOSTEP AG 2"X2" sheet, 4"X4" sheet	3		
BIOTEL CARE BLOOD GLUCOSE w/Device kit	3		ST
BIOTEL CARE BLOOD GLUCOSE SYST w/Device kit	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BIOTEL CARE TEST STRIPS in vitro strip	3		ST
<i>blood glucose monitor system w/Device kit</i>	3		ST
<i>blood glucose monitoring 333 dev</i>	3		ST
<i>blood glucose system pak kit</i>	3		ST
<i>blood glucose test in vitro strip</i>	3		ST
<i>blood glucose test strips 333 in vitro strip</i>	3		ST
BLULINK GLUCOSE MONITORING SYS dev	3		ST
BLULINK GLUCOSE TEST in vitro strip	3		ST
<i>botrytis cinerea (diagnostic) 1:20 i-dermal soln</i>	3		
<i>candida albicans skn tst antgn 1:10 inj soln</i>	3		
CARDIOCHEK PLUS ANALYZER dev	3		
CARDIOCOM LANCING DEVICE misc	3		
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	3		
<i>careone advanced lancing dev misc</i>	3		
CAREONE BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
CAREONE BLOOD GLUCOSE TEST in vitro strip	3		ST
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
CAREONE LANCET SUPER THIN 30G misc	2		
<i>careone lancet thin 23g misc</i>	2		
<i>careone unifine pentips 29G X 12MM misc</i>	2		
<i>careone unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>careone unifine pentips plus 29G X</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>12MM misc</i>			
<i>careone unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	3		
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ml misc, 23G X 1" 3 ml misc, 25G X 1" 1 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 3 ml misc	3		
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ml misc, 20G X 1-1/2" 3 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 3 ml misc	3		
CARESENS LANCETS misc	2		
CARESENS LANCETS 30G misc	2		
CARESENS N FELIZ dev	3		ST
CARESENS N FELIZ BT dev	3		ST
CARESENS N GLUCOSE SYSTEM dev	3		ST
CARESENS N GLUCOSE TEST in vitro strip	3		ST
CARESENS N PLUS BT w/Device kit	3		ST
CARESENS N VOICE SYSTEM dev	3		ST
CARESENS S FIT BLOOD GLUC MON dev	3		ST
CARESENS S FIT BT BLOOD GLUC dev	3		ST
CARESENS S GLUCOSE TEST in vitro strip	3		ST
CARETOUCH ALCOHOL PREP 70 % pad	3		
<i>caretouch catheter tip syringe 60 ML misc</i>	3		
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" misc, 20G X 1" misc, 22G X 1" misc, 23G X 1" misc, 23G X 1-1/2" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc, 26G X 1" misc	3		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
CARETOUCH LANCING/EJECTOR misc	3		
CARETOUCH LUER LOCK 10 ML misc, 23G X 1" 3 ml misc, 3 ML misc, 5 ML misc	3		
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc	3		
CARETOUCH LUER SLIP 10 ML misc, 3 ML misc, 5 ML misc	3		
CARETOUCH MONITOR SYSTEM w/Device kit	3		ST
CARETOUCH PEN NEEDLES 29G X 12MM misc, 32G X 5 MM misc	2		
CARETOUCH PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	3		
CARETOUCH SAFETY LANCETS misc	2		
CARETOUCH SAFETY LANCETS 26G misc	2		
CARETOUCH TEST in vitro strip	3		ST
CARETOUCH TWIST LANCETS 28G misc	2		
CARETOUCH TWIST LANCETS 30G misc	2		
CARETOUCH TWIST LANCETS 33G misc	2		
CARETOUCH TWIST MC LANCETS 30G misc	2		
CARNITOR 330 mg tab	3		
CARNITOR 1 gm/10ml soln, 200 mg/ml iv soln	3		
CARNITOR SF 1 gm/10ml soln	3		
CASGEVY iv susp	5		PA
CAYA vag diaph	6		QL(1 / 365)
CEQUR SIMPLICITY 2U dev	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CEQUR SIMPLICITY INSERTER misc	2		
<i>chlorhexidine gluconate 20 % soln</i>	3		
CHOSEN LANCETS 30G misc	3		
CHOSEN LANCING DEVICE misc	3		
CHOSEN SAFETY LANCETS 28G misc	3		
CLEANLET LANCETS 28G misc	2		
CLEVER CHEK AUTO-CODE dev	3		
CLEVER CHEK AUTO-CODE SYSTEM dev	3		ST
CLEVER CHEK AUTO-CODE TEST in vitro strip	3		ST
CLEVER CHEK AUTO-CODE VOICE dev, in vitro strip	3		ST
CLEVER CHEK LANCETS misc	2		
CLEVER CHEK SYSTEM w/Device kit	3		ST
CLEVER CHEK TEST in vitro strip	3		ST
CLEVER CHOICE AUTO-CODE SYSTEM dev	3		ST
CLEVER CHOICE AUTO-CODE TEST in vitro strip	3		ST
CLEVER CHOICE COMFORT EZ misc, 29G X 12MM misc	2		
CLEVER CHOICE COMFORT EZ 33G X 4 MM misc	3		
CLEVER CHOICE LANCETS 21G misc	2		
CLEVER CHOICE LANCETS 23G misc	2		
CLEVER CHOICE LANCETS 23G misc	3		
CLEVER CHOICE LANCETS 28G misc	2		
CLEVER CHOICE MICRO SYSTEM w/Device kit	3		ST
CLEVER CHOICE MICRO TEST in vitro strip	3		ST
CLEVER CHOICE MINI SYSTEM dev	3		ST
CLEVER CHOICE NO CODING in vitro strip	3		ST
CLEVER CHOICE TALK SYSTEM dev, in vitro strip	3		ST
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc</i>			
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
COAGUCHEK LANCETS misc	2		
COBENFY 100-20 mg cap, 125-30 mg cap, 50-20 mg cap	3		
COBENFY STARTER PACK 50-20 & 100-20 mg cap pack	3		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	2		
<i>comfort assured lancets 28g misc</i>	2		
<i>comfort assured lancets 33g misc</i>	2		
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	3		
COMFORT EZ PEN NEEDLES 32G X 5 MM misc, 32G X 8 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	2		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	3		
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM misc	2		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 5 MM misc	3		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	3		
<i>comfort lancets misc</i>	2		
COMFORT TOUCH ALCOHOL PREP	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
70 % pad			
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 8 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	2		
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	3		
COMFORT TOUCH LANCETS 31G misc	2		
COMFORT TOUCH PLUS LANCETS 28G misc	2		
COMFORT TOUCH PLUS LANCETS 30G misc	2		
COMFORT TOUCH TWIST LANCET 30G misc	3		
<i>condoms misc</i>	3		
CONTOUR BLOOD GLUCOSE SYSTEM w/Device kit	2		
CONTOUR MONITOR dev	2		
CONTOUR NEXT EZ w/Device kit	2		
CONTOUR NEXT GEN MONITOR w/Device kit	2		
CONTOUR NEXT GEN MONITOR w/Device kit	3		ST
CONTOUR NEXT LINK w/Device kit	2		
CONTOUR NEXT MONITOR w/Device kit	2		
CONTOUR NEXT ONE kit, w/Device kit	2		
CONTOUR NEXT ONE kit	3		ST
CONTOUR NEXT TEST in vitro strip	2		
CONTOUR PLUS BLUE w/Device kit	2		
CONTOUR PLUS TEST in vitro strip	3		ST
CONTOUR TEST in vitro strip	2		
CONTROL AST in vitro strip	3		ST
CONTROL BLOOD GLUCOSE SYSTEM w/Device kit	2		
CONTROL TEST in vitro strip	3		ST
COOL BLOOD GLUCOSE TEST STRIPS in vitro strip	3		ST
COOL MONITOR dev	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
COOL MONITOR KIT w/Device kit	3		ST
CRENESSITY 100 mg cap, 25 mg cap, 50 mg cap	5		PA
CRENESSITY 50 mg/ml soln	5		PA
<i>crono syringe 19G X 1-1/2" 10 ml misc, 19G X 1-1/2" 20 ml misc</i>	3		
CURITY ALCOHOL PREPS 70 % pad	3		
CVS ADVANCED GLUCOSE TEST in vitro strip	3		ST
<i>cvs alcohol prep pads 70 % pad</i>	3		
CVS BLOOD GLUCOSE METER dev, w/Device kit	3		ST
<i>cvs glucose meter test strips in vitro strip</i>	3		ST
<i>cvs lancets 21g misc</i>	2		
<i>cvs lancets micro thin 33g misc</i>	2		
<i>cvs lancets original misc</i>	2		
<i>cvs lancets thin 26g misc</i>	2		
<i>cvs lancets ultra thin 30g misc</i>	2		
<i>cvs lancets ultra-thin 30g misc</i>	2		
<i>cvs lancing device misc</i>	3		
<i>cvs prep 70 % pad</i>	3		
<i>cvs true metrix glucose test in vitro strip</i>	3		ST
<i>cvs ultra thin lancets misc</i>	2		
D-CARE BLOOD GLUCOSE in vitro strip	3		ST
D-CARE GLUCOMETER w/Device kit	3		ST
<i>deferoxamine mesylate 2 gm inj soln, 500 mg inj soln</i>	4	DESFERAL	PA
DESFERAL 500 mg inj soln	5		PA
<i>desflurane inh soln</i>	1	SUPRANE	
DEXCOM G6 RECEIVER dev	2		
DEXCOM G6 SENSOR misc	2		
DEXCOM G6 TRANSMITTER misc	3		
DEXCOM G7 RECEIVER dev	2		
DEXCOM G7 SENSOR misc	2		
<i>dialysis safety syringe/needle 22G X 1-1/2" 1 ml misc, 22G X 1-1/2" 3 ml misc</i>	3		
DIATHRIVE BLOOD GLUCOSE METER dev	3		ST
DIATHRIVE BLOOD GLUCOSE TEST in vitro strip	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DIATHRIVE GLUCOSE TEST in vitro strip	3		ST
DIATHRIVE LANCET ULTRA THIN 30 misc	2		
DIATHRIVE LANCETS misc	2		
DIATHRIVE LANCING DEVICE misc	3		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
DIATHRIVE+ GLUCOSE MONITOR dev	3		ST
DIATHRIVE+ GLUCOSE TEST in vitro strip	3		ST
<i>diatruue plus blood glucose dev</i>	3		ST
<i>diatruue plus test in vitro strip</i>	3		ST
DIGIFAB 40 mg iv soln	5		PA
DOJOLVI 100 % liq	3		
DROPLET GENTEEL LANCING DEVICE misc	3		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	3		
DROPLET LANCETS ULTRA THIN 30G misc	2		
DROPLET LANCING DEVICE misc	3		
DROPLET MICRON 34G X 3.5 MM misc	2		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 32G	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 5 MM misc, 32G X 8 MM misc			
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	3		
DROPLET PERSONAL LANCETS 30G misc	2		
DROPSAFE ACTI-LANCE 23G misc	3		
DROPSAFE ALCOHOL PREP 70 % pad	3		
DROPSAFE AUTOPROTECT DUO 31G X 4 MM misc	2		
DROPSAFE AUTOPROTECT DUO 31G X 5 MM misc, 31G X 8 MM misc	3		
DROPSAFE MEDLANCE LANCET 30G misc	3		
<i>dropsafe safety pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
DROPSAFE SICURA 25G X 1" misc	3		
<i>drug mart lancets thin 26g misc</i>	2		
DRUG MART LANCING DEVICE misc	3		
DRUG MART ON-THE-GO LANCET 30G misc	2		
<i>drug mart unifine pentips 29G X 12MM misc</i>	2		
<i>drug mart unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	3		
DRUG MART UNILET LANCETS 28G misc	2		
DRUG MART UNILET LANCETS 30G misc	2		
DRUG MART UNILET LANCETS 33G misc	2		
DUO-CARE dev	3		
DUO-CARE TEST in vitro strip	3		ST
DUODOTE 2.1-600 mg im soln auto-inj	3		
DURAFIBER AG 2"X2" pad, 3/4"X18"	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
pad, 8"X11-3/4" pad			
DUREX EXTRA SENSITIVE THIN dev, misc	3		
DUREX REALFEEL dev	3		
DUREX TROPICAL misc	3		
E-Z JECT LANCET MICRO-THIN 33G misc	2		
E-Z JECT LANCET SUPER THIN 30G misc	2		
E-Z JECT LANCETS misc	2		
E-Z JECT LANCETS 21G misc	2		
E-Z JECT LANCETS THIN 26G misc	2		
E-Z-DISK 700 mg tab	3		
E-Z-HD 98 % susp	3		
E-Z-PAQUE 96 % susp	3		
E-Z-PASTE 60 % Oral Cream	3		
<i>easy comfort alcohol pads pad</i>	3		
<i>easy comfort insulin syringe 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc, 32G X 5/16" 0.5 ml misc, 32G X 5/16" 1 ml misc</i>	2		
<i>easy comfort insulin syringe 31G X 5/16" 0.3 ml misc</i>	3		
<i>easy comfort lancets misc</i>	2		
<i>easy comfort lancets twist top misc</i>	2		
<i>easy comfort pen needles 29G X 5MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	2		
<i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	3		
<i>easy glide cath tip syringe 60 ML misc</i>	3		
EASY GLIDE LUER LOCK SYRINGE 10 ML misc, 20 ML misc, 3 ML misc, 30 ML misc, 5 ML misc, 60 ML misc	3		
<i>easy glide pen needles 33G X 4 MM misc</i>	3		
EASY MAX BLOOD GLUCOSE TEST in vitro strip	3		ST
EASY MAX T1 GLUCOSE SYSTEM	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
w/Device kit			
<i>easy mini eject lancing device misc</i>	3		
<i>easy mini lancing device misc</i>	3		
<i>easy plus ii glucose system dev</i>	3		ST
<i>easy plus ii glucose test in vitro strip</i>	3		ST
EASY STEP GLUCOSE MONITOR dev	3		ST
EASY STEP TEST in vitro strip	3		ST
<i>easy talk blood glucose system dev</i>	3		ST
<i>easy talk blood glucose test in vitro strip</i>	3		ST
<i>easy talk plus ii test strips in vitro strip</i>	3		ST
EASY TOUCH ALCOHOL PREP MEDIUM 70 % pad	3		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	2		
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 22G X 3/4" misc, 23G X 1" misc, 23G X 1-1/2" misc, 23G X 5/8" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc, 26G X 1/2" misc, 27G X 1" misc, 27G X 1/2" misc, 28G X 1/2" misc, 29G X 1/2" misc, 30G X 1/2" misc, 30G X 5/16" misc, 31G X 5/16" misc	3		
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ml misc, 18G X 1" 3 ml misc, 18G X 1" 5 ml misc, 18G X 1-1/2" 3 ml misc, 18G X 1.5" 10 ml misc, 19G X 1" 3 ml misc, 19G X 1.5" 3 ml misc, 20G X 1" 10 ml misc, 20G X 1" 3 ml misc, 20G X 1" 5 ml misc, 20G X 1-1/2" 10 ml misc, 20G X 1-1/2" 3 ml misc, 20G X 1-1/2" 5 ml misc, 21G X 1" 10 ml misc, 21G X 1" 3 ml misc, 21G X 1" 5 ml misc, 21G X 1-1/2" 10 ml misc, 21G X 1-1/2" 3 ml misc, 21G	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 1-1/2" 5 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 10 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 5 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 1 ml misc, 25G X 1" 10 ml misc, 25G X 1" 3 ml misc, 25G X 1" 5 ml misc, 25G X 5/8" 3 ml misc, 25G X 5/8" 5 ml misc, 26G X 3/8" 1 ml misc, 27G X 1/2" 1 ml misc			
EASY TOUCH FLURINGE 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc	3		
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc	3		
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc	3		
EASY TOUCH GLUCOSE SYSTEM w/Device kit	3		ST
EASY TOUCH HEALTHPRO GLUCOSE in vitro strip, w/Device kit	3		ST
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" misc, 16G X 1-1/2" misc, 18G X 1" misc, 18G X 1-1/2" misc, 18G X 1.25" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 1-1/2" misc, 23G X 1-1/4" misc, 23G X 3/4" misc, 24G X 1" misc, 24G X 1.25" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc, 26G X 1/2" misc, 26G X 3/8" misc, 26G X 5/8" misc, 27G X 1-1/4" misc, 27G X 1/2" misc, 30G X 1" misc, 30G X 1/2" misc, 31G X 5/16" misc, 32G X 5/16" misc	3		
EASY TOUCH INSULIN BARRELS U-100 1 ml misc	2		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
EASY TOUCH LANCETS 21G misc	2		
EASY TOUCH LANCETS 23G misc	2		
EASY TOUCH LANCETS 26G misc	2		
EASY TOUCH LANCETS 28G misc	2		
EASY TOUCH LANCETS 28G/TWIST misc	2		
EASY TOUCH LANCETS 30G misc	2		
EASY TOUCH LANCETS 30G/TWIST misc	2		
EASY TOUCH LANCETS 32G misc	2		
EASY TOUCH LANCETS 32G/TWIST misc	2		
EASY TOUCH LANCETS 33G/TWIST misc	2		
EASY TOUCH LANCING DEVICE misc	3		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 32G X 5 MM misc	2		
EASY TOUCH PEN NEEDLES 30G X 6 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
EASY TOUCH SAFETY LANCETS 21G misc	2		
EASY TOUCH SAFETY LANCETS 23G misc	2		
EASY TOUCH SAFETY LANCETS 26G misc	2		
EASY TOUCH SAFETY LANCETS 28G misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc	2		
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM misc	3		
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ml misc, 21G X 1" 3 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 25G X 1" 1 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 1 ml misc, 25G X 5/8" 3 ml misc	3		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	2		
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ml misc, 21G X 1-1/2" 10 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 10 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 5 ml misc, 23G X 1" 3 ml misc, 25G X 1" 10 ml misc, 25G X 1" 3 ml misc, 25G X 1" 5 ml misc, 25G X 5/8" 3 ml misc	3		
EASY TOUCH SYRINGE BARREL 10 ML misc, 20 ML misc, 3 ML misc, 5 ML misc, 60 ML misc	3		
EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ml misc	3		
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ml misc, 28G X 1/2" 1 ml misc	3		
EASY TOUCH TEST in vitro strip	3		ST
<i>easy trak blood glucose system dev</i>	3		ST
<i>easy trak blood glucose test in vitro strip</i>	3		ST
<i>easy trak ii blood glucose sys dev</i>	3		ST
<i>easy trak ii glucose test in vitro strip</i>	3		ST
EASYGLUCO in vitro strip, kit	3		ST
EASYGLUCO PLUS w/Device kit	2		
EASYGLUCO PLUS STARTER w/Device kit	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EASYMAX 15 TEST in vitro strip	3		ST
EASYMAX NG BLOOD GLUCOSE dev, w/Device kit	3		ST
EASYMAX TEST in vitro strip	3		ST
EASYMAX V BLOOD GLUCOSE dev	3		ST
EASYPPOINT NEEDLE 18G X 1" misc, 18G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc	3		
EASYPPOINT NEEDLE/SYRINGE 18G X 1" 3 ml misc, 18G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 3 ml misc	3		
EASYPRO BLOOD GLUCOSE MONITOR w/Device kit	3		ST
EASYPRO BLOOD GLUCOSE TEST in vitro strip	3		ST
EASYPRO PLUS in vitro strip, w/Device kit	3		ST
ELEMENT AUTOCODE SYSTEM w/Device kit	3		ST
<i>element compact glucose system dev</i>	3		ST
<i>element compact test in vitro strip</i>	3		ST
<i>element compact v glucose sys dev</i>	3		ST
ELEMENT PLUS dev	3		ST
ELEMENT TEST in vitro strip	3		ST
ELYXYB 120 mg/4.8ml soln	3		
EMBECTA AUTOSHIELD DUO 30G X 5 MM misc	2		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ml misc	2		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ml misc	3		
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	2		
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ml misc,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc, 28G X 1/2" 1 ml misc	2		
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ml misc	2		
EMBECTA PEN NEEDLE NANO 32G X 4 MM misc	3		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM misc	3		
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 6 MM misc	3		
EMBRACE BLOOD GLUCOSE MONITOR dev	3		ST
EMBRACE BLOOD GLUCOSE TEST in vitro strip	3		ST
EMBRACE EVO BLOOD GLUCOSE TEST in vitro strip	3		ST
EMBRACE EVO GLUCOSE MONITOR dev	3		ST
EMBRACE EVO GLUCOSE MONITORING w/Device kit	3		ST
EMBRACE LANCETS ULTRA THIN 30G misc	2		
<i>embrace lancing device/ejector misc</i>	3		
EMBRACE PEN NEEDLES 30G X 5 MM misc	2		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
EMBRACE PRESSURE ACTIVATED 21G misc	2		
EMBRACE PRESSURE ACTIVATED 28G misc	2		
EMBRACE PRO GLUCOSE METER dev	3		ST
EMBRACE PRO GLUCOSE TEST in vitro strip	3		ST
EMBRACE TALK BLOOD GLUCOSE dev	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EMBRACE TALK GLUCOSE TEST in vitro strip	3		ST
EMBRACE TALK MONITORING SYSTEM w/Device kit	3		ST
EMBRACE WAVE BLOOD GLUCOSE dev, in vitro strip	3		ST
EMBRACE WAVE GLUCOSE METER dev	3		ST
ENDARI 5 gm pckt	3		
ENDOFORM DERMAL TEMPLATE 10X12.7CM sheet, 5X5CM sheet	3		
ENDOFORM DERMAL/FENESTRATED 10X12.7CM sheet, 5X5CM sheet	3		
ENLITE GLUCOSE SENSOR misc	3		
EPICORD 2 CM X 3 CM sheet, 3 CM X 5 CM sheet	3		
EPIFIX 14 MM ext disk, 18 MM ext disk, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 24 MM ext disk, 3 CM X 3 CM sheet, 3 CM X 5 CM sheet, 3.5 CM X 3.5 CM sheet, 4 CM X 3 CM sheet, 4 CM X 4 CM sheet, 4 CM X 4.5 CM sheet, 4 CM X 6 CM sheet, 5 CM X 5.5 CM sheet, 5 CM X 6 CM sheet, 7 CM X 7 CM sheet	3		
EPIFIX MICRONIZED 100 mg inj susp, 160 mg inj susp, 40 mg inj susp	3		
<i>eq blood glucose test in vitro strip</i>	3		ST
<i>eq alcohol swabs 70 % pad</i>	3		
<i>eq color lancets 21g misc</i>	2		
<i>eq color lancets micro 33g misc</i>	2		
<i>eq insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>eq super thin lancets 30g misc</i>	2		
<i>eq thin lancets 26g misc</i>	2		
ETHAMOLIN 5 % iv soln	3		
EVERSENSE E3 SENSOR/HOLDER	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
EVERSENSE E3 SMART TRANSMITTER misc	3		
EVERSENSE SENSOR/HOLDER misc	3		
EVERSENSE SMART TRANSMITTER misc	3		
EVOLUTION AUTOCODE dev, in vitro strip	3		ST
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	2		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc	2		
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM misc, 31G X 8 MM misc	3		
EZ-LETS LANCETS 21G misc	2		
EZ-LETS LANCETS 26G misc	2		
EZ-LETS LANCETS 28G misc	2		
EZ-LETS LANCETS 30G misc	2		
FANTASY LUBRICATED misc	3		
FANTASY LUBRICATED/SPERMICIDE misc	3		
FC2 FEMALE CONDOM misc	6		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	6		QL(1 / 365)
FIFTY50 ALCOHOL PREP 70 % pad	3		
FIFTY50 GLUCOSE METER 2.0 w/Device kit	3		ST
FIFTY50 GLUCOSE TEST 2.0 in vitro strip	3		ST
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
FIFTY50 SAFETY SEAL LANCETS misc	2		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16"	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.5 ml misc, 31G X 5/16" 1 ml misc			
FIFTY50 UNILET LANCETS 33G misc	2		
FILSUVEZ 10 % gel	3		PA
FINE 30 misc	2		
FINGERSTIX LANCETS misc	2		
<i>flow-eze vented needle misc</i>	3		
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	1	ROMAZICON	
<i>fondcircle blood glucose monit w/Device kit</i>	3		ST
<i>fondcircle blood glucose test in vitro strip</i>	3		ST
<i>fondcircle lancing device misc</i>	3		
<i>fondcircle single use lancets misc</i>	3		
FORA 6 CONNECT in vitro strip	3		ST
FORA 6 CONNECT/GTEL TEST in vitro strip	3		ST
FORA BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA D10 2-IN-1 MONITOR dev	3		
FORA D15G 2-IN-1 MONITOR dev	3		
FORA D15G BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA D20 2-IN-1 MONITOR dev	3		
FORA D20 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA D40 GLUCOSE/PRESSURE dev	3		
FORA D40/G31 BLOOD GLUCOSE in vitro strip	3		ST
FORA D40G GLUCOSE/PRESSURE dev	3		
FORA G20 BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
FORA G20 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA G30/PREM V10 GLUCOSE TEST in vitro strip	3		ST
FORA G30A BLOOD GLUCOSE SYSTEM dev	3		ST
FORA GD20 BLOOD GLUCOSE SYSTEM dev	3		ST
FORA GD20 TEST in vitro strip	3		ST
FORA GD50 BLOOD GLUCOSE	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYSTEM dev			
FORA GD50 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA GTEL BLOOD GLUCOSE SYSTEM dev	3		ST
FORA GTEL BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA LANCETS misc	2		
FORA LANCING DEVICE misc	3		
FORA PREMIUM V10 BLE SYSTEM dev	3		ST
FORA TEST N' GO MONITOR dev	3		ST
FORA TN'G ADVANCE PRO in vitro strip	3		ST
FORA TN'G VOICE w/Device kit	3		ST
FORA TN'G/TN'G VOICE in vitro strip	3		ST
FORA V10 BLOOD GLUCOSE SYSTEM dev	3		ST
FORA V10 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA V10/V12/D10/D20 TEST kit	3		ST
FORA V12 BLOOD GLUCOSE SYSTEM dev	3		ST
FORA V12 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA V20 BLOOD GLUCOSE SYSTEM dev	3		ST
FORA V20 BLOOD GLUCOSE TEST in vitro strip	3		ST
FORA V30A BLOOD GLUCOSE SYSTEM dev, w/Device kit	3		ST
FORA V30A BLOOD GLUCOSE TEST in vitro strip	3		ST
FORACARE GD40 MONITOR dev	3		ST
FORACARE GD40 TEST in vitro strip	3		ST
FORACARE PREMIUM V10 dev	3		ST
FORACARE PREMIUM V10 TEST in vitro strip	3		ST
FORACARE TEST N GO MONITOR dev	3		ST
FORACARE TEST N GO TEST in vitro strip	3		ST
FORANE inh soln	3		
<i>foraxa ext emul</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FORTISCARE G1 TEST STRIP in vitro strip	3		ST
FORTISCARE T1 GLUCOSE SYSTEM dev	3		ST
FORTISCARE TEST in vitro strip	3		ST
<i>freds pharmacy autolet lancing misc</i>	3		
<i>freds pharmacy unifine pentip+ 31G X 5 MM misc, 31G X 8 MM misc</i>	3		
<i>freds pharmacy unifine pentips 32G X 4 MM misc</i>	3		
<i>freds pharmacy unilet lanc 28g misc</i>	2		
<i>freds pharmacy unilet lanc 30g misc</i>	2		
FREESTYLE FREEDOM LITE w/Device kit	3		ST
FREESTYLE INSULINX TEST in vitro strip	3		ST
FREESTYLE LANCETS misc	2		
FREESTYLE LIBRE 14 DAY READER dev	2		
FREESTYLE LIBRE 14 DAY SENSOR misc	2		
FREESTYLE LIBRE 2 PLUS SENSOR misc	2		
FREESTYLE LIBRE 2 READER dev	2		
FREESTYLE LIBRE 2 SENSOR misc	2		
FREESTYLE LIBRE 3 PLUS SENSOR misc	2		
FREESTYLE LIBRE 3 READER dev	2		
FREESTYLE LIBRE 3 SENSOR misc	2		
FREESTYLE LIBRE READER dev	2		
FREESTYLE LITE dev, w/Device kit	3		ST
FREESTYLE LITE TEST in vitro strip	3		ST
FREESTYLE PRECISION NEO SYSTEM w/Device kit	3		ST
FREESTYLE PRECISION NEO TEST in vitro strip	3		ST
FREESTYLE TEST in vitro strip	3		ST
FREESTYLE UNISTICK II LANCETS misc	2		
GASTROGRAFIN 66-10 % soln	3		
<i>ge100 blood glucose system dev, w/Device kit</i>	3		ST
<i>ge100 blood glucose test in vitro strip</i>	3		ST
GENTEEL BUTTERFLY TOUCH	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LANCET misc			
GENTEEL LANCING KIT (BLUE) kit	3		
GENTEEL PLUS LANCING (BLACK) misc	3		
GENTEEL PLUS LANCING (PURPLE) misc	3		
GENTEEL PLUS LANCING (WHITE) misc	3		
GENTEEL PLUS LANCING DEV(BLUE) misc	3		
GENTEEL PLUS LANCING DEV(PINK) misc	3		
GENTLE-LET GP LANCETS misc	2		
GENTLE-LET LANCETS misc	2		
GENULTIMATE TEST in vitro strip	3		ST
<i>ght blood glucose monitor w/Device kit</i>	3		ST
<i>ght test in vitro strip</i>	3		ST
GLEOLAN 1.5 gm soln	3		
<i>global alcohol prep ease 70 % pad</i>	3		
<i>global ease inject pen needles 29G X 12MM misc</i>	2		
<i>global ease inject pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	2		
<i>global easy glide pen needles 32G X 4 MM misc</i>	3		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>global inject ease lancets 28g misc</i>	2		
<i>global inject ease lancets 30g misc</i>	2		
<i>global insulin syringes 30G X 1/2" 0.3</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ml misc, 30G X 5/16" 0.3 ml misc</i>			
<i>global lancing device misc</i>	3		
GLUCO PERFECT 3 METER dev	3		ST
GLUCO PERFECT 3 TEST in vitro strip	3		ST
GLUCOCARD 01 BLOOD GLUCOSE dev, w/Device kit	3		ST
GLUCOCARD 01 SENSOR PLUS in vitro strip	3		ST
GLUCOCARD 01-MINI GLUCOSE w/Device kit	3		ST
GLUCOCARD EXPRESSION MONITOR w/Device kit	3		ST
GLUCOCARD EXPRESSION TEST in vitro strip	3		ST
GLUCOCARD SHINE dev, w/Device kit	3		ST
GLUCOCARD SHINE CONNEX w/Device kit	3		ST
GLUCOCARD SHINE EXPRESS w/Device kit	3		ST
GLUCOCARD SHINE TEST in vitro strip	3		ST
GLUCOCARD SHINE XL dev	3		ST
GLUCOCARD VITAL MONITOR w/Device kit	3		ST
GLUCOCARD VITAL TEST in vitro strip	3		ST
GLUCOCARD X-METER w/Device kit	3		ST
GLUCOCARD X-SENSOR in vitro strip	3		ST
GLUCOCOM BLOOD GLUCOSE MONITOR dev	3		ST
GLUCOCOM LANCETS 28G misc	2		
GLUCOCOM LANCETS 30G misc	2		
GLUCOCOM LANCETS 33G misc	2		
GLUCOCOM MONITOR w/Device kit	3		ST
GLUCOCOM TEST in vitro strip	3		ST
GLUCONAVII BLOOD GLUCOSE SYS w/Device kit	3		ST
GLUCONAVII BLOOD GLUCOSE TEST in vitro strip	3		ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
<i>glucose meter test in vitro strip</i>	3		ST
<i>gnp alcohol swabs 70 % pad</i>	3		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
GNP EASY TOUCH GLUCOSE METER dev	3		ST
<i>gnp easy touch glucose test in vitro strip</i>	3		ST
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	2		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	2		
<i>gnp lancets 21g misc</i>	2		
<i>gnp lancets thin 26g misc</i>	2		
GNP LANCING SYSTEM DEVICE misc	3		
<i>gnp pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc</i>	3		
<i>gnp sterile lancets 28g misc</i>	2		
<i>gnp sterile lancets 30g misc</i>	2		
<i>gnp sterile lancets 33g misc</i>	2		
GNP TRUE METRIX AIR METER w/Device kit	3		ST
GNP TRUE METRIX GLUCOSE	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
METER w/Device kit			
GNP TRUE METRIX GLUCOSE STRIPS in vitro strip	3		ST
GNP TRUETRACK SMART SYSTEM in vitro strip	3		ST
GNP TRUETRACK TEST STRIPS in vitro strip	3		ST
<i>gnp ulticare pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc</i>	3		
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	2		
GOJJI BLOOD GLUCOSE TEST in vitro strip	3		ST
GOJJI BLOOD TEST STRIP/LANCETS in vitro strip	3		ST
GOJJI LANCING DEVICE/CLEAR CAP misc	3		
GOJJI STERILE LANCETS misc	2		
<i>goodsense alcohol swabs 70 % pad</i>	3		
<i>goodsense blood glucose in vitro strip, w/Device kit</i>	3		ST
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	3		
<i>goodsense color lancets 33g misc</i>	2		
<i>goodsense lancets 26g univ misc</i>	2		
<i>goodsense lancets 30g misc</i>	2		
<i>goodsense lancets 30g univ misc</i>	2		
<i>goodsense lancets 33g misc</i>	2		
<i>goodsense lancets 33g univ misc</i>	2		
<i>goodsense lancing device misc</i>	3		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
GRAFIX CORE 1.5CM X 2CM ext misc	3		
GRAFIX CORE 16MM ext misc	3		
GRAFIX CORE 2CM X 3CM ext misc	3		
GRAFIX CORE 3CM X 4CM ext misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
GRAFIX CORE 5CM X 5CM ext misc	3		
GRAFIX PRIME 1.5CM X 2CM ext misc	3		
GRAFIX PRIME 16MM ext misc	3		
GRAFIX PRIME 2CM X 3CM ext misc	3		
GRAFIX PRIME 3CM X 4CM ext misc	3		
GRAFIX PRIME 5CM X 5CM ext misc	3		
GRAFIX XC 7.5CM X 15CM ext misc	3		
GUARDIAN 4 GLUCOSE SENSOR misc	2		
GUARDIAN CONNECT TRANSMITTER misc	3		
GUARDIAN LINK 3 TRANSMITTER misc	3		
GUARDIAN REAL-TIME REPLACE PED dev	3		
GUARDIAN SENSOR (3) misc	3		
<i>guardian sensor 3 misc</i>	3		
<i>h-e-b incontrol adv lancing misc</i>	3		
<i>h-e-b incontrol alcohol pad</i>	3		
<i>h-e-b incontrol lancets 28g misc</i>	2		
<i>h-e-b incontrol lancets 30g misc</i>	2		
<i>h-e-b incontrol lancets 33g misc</i>	2		
<i>h-e-b incontrol pen needles 29G X 12MM misc</i>	2		
<i>h-e-b incontrol pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	3		
HAEMOLANCE misc	2		
HAEMOLANCE LOW FLOW LANCETS misc	2		
HAEMOLANCE PLUS misc	2		
HAEMOLANCE PLUS HIGH FLOW misc	2		
HAEMOLANCE PLUS LOW FLOW misc	2		
HAEMOLANCE PLUS MAX FLOW misc	2		
HAEMOLANCE PLUS PEDIATRIC FLOW misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HEALTH CARE LANCING DEVICE misc	3		
HEALTHPRO BLOOD GLUCOSE MONITO w/Device kit	3		ST
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	3		
<i>healthwise mini pen needles 31G X 6 MM misc</i>	3		
<i>healthwise pen needles 29G X 12MM misc</i>	2		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	3		
<i>healthwise unifine pentips 32G X 4 MM misc</i>	3		
<i>healthy accents lancing device misc</i>	3		
<i>healthy accents unifine pentip 29G X 12MM misc</i>	2		
<i>healthy accents unifine pentip 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>healthy accents unilet lancets misc</i>	2		
HM EMBRACE TALK SYSTEM w/Device kit	3		ST
<i>hm sterile alcohol prep pad</i>	3		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	2		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	3		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	3		
<i>huber needle 19G X 1" misc, 19G X 1-1/4" misc, 19G X 3/4" misc, 20G X 1" misc, 20G X 1-1/2" misc, 20G X 1-1/4" misc, 20G X 3/4" misc, 22G X 1" misc, 22G X 1-1/2" misc, 22G X 1-1/4" misc, 22G X 3/4" misc</i>	3		
HW EMBRACE PRO GLUCOSE METER dev	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HW EMBRACE PRO GLUCOSE TEST in vitro strip	3		ST
HW EMBRACE TALK BLOOD GLUCOSE dev	3		ST
HW EMBRACE TALK GLUCOSE TEST in vitro strip	3		ST
HY-VEE LANCETS misc	2		
<i>hy-vee thin lancets misc</i>	2		
<i>hypodermic needle 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 20G X 3/4" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 1-1/4" misc, 22G X 1" misc, 22G X 1-1/2" misc, 22G X 1-1/4" misc, 22G X 3/4" misc, 23G X 1" misc, 23G X 1-1/2" misc, 23G X 3/4" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 3/4" misc, 25G X 5/8" misc, 26G X 1/2" misc, 26G X 3/8" misc, 26G X 5/8" misc, 27G X 1-1/4" misc, 27G X 1/2" misc, 30G X 1/2" misc</i>	3		
HYPOLANCE AST LANCING kit	3		
IGLUCOSE MONITORING SYSTEM w/Device kit	3		ST
IGLUCOSE TEST STRIPS in vitro strip	3		ST
IHEALTH BLOOD GLUCOSE TEST STR in vitro strip	3		ST
IHEALTH LANCING DEVICE misc	3		
IN TOUCH dev	3		ST
IN TOUCH BLOOD GLUCOSE TEST in vitro strip	3		ST
IN TOUCH LANCING DEVICE misc	3		
IN TOUCH STERILE LANCETS 30G misc	2		
INBRIJA 42 mg inh cap	5		PA
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
INFINITY BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
INFINITY BLOOD GLUCOSE TEST in vitro strip	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
INFINITY VOICE in vitro strip, w/Device kit	3		ST
INNOVAMATRIX AC 5 CM X 5 CM sheet	3		
INPEN 100-BLUE-LILLY-HUMALOG dev	3		
INPEN 100-BLUE-NOVOLOG-FIASP dev	3		
INPEN 100-GREY-LILLY-HUMALOG dev	3		
INPEN 100-GREY-NOVOLOG-FIASP dev	3		
INPEN 100-PINK-LILLY-HUMALOG dev	3		
INPEN 100-PINK-NOVOLOG-FIASP dev	3		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc</i>	2		
<i>insupen pen needles 29G X 12MM misc</i>	2		
<i>insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	3		
INSUPEN SENSITIVE 32G X 8 MM	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
INSUPEN SENSITIVE 32G X 6 MM misc	3		
INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	3		
INSUPEN32G EXTR3ME 32G X 6 MM misc	3		
IODOFLEX 0.9 % pad	3		
<i>isoflurane inh soln</i>	1	FORANE	
J-TIP KIT W/VIAL ADAPTERS kit	3		
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA
K-Y ME & YOU EXTRA LUBRICATED dev	3		
K-Y ME & YOU INTENSE dev	3		
KAMELEON LUBRICATED misc	3		
KARDIAMEMBRANE 4 CM X 8 CM sheet, 6 CM X 8 CM sheet, 8 CM X 8 CM sheet	3		
KETALAR 50 mg/ml inj soln	3		
<i>ketamine hcl 100 mg Sublingual Troche</i>	3		
<i>ketamine hcl 30 mg/3ml inj soln pfs, 50 mg/5ml inj soln pfs, 50 mg/ml inj soln pfs</i>	3		
<i>ketamine hcl 50 mg/ml inj soln</i>	1	KETALAR	
<i>kimono misc</i>	3		
KIMONO COLORS dev	3		
KIMONO MAXX-LARGE FLARE misc	3		
<i>kimono micro thin misc</i>	3		
<i>kimono micro thin plus misc</i>	3		
<i>kimono plus misc</i>	3		
<i>kimono ps misc</i>	3		
<i>kimono ps plus misc</i>	3		
<i>kimono sensation misc</i>	3		
<i>kimono sensation plus misc</i>	3		
KIMONO SPECIAL dev	3		
<i>kinney lancets misc</i>	2		
<i>kinney thin lancets misc</i>	2		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	2		
<i>kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	2		
KROGER AUTOLET LANCING DEVICE misc	3		
<i>croger blood glucose w/Device kit</i>	3		ST
<i>croger blood glucose test in vitro strip</i>	3		ST
KROGER HEALTHPRO GLUCOSE TEST in vitro strip	3		ST
KROGER HEALTHPRO LANCET 26G misc	2		
<i>croger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>croger lancets misc</i>	2		
<i>croger lancets 21g misc</i>	2		
<i>croger lancets micro thin 33g misc</i>	2		
<i>croger lancets super thin misc</i>	2		
<i>croger lancets thin misc</i>	2		
<i>croger lancets thin 26g misc</i>	2		
<i>croger lancets ultrathin 30g misc</i>	2		
<i>croger lancing device misc</i>	3		
<i>croger pen needles 29G X 12MM misc</i>	2		
<i>croger pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	3		
<i>croger premium blood glucose w/Device kit</i>	3		ST
<i>croger premium glucose test in vitro strip</i>	3		ST
<i>l-glutamine 5 gm pkt</i>	1		
<i>lancet device misc</i>	3		
<i>lancet device with ejector misc</i>	3		
<i>lancets misc</i>	2		
<i>lancets 28g thin misc</i>	2		
<i>lancets 30g misc</i>	2		
<i>lancets 33g misc</i>	2		
<i>lancets micro thin 33g misc</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lancets micro thin 33g misc</i>	3		
LANCETS SUPER THIN misc	3		
<i>lancets super thin 28g misc</i>	2		
<i>lancets thin misc</i>	2		
<i>lancets ultra thin misc</i>	2		
LANCETS ULTRA THIN misc	2		
<i>lancets ultra thin 30g misc</i>	2		
<i>lancing device misc</i>	3		
LANZO misc	3		
<i>leader advanced lancing device misc</i>	3		
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	3		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
<i>levocarnitine 200 mg/ml iv soln</i>	3		
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine sf 1 gm/10ml soln</i>	1	CARNITOR	
<i>liberty blood glucose meter dev</i>	3		ST
LIBERTY MEDICAL LANCETS misc	2		
LIBERTY MINI LANCING DEVICE misc	3		
LIBERTY NEXT GENERATION TEST in vitro strip	3		ST
LIBERTY NXT GENERATION MONITOR dev	3		ST
<i>liberty test in vitro strip</i>	3		ST
LIQUID E-Z-PAQUE 60 % susp	3		
<i>lite touch lancets misc</i>	2		
LITE TOUCH LANCING PEN misc	3		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
LITETOUCH LANCETS misc	2		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
<i>live better adv lancing device misc</i>	3		
<i>live better lancet super thin misc</i>	2		
<i>live better lancet ultra thin misc</i>	2		
<i>lofexidine hcl 0.18 mg tab</i>	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	2		
<i>longs lancets standard misc</i>	2		
<i>longs lancets thin misc</i>	2		
<i>longs lancets ultra thin misc</i>	2		
LUCEMYRA 0.18 mg tab	3		
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 3 ml misc, 3 ML misc	3		
LYFGENIA iv susp	5		PA
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	2		
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ml misc	3		
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ml misc	3		
MARATHON MEDICAL PENTIPS 29G X 12MM misc	2		
MARATHON MEDICAL PENTIPS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	2		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
8MM misc			
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	3		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	2		
<i>maxx misc</i>	3		
<i>maxx plus misc</i>	3		
<i>md-gastroview 66-10 % soln</i>	1		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	2		
<i>medichoice safety lancet misc</i>	2		
<i>medichoice safety lancet extra misc</i>	2		
<i>medichoice safety lancet norm misc</i>	2		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	2		
<i>medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
MEDIHONEY WOUND & BURN DRESSING ext paste	3		
MEDIHONEY WOUND/BURN DRESSING ext paste	3		
MEDLANCE EXTRA 21G misc	2		
MEDLANCE LITE 25G misc	2		
MEDLANCE PLUS EXTRA 21G misc	2		
MEDLANCE PLUS LANCETS misc	2		
MEDLANCE PLUS LITE 25G misc	2		
MEDLANCE PLUS SPECIAL 0.8MM misc	2		
MEDLANCE PLUS SUPERLITE 30G misc	2		
MEDLANCE PLUS UNIVERSAL 21G misc	2		
MEDLANCE UNIVERSAL 21G misc	2		
<i>meijer alcohol swabs 70 % pad</i>	3		
<i>meijer blood glucose w/Device kit</i>	3		ST
<i>meijer blood glucose test in vitro strip</i>	3		ST
<i>meijer essential blood glucose w/Device kit</i>	3		ST
<i>meijer essential glucose test in vitro strip</i>	3		ST
MEIJER LANCETS misc	2		
MEIJER LANCETS THIN misc	2		
MEIJER LANCETS UNIVERSAL 21G	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
MEIJER LANCETS UNIVERSAL 30G misc	2		
MEIJER LANCETS UNIVERSAL 33G misc	2		
<i>meijer pen needles 29G X 12MM misc</i>	2		
<i>meijer pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
<i>meijer premium blood glucose w/Device kit</i>	3		ST
MEIJER SUPER THIN LANCETS misc	2		
MEIJER TRUE2GO BLOOD GLUCOSE w/Device kit	3		ST
MEIJER TRUERESULT GLUCOSE SYS w/Device kit	3		ST
MEIJER TRUETEST TEST in vitro strip	3		ST
MEIJER TRUETRACK GLUCOSE SYS w/Device kit	3		ST
MEIJER TRUETRACK TEST in vitro strip	3		ST
<i>methergine 0.2 mg tab</i>	1	METHERGINE	
<i>methergine 0.2 mg tab</i>	3	METHERGINE	
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
METOPIRONE 250 mg cap	3		
MICRODOT BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	3		
MICRODOT TEST in vitro strip	3		ST
MICROLET LANCETS misc	2		
MICROLET NEXT LANCING DEVICE misc	3		
<i>mini lancing device misc</i>	3		
MINILINK REAL-TIME TRANSMITTER misc	3		
MINIMED 630G GUARDIAN PRESS misc	3		
MIRODERM BIO MATRIX FENESTRAT 2X2CM sheet, 2X3CM sheet, 3X3CM sheet, 3X7CM sheet, 4X4CM sheet, 5X5CM sheet, 7X10CM	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
sheet, 8X15CM sheet, 8X8CM sheet			
MIRODERM BIO MATRIX			
FENESTRAT+ 3X3CM sheet, 5X5CM sheet, 8X15CM sheet, 8X8CM sheet	3		
MITOSOL 0.2 mg ophth kit	3		
<i>mko melt dose pack 3-25-2 mg Sublingual Troche</i>	3		
MM BLOOD GLUCOSE SYSTEM w/Device kit	3		ST
MM BLOOD GLUCOSE SYSTEM REFILL kit	3		ST
MM BLULINK GLUCOSE MONIT SYS dev	3		ST
MM BLULINK GLUCOSE TEST in vitro strip	3		ST
MM EASY TOUCH GLUCOSE in vitro strip	3		ST
MM EASY TOUCH GLUCOSE METER w/Device kit	3		ST
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
MM LANCING DEVICE misc	3		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
MM TWIST LANCETS misc	2		
<i>mobile lancets 30g misc</i>	3		
MONOJECT ALLERGIST TRAY 28G X 1/2" 0.5 ml kit, 28G X 1/2" 1 ml kit	3		
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" misc, 21G X 1" misc	3		
MONOJECT BLUNTIP SYR/CANNULA 3 ML misc, 6 ML misc	3		
MONOJECT CONTROL SYRINGE 12 ML misc, 20 ML misc	3		
MONOJECT FILTER ASPIRATOR misc	3		
MONOJECT FILTER NEEDLE 18G X 1-1/2" misc, 20G X 1-1/2" misc	3		
MONOJECT HYPODERMIC NEEDLE 14G X 1" misc, 14G X 1-1/2" misc,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
14G X 2" misc, 16G X 1" misc, 16G X 1-1/2" misc, 16G X 3/4" misc, 16G X 5/8" misc, 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 3/4" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 1-1/4" misc, 25G X 2" misc, 25G X 5/8" misc, 26G X 1-1/2" misc, 26G X 1/2" misc, 27G X 1-1/4" misc, 27G X 1/2" misc, 30G X 3/4" misc			
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	2		
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" misc	3		
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ml misc, 18G X 1" 3 ml misc	3		
MONOJECT MAGELLAN SAFETY NDL 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 5/8" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 5/8" misc, 25G X 1" misc, 25G X 5/8" misc	3		
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ml misc, 18G X 1" 6 ml misc, 20G X 1" 3 ml misc, 20G X 1-1/2" 12 ml misc, 20G X 1-1/2" 3 ml misc, 20G X 1-1/2" 6 ml misc, 21G X 1" 12 ml misc, 21G X 1" 3 ml misc, 21G X 1" 6 ml misc, 21G X 1-1/2" 12	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 6 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 12 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 6 ml misc, 23G X 1" 1 ml misc, 23G X 1" 3 ml misc, 25G X 1" 1 ml misc, 25G X 1" 3 ml misc, 25G X 5/8" 1 ml misc, 25G X 5/8" 3 ml misc			
MONOJECT MEDICATION TRANSF NDL misc	3		
MONOJECT PHARMACY TRAY 12 ML misc, 20 ML misc, 3 ML misc, 35 ML misc, 6 ML misc, 60 ML misc	3		
MONOJECT PISTON SYRINGE 140 ML misc	3		
MONOJECT SOFTPACK/CATHTIP 35 ML misc	3		
MONOJECT SOFTPACK/LLOCK 20 ML misc, 35 ML misc, 60 ML misc	3		
MONOJECT SOFTPACK/LTIP 20 ML misc	3		
MONOJECT SOFTPACK/RG LOCK 35 ML misc	3		
MONOJECT SOFTPACK/RG LUER 60 ML misc	3		
MONOJECT SYRINGE 12 ML misc, 18G X 1" 12 ml misc, 20G X 1" 3 ml misc, 20G X 1-1/2" 12 ml misc, 20G X 1-1/2" 3 ml misc, 20G X 1-1/2" 6 ml misc, 20G X 3/4" 3 ml misc, 21G X 1" 3 ml misc, 21G X 1" 6 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 6 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 6 ml misc, 23G X 1" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/4" 3 ml misc, 25G X 5/8" 3 ml misc, 27G X 1-1/4" 3 ml misc, 3 ML misc, 6 ML misc	3		
MONOJECT SYRINGE CATH TIP 35 ML misc, 60 ML misc	3		
MONOJECT SYRINGE ECC LUER 20 ML misc, 35 ML misc	3		
MONOJECT SYRINGE ECCENTRIC TIP 60 ML misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MONOJECT SYRINGE LUER LOCK 20 ML misc, 35 ML misc, 60 ML misc	3		
MONOJECT SYRINGE LUER-LOCK TIP 140 ML misc, 60 ML misc	3		
MONOJECT SYRINGE REG LUER 12 ML misc, 20 ML misc, 3 ML misc, 35 ML misc, 60 ML misc	3		
MONOJECT SYRINGE REGULAR TIP 20 ML misc, 3 ML misc, 6 ML misc, 60 ML misc	3		
MONOJECT SYRINGE TOOMEY TYPE 60 ML misc	3		
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ml misc	3		
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	3		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
MONOLET LANCETS misc	2		
MONOLET OPD LANCETS misc	2		
MONOLETTOR SAFETY LANCETS misc	2		
<i>mpd safety lancet 21g misc</i>	2		
<i>mpd safety lancet 23g misc</i>	2		
<i>mpd safety lancet 28g misc</i>	2		
<i>mpd safety lancet 30g misc</i>	2		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>multi-draw needle 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 22G X 1" misc, 22G X 1-1/2" misc</i>	3		
<i>multi-lancet device misc</i>	3		
MULTI-LANCET DEVICE 2 kit	3		
MYGLUCOHEALTH BLOOD GLUCOSE w/Device kit	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MYGLUCOHEALTH LANCETS 30G misc	2		
MYGLUCOHEALTH TEST in vitro strip	3		ST
NEOX 100 2 CM X 2 CM sheet, 3 CM X 3 CM sheet, 4 CM X 4 CM sheet, 7 CM X 7 CM sheet	3		
NEOX CORD 1K 1 CM X 2 CM sheet, 1.5 CM X 1.5 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2.5 CM X 2.5 CM sheet, 3 CM X 3 CM sheet, 4 CM X 3 CM sheet, 6 CM X 3 CM sheet, 8 CM X 3 CM sheet	3		
NEULUMEX 0.1 % susp	3		
NEUTEK 2TEK GLUCOSE/PRESSURE dev	3		
NEUTEK 2TEK TEST in vitro strip	3		ST
NOKOR VENTED NEEDLE 18G X 1" misc	3		
NORM-JECT LUER LOCK SYRINGE 10 ML misc, 20 ML misc	3		
NOVA MAX BLOOD GLUCOSE SYSTEM dev, w/Device kit	3		ST
NOVA MAX GLUCOSE TEST in vitro strip	3		ST
NOVA SAFETY LANCETS 23G misc	2		
NOVA SAFETY LANCETS 28G misc	2		
NOVA SUREFLEX LANCETS misc	2		
NOVA SUREFLEX LANCING DEVICE misc	3		
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM misc	3		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	3		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	3		
NOVOPEN ECHO dev	3		
NOVOTWIST PEN NEEDLE 32G X 5 MM misc	2		
NUCEL 0.5 ml Injection Liquid, 1 ml	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Injection Liquid, 2 ml Injection Liquid			
NUSHIELD 1.6 CM ext disk, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 4 CM X 3 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 6 CM X 6 CM sheet	3		
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	3		
OASIS ULTRA TRI-LAYER MATRIX 5X7CM sheet, 7X10CM sheet, 7X20CM sheet	3		
OASIS WOUND MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	3		
OMNIFLEX DIAPHRAGM vag diaph	6		QL(1 / 365)
OMNIPAQUE 12 mg/ml soln, 9 mg/ml soln	3		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 kit	2		PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 misc	2		PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 kit	2		PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS misc	2		PA
OMNIPOD CLASSIC PODS (GEN 3) misc	2		PA
OMNIPOD DASH INTRO (GEN 4) kit	2		PA
OMNIPOD DASH PDM (GEN 4) kit	2		PA
OMNIPOD DASH PODS (GEN 4) misc	2		PA
ON CALL EXPRESS BLOOD GLUCOSE in vitro strip	3		ST
ON CALL EXPRESS MONITORING SYS w/Device kit	3		ST
<i>one drop blood glucose monitor w/Device kit</i>	3		ST
<i>one drop test in vitro strip</i>	3		ST
ONETOUCH DELICA PLUS LANCET30G misc	2		
ONETOUCH DELICA PLUS LANCET33G misc	2		
ONETOUCH DELICA PLUS	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LANCING misc			
ONETOUCH DELICA SAFETY LANCING misc	3		
ONETOUCH ULTRA in vitro strip	3		ST
ONETOUCH ULTRA 2 w/Device kit	2		
ONETOUCH ULTRA 2 w/Device kit	3		ST
ONETOUCH ULTRA BLUE TEST in vitro strip	2		
ONETOUCH ULTRA TEST in vitro strip	2		
ONETOUCH ULTRASOFT 2 LANCETS misc	2		
ONETOUCH ULTRASOFT LANCETS misc	2		
ONETOUCH VERIO in vitro strip	2		
ONETOUCH VERIO FLEX SYSTEM w/Device kit	2		
ONETOUCH VERIO FLEX SYSTEM dev, w/Device kit	3		ST
ONETOUCH VERIO REFLECT w/Device kit	2		
ONETOUCH VERIO REFLECT w/Device kit	3		ST
OPTIUMEZ TEST in vitro strip	3		ST
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
OXBRYTA 500 mg tab	5		PA
<i>oxytocin-sodium chloride 20-0.9 unit/l-% iv soln, 30-0.9 ut/500ml-% iv soln</i>	3		
PALINGEN FLOW 0.5 ml Injection Liquid, 1 ml Injection Liquid, 2 ml Injection Liquid, 4 ml Injection Liquid	3		
PALINGEN HYDROMEMBRANE 1 CM X 1 CM sheet, 1 CM X 2 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 2 CM X 6 CM sheet, 2 CM X 9 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 8 CM X 8 CM sheet	3		
PALINGEN INOVOFLO 0.25 ml Injection Liquid, 0.5 ml Injection Liquid, 1 ml Injection Liquid, 2 ml Injection Liquid	3		
PALINGEN MEMBRANE 1 CM X 1	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CM sheet, 1 CM X 2 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 2 CM X 6 CM sheet, 2 CM X 9 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 8 CM X 8 CM sheet			
PALINGEN XPLUS HYDROMEMBRANE 1 CM X 1 CM sheet, 1 CM X 2 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 2 CM X 6 CM sheet, 2 CM X 9 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 8 CM X 8 CM sheet	3		
PALINGEN XPLUS MEMBRANE 1 CM X 1 CM sheet, 1 CM X 2 CM sheet, 2 CM X 2 CM sheet, 2 CM X 3 CM sheet, 2 CM X 4 CM sheet, 2 CM X 6 CM sheet, 2 CM X 9 CM sheet, 4 CM X 4 CM sheet, 4 CM X 6 CM sheet, 4 CM X 8 CM sheet, 8 CM X 8 CM sheet	3		
PANHEMATIN 350 mg iv soln	5		PA
PARADIGM REAL-TIME TRANSMITTER misc	3		
PARAGARD INTRAUTERINE COPPER iud	6		QL(1 / 3650)
<i>pc lancets super thin 30g misc</i>	2		
<i>pc unifine pentips 29G X 12MM misc</i>	2		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
<i>pen needle/5-bevel tip 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>pen needles 30G X 5 MM misc, 32G X 5 MM misc</i>	2		
<i>pen needles 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	3		
<i>pen needles 5/16" 31G X 8 MM misc</i>	3		
<i>penicillium notatum (diagnost) 1:20 i-dermal soln</i>	3		
PENTIPS 29G X 12MM misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
PENTIPS GENERIC PEN NEEDLES 29G X 12MM misc	2		
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
PERFECT LANCETS 28G misc	2		
PERFECT LANCETS 30G misc	2		
PERFECT POINT SAFETY LANCETS misc	3		
PERFECT POINT SAFETY NEEDLE 25G X 1" misc	3		
PHARMACIST CHOICE ALCOHOL pad	3		
PHARMACIST CHOICE AUTOCODE in vitro strip	3		ST
PHARMACIST CHOICE AUTOCODE SYS w/Device kit	3		ST
PHARMACIST CHOICE LANCETS misc	2		
PHARMACIST CHOICE MINI SYSTEM dev	3		ST
<i>pharmacist choice no coding in vitro strip</i>	3		ST
PHARMACY COUNTER LANCETS misc	2		
<i>physiolyte irrig soln</i>	3		
<i>physiosol irrigation irrig soln</i>	3		
PIP BLOOD GLUCOSE MONITORING dev	3		ST
PIP BLOOD GLUCOSE TEST STRIP in vitro strip	3		ST
<i>pip lancets 28g misc</i>	2		
<i>pip lancets 30g misc</i>	2		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	3		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	3		
POCKETCHEM EZ SYSTEM w/Device kit	3		ST
POCKETCHEM EZ TEST in vitro strip	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
POGO AUTOMATIC BLOOD GLUCOSE dev	3		ST
<i>polidocanol 5 % iv soln</i>	3		
<i>poly hub needle 18G X 1" misc, 18G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 1-1/2" misc, 25G X 1" misc, 25G X 1-1/2" misc, 25G X 5/8" misc, 27G X 1-1/4" misc, 27G X 1/2" misc, 30G X 1/2" misc</i>	3		
<i>potassium iodide (expectorant) 1 gm/ml soln</i>	1		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	2		
PRECISION THINS GP LANCETS misc	2		
PRECISION XTRA w/Device kit	3		ST
PRECISION XTRA BLOOD GLUCOSE in vitro strip	3		ST
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>preferred plus lancets colored misc</i>	2		
<i>preferred plus lancets thin misc</i>	2		
<i>preferred plus unifine pentips 29G X 12MM misc</i>	2		
<i>preferred plus unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>premium blood glucose test in vitro strip</i>	3		ST
<i>premium condoms lubricated misc</i>	3		
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	3		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	3		
<i>pro comfort alcohol 70 % pad</i>	3		
PRO COMFORT INSULIN SYRINGE	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	3		
<i>pro comfort lancets 30g misc</i>	2		
<i>pro comfort lancets 31g misc</i>	2		
<i>pro comfort pen needles 32G X 5 MM misc</i>	2		
<i>pro comfort pen needles 32G X 4 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	3		
<i>pro comfort safety lancets 30g misc</i>	2		
<i>pro voice v8 glucose system dev</i>	3		ST
<i>pro voice v8/v9 glucose in vitro strip</i>	3		ST
<i>pro voice v9 glucose system dev</i>	3		ST
PRODIGY AUTOCODE BLOOD GLUCOSE dev, w/Device kit	3		ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
PRODIGY LANCETS 28G misc	2		
PRODIGY LANCING DEVICE misc	3		
PRODIGY NO CODING BLOOD GLUC in vitro strip, w/Device kit	3		ST
PRODIGY POCKET BLOOD GLUCOSE w/Device kit	3		ST
PRODIGY SAFETY LANCETS 26G misc	2		
PRODIGY TWIST TOP LANCETS 28G misc	2		
PRODIGY VOICE BLOOD GLUCOSE w/Device kit	3		ST
PSS SELECT GP LANCETS misc	2		
PSS SELECT SAFETY LANCETS misc	2		
PTS PANELS EGLU TEST in vitro strip	3		ST
PTS PANELS GLUCOSE TEST in vitro strip	3		ST
PURAPLY 2X4CM sheet, 5X5CM sheet, 6X9CM sheet	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PURAPLY 1.6CM ext disk	3		
PURAPLY ANTIMICRO 3.76X3.76CM sheet	3		
PURAPLY ANTIMICROBIAL 2X2CM sheet	3		
PURAPLY ANTIMICROBIAL 2X4CM sheet	3		
PURAPLY ANTIMICROBIAL 3.02CM sheet	3		
PURAPLY ANTIMICROBIAL 3X4CM sheet	3		
PURAPLY ANTIMICROBIAL 4X4CM sheet	3		
PURAPLY ANTIMICROBIAL 5X5CM sheet	3		
PURAPLY ANTIMICROBIAL 6X9CM sheet	3		
PURAPLY ANTIMICROBIAL 8X16CM sheet	3		
PURAPLY XT ANTIMICROBIAL sheet	3		
PURAPLY XT ANTIMICROBIAL 5X5CM 0.1 % sheet	3		
PURAPLY XT ANTIMICROBIAL 6X9CM 0.1 % sheet	3		
<i>pure comfort alcohol prep pad</i>	3		
<i>pure comfort lancets 30g misc</i>	2		
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 8 MM misc</i>	2		
<i>pure comfort pen needle 32G X 4 MM misc, 32G X 6 MM misc</i>	3		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	3		
<i>px advanced lancing device misc</i>	3		
<i>px extra short pen needles 31G X 6 MM misc</i>	3		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	2		
<i>px lancet auto injector misc</i>	3		
<i>px lancets microthin 33g misc</i>	2		
<i>px lancets ultra thin misc</i>	2		
<i>px lancets ultra thin 28g misc</i>	2		
<i>px mini pen needles 31G X 5 MM misc</i>	3		
<i>px pen needle 29G X 12MM misc</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>px pen needle 31G X 8 MM misc</i>	3		
<i>px shortlength pen needles 31G X 8 MM misc</i>	3		
<i>qc advanced lancing device misc</i>	3		
<i>qc alcohol swabs 70 % pad</i>	3		
<i>qc lancets super thin 30g misc</i>	2		
<i>qc lancets ultra thin misc</i>	2		
<i>qc pen needles 29G X 12MM misc</i>	2		
<i>qc pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
<i>qc unifine pentips 32G X 4 MM misc</i>	3		
<i>qc unilet lancets 28g misc</i>	2		
<i>qc unilet lancets micro thin misc</i>	2		
QUICK TOUCH BLOOD GLUCOSE w/Device kit	3		ST
QUICK TOUCH BLOOD GLUCOSE TEST in vitro strip	3		ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM misc, 32G X 8 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	2		
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	3		
QUICKTEK kit	3		ST
QUICKTEK TEST in vitro strip	3		ST
QUICKTEK/METER kit	3		ST
QUINTET AC BLOOD GLUCOSE dev	3		ST
QUINTET AC BLOOD GLUCOSE TEST in vitro strip	3		ST
QUINTET BLOOD GLUCOSE SYSTEM dev	3		ST
QUINTET BLOOD GLUCOSE TEST in vitro strip	3		ST
<i>ra alcohol swabs 70 % pad</i>	3		
RA E-ZJECT LANCETS 28G misc	2		
RA E-ZJECT LANCETS THIN 26G misc	2		
RA E-ZJECT LANCETS THIN 28G misc	2		
RA E-ZJECT LANCETS ULTRA THIN	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	3		
RADIOGARDASE 0.5 gm cap	3		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	2		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
READI-CAT 2 2 % susp	3		
READYLANCE SAFETY LANCETS misc	2		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	2		
<i>reality lancets misc</i>	2		
REALITY LATEX CONDOMS misc	3		
REALITY LATEX/ULTRA TEXTURED dev	3		
REALITY LATEX/ULTRA THIN dev	3		
<i>reality swabs pad</i>	3		
<i>reality trigger lancets misc</i>	2		
REFUAH PLUS BLOOD GLUCOSE TEST in vitro strip	3		ST
REFUAH PLUS MONITORING SYSTEM w/Device kit	3		ST
RELION ALCOHOL SWABS pad, 70 % pad	3		
RELION ALL-IN-ONE dev	3		ST
RELION BLOOD GLUCOSE TEST in vitro strip	3		ST
RELION CONFIRM GLUCOSE MONITOR w/Device kit	3		ST
RELION CONFIRM/MICRO TEST in vitro strip	3		ST
RELION GLUCOSE TEST STRIPS in vitro strip	3		ST
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
RELION LANCET DEVICES 30G misc	3		
RELION LANCETS misc	3		
RELION LANCETS MICRO-THIN 33G misc	2		
RELION LANCETS THIN 26G misc	2		
RELION LANCETS ULTRA-THIN 30G misc	2		
RELION LANCING DEVICE kit, misc	3		
RELION MICRO w/Device kit	3		ST
RELION MINI PEN NEEDLES 31G X 6 MM misc	3		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
RELION PREMIER BLU MONITOR dev	3		ST
RELION PREMIER CLASSIC dev	3		ST
RELION PREMIER COMPACT SYSTEM w/Device kit	3		ST
RELION PREMIER TEST in vitro strip	3		ST
RELION PREMIER VOICE MONITOR dev	3		ST
RELION PRIME MONITOR dev	3		ST
RELION PRIME TEST in vitro strip	3		ST
RELION SHORT PEN NEEDLES 31G X 8 MM misc	3		
RELION TRUE MET AIR GLUC METER w/Device kit	3		ST
RELION TRUE METRIX TEST STRIPS in vitro strip	3		ST
RELION ULTIMA GLUCOSE SYSTEM w/Device kit	3		ST
RELION ULTIMA TEST in vitro strip	3		ST
RELION ULTRA THIN LANCETS 30G misc	2		
RELION ULTRA THIN PLUS LANCETS misc	2		
RESTORE SILVER DRESSING 2"X2" pad, 4"X4.75" pad	3		
REVCovi 2.4 mg/1.5ml im soln	5		PA
REXALL BLOOD GLUCOSE	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYSTEM w/Device kit			
REXALL BLOOD GLUCOSE TEST in vitro strip	3		ST
REXALL LANCETS ULTRA THIN 30G misc	2		
RIGHTEST GD500 LANCING DEVICE misc	3		
RIGHTEST GL300 LANCETS misc	2		
RIGHTEST GM100 BLOOD GLUCOSE w/Device kit	3		ST
RIGHTEST GM300 BLOOD GLUCOSE w/Device kit	3		ST
RIGHTEST GM550 BLOOD GLUCOSE w/Device kit	3		ST
RIGHTEST GS100 BLOOD GLUCOSE in vitro strip	3		ST
RIGHTEST GS300 BLOOD GLUCOSE in vitro strip	3		ST
RIGHTEST GS550 BLOOD GLUCOSE in vitro strip	3		ST
RIGHTEST GT333 BLOOD GLUCOSE dev, in vitro strip	3		ST
RIGHTEST GT333 GLUCOSE TEST in vitro strip	3		ST
<i>ringers irrigation irrig soln</i>	1		
RYPLAZIM 68.8 mg iv soln	5		PA
<i>saccharomyces cerevisiae 1:20 i-dermal soln</i>	3		
SAFE-T-LANCE misc	2		
SAFE-T-LANCE PLUS misc	2		
<i>safety insulin syringes 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	2		
<i>safety lancet 30g/pressure act misc</i>	2		
SAFETY LANCETS misc	2		
SAFETY LANCETS 21G misc	2		
SAFETY LANCETS 23G misc	2		
<i>safety lancets 28g misc</i>	2		
<i>safety pen needles 30G X 5 MM misc</i>	2		
<i>safety pen needles 30G X 8 MM misc</i>	3		
<i>safety syringe/needle 21G X 1" 3 ml misc, 21G X 1-1/2" 3 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc,</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
23G X 1" 3 ml misc, 25G X 5/8" 1 ml misc, 25G X 5/8" 3 ml misc, 27G X 1/2" 1 ml misc			
safety syringes/needle 20G X 1" 3 ml misc, 20G X 1-1/2" 10 ml misc, 20G X 1-1/2" 3 ml misc, 20G X 1-1/2" 5 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1-1/2" 10 ml misc, 22G X 1-1/2" 5 ml misc, 27G X 1-1/2" 10 ml misc	3		
saps care alcohol prep 70 % pad	3		
saps health alcohol prep 70 % pad	3		
saps health alcohol prep pad	3		
saps health care alcohol prep 70 % pad	3		
saps health plus lancets misc	2		
saps health twist top lancets misc	2		
saps twist top lancets misc	2		
sapscare twist top lancets misc	2		
sb alcohol prep 70 % pad	3		
sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	2		
sb lancets thin misc	2		
sb lancets ultra thin misc	2		
SECURESAFE HYPODERMIC NEEDLE 19G X 1" misc, 19G X 1-1/2" misc, 21G X 1-1/2" misc, 22G X 1" misc, 25G X 1-1/2" misc, 26G X 1/2" misc, 27G X 1/2" misc	3		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	2		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	3		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	3		
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ml misc, 20G X 1-1/2" 3 ml misc, 21G X 1-1/2" 3 ml misc, 22G X 1-1/2" 3 ml misc, 25G X 1-1/2" 1 ml misc, 25G X 5/8" 3 ml misc, 27G X 1/2" 1 ml misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>select-lite device/lancets kit</i>	3		
<i>select-lite lancing device misc</i>	3		
SENSILANCE SAFETY LANCETS 21G misc	3		
SENSILANCE SAFETY LANCETS 26G misc	3		
SENSILANCE SAFETY LANCETS 28G misc	3		
<i>sevoflurane inh soln</i>	1	ULTANE	
SHOPKO AUTOLET LANCING DEVICE misc	3		
SHOPKO ON-THE-GO LANCETS 30G misc	2		
SHOPKO UNIFINE PENTIPS 29G X 12MM misc	2		
SHOPKO UNIFINE PENTIPS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc	2		
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
SHOPKO UNILET LANCETS 28G misc	2		
SHOPKO UNILET LANCETS 30G misc	2		
SILVERSEAL HYDROGEL DRESSING 2"X3" pad	3		
SIMPLE DIAGNOSTICS LANCING DEV misc	3		
SINGLE-LET misc	2		
SITZMARKS cap	3		
SITZMARKS COMBO PACKAGE cap pack	3		
<i>sm alcohol prep pad, 70 % pad</i>	3		
<i>sm lancets 33g misc</i>	2		
SM TRUEDRAW LANCING DEVICE misc	3		
SMART DIABETES VANTAGE LANCING misc	3		
SMART SENSE COLOR LANCETS 33G misc	2		
SMART SENSE PREMIUM SYSTEM	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
w/Device kit			
SMART SENSE PREMIUM TEST in vitro strip	3		ST
SMART SENSE STANDARD LANCETS misc	2		
SMART SENSE SUPER THIN LANCETS misc	2		
SMART SENSE THIN LANCETS 26G misc	2		
SMART SENSE VALUE GLUCOSE SYS w/Device kit	3		ST
SMART SENSE VALUE TEST in vitro strip	3		ST
SMARTEST BLOOD GLUCOSE TEST in vitro strip	3		ST
SMARTEST EJECT dev	3		ST
SMARTEST EJECT STARTER w/Device kit	3		ST
SMARTEST LANCETS 28G misc	2		
SMARTEST PERSONA STARTER w/Device kit	3		ST
SMARTEST PRONTO STARTER w/Device kit	3		ST
SMARTEST PROTEGE dev	3		ST
SMARTEST PROTEGE STARTER w/Device kit	3		ST
<i>sodium iodide i-123 3.7 mbq cap, 7.4 mbq cap</i>	3		
<i>sodium tetradecyl sulfate 3 % iv soln</i>	1	SOTRADECOL	
SOHONOS 1 mg cap, 1.5 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	5		PA, QL(30 / 30)
SOLUS V2 BLOOD GLUCOSE SYSTEM dev, w/Device kit	3		ST
SOLUS V2 LANCETS 28G misc	2		
SOLUS V2 LANCING DEVICE misc	3		
SOLUS V2 TEST in vitro strip	3		ST
SOLUS V2 TWIST LANCETS 30G misc	2		
SONAFINE ext emul	3		
<i>sorbitol 3 % irrig soln</i>	3		
<i>sorbitol-mannitol 2.7-0.54 gm/100ml irrig soln</i>	1		
SOTRADECOL 1 % iv soln	3		
<i>sotradecol 3 % iv soln</i>	3	SOTRADECOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>spinal needle (reusable) 18G X 3-1/2" misc, 20G X 3-1/2" misc, 22G X 3-1/2" misc, 25G X 3-1/2" misc</i>	3		
SSKI 1 gm/ml soln	3		
STERILANCE TL misc	2		
STRAVIX 2 CM X 4 CM sheet, 6 CM X 3 CM sheet	3		
<i>super thin lancets misc</i>	2		
SUPRANE inh soln	3		
SUPREME TEST in vitro strip	3		ST
<i>sure comfort alcohol prep 70 % pad</i>	3		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>sure comfort lancets 18g misc</i>	2		
<i>sure comfort lancets 21g misc</i>	2		
<i>sure comfort lancets 23g misc</i>	2		
<i>sure comfort lancets 28g misc</i>	2		
<i>sure comfort lancets 30g misc</i>	2		
<i>sure comfort lancing pen misc</i>	3		
<i>sure comfort pen needles 29G X 12.7MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc</i>	3		
SURELITE LANCETS misc	2		
<i>syringe 18G X 1-1/2" 3 ml misc, 20G X 1" 12 ml misc, 20G X 1" 3 ml misc, 20G X 1" 6 ml misc, 20G X 1-1/2" 12 ml misc, 20G X 1-1/2" 3 ml misc, 21G X 1" 12 ml misc, 21G X 1" 3 ml misc, 21G X 1" 6 ml misc, 21G X 1-1/2" 12 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 6 ml misc, 21G X 1-1/4" 3 ml</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 21G X 1-1/4" 6 ml misc, 22G X 1" 12 ml misc, 22G X 1" 3 ml misc, 22G X 1" 6 ml misc, 22G X 1-1/2" 12 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 6 ml misc, 22G X 1-1/4" 6 ml misc, 22G X 3/4" 3 ml misc, 23G X 1" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc, 27G X 1-1/4" 3 ml misc, 2G X 1-1/4" 3 ml misc</i>			
<i>syringe 10-12 ml 12 ML misc</i>	3		
<i>syringe 2-3 ml 3 ML misc</i>	3		
<i>syringe 20-25 ml 25 ML misc</i>	3		
<i>syringe 30-35 ml 35 ML misc</i>	3		
<i>syringe 5-6 ml 6 ML misc</i>	3		
<i>syringe 50-60 ml 60 ML misc</i>	3		
<i>syringe disposable 10 ML misc</i>	3		
<i>syringe eccentric tip 10 ML misc</i>	3		
<i>syringe luer lock 10 ML misc, 20 ML misc, 20G X 1" 10 ml misc, 20G X 1" 3 ml misc, 20G X 1" 5 ml misc, 20G X 1-1/2" 10 ml misc, 20G X 1-1/2" 3 ml misc, 20G X 1-1/2" 5 ml misc, 21G X 1" 10 ml misc, 21G X 1" 3 ml misc, 21G X 1" 5 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1" 10 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 10 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 5 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc, 3 ML misc, 30 ML misc, 5 ML misc, 60 ML misc</i>	3		
<i>syringe luer slip 10 ML misc, 25G X 5/8" 1 ml misc, 26G X 3/8" 1 ml misc, 27G X 1/2" 1 ml misc, 3 ML misc, 35 ML misc, 5 ML misc, 60 ML misc</i>	3		
<i>syringe/hypodermic safety 18G X 1" 12 ml misc</i>	3		
<i>T.R.U.E. TEST External Diagnostic Test</i>	3		
<i>TAGITOL V 40 % susp</i>	3		
<i>tb syringe 1 ml misc</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TECHLITE AST LANCETS misc	2		
<i>techlite insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
TECHLITE LANCETS misc	2		
TECHLITE LANCETS 26G misc	2		
TECHLITE LANCETS 30G misc	2		
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	3		
TEGADERM AG MESH 2"X2" pad	3		
TEMPO REFILL kit	3		ST
TEMPO SMART BUTTON misc	3		ST
TEMPO WELCOME w/Device kit	3		ST
<i>terrell inh soln</i>	1	FORANE	
<i>tgt blood glucose monitoring w/Device kit</i>	3		ST
<i>tgt blood glucose test in vitro strip</i>	3		ST
<i>tgt lancet micro thin 33g misc</i>	2		
<i>tgt lancet thin 26g misc</i>	2		
<i>tgt lancet ultra thin 30g misc</i>	2		
<i>tgt lancing device misc</i>	3		
THINLETS GP LANCETS misc	2		
THYROGEN 0.9 mg im soln	5		PA
<i>tis-u-sol irrig soln</i>	3		
<i>todays health lancing device misc</i>	3		
<i>todays health mini pen needles 31G X 6 MM misc</i>	3		
<i>todays health pen needles 29G X 12MM misc</i>	2		
<i>todays health short pen needle 31G X 8 MM misc</i>	3		
<i>todays health thin lancets 28g misc</i>	2		
<i>todays health thin lancets 30g misc</i>	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>toomey syringe 70 ML misc</i>	3		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		
<i>topcare lancets micro-thin 33g misc</i>	2		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
TRANSCYTE sheet	3		
<i>travel lancets misc</i>	2		
TRAVEL LANCETS ADVANCED 28G misc	2		
TRIAD HYDROPHILIC WOUND DRESS ext paste	3		
TROJAN BARESKIN dev	3		
TROJAN ENZ misc	3		
TROJAN MAGNUM misc	3		
TROJAN ULTRA RIBBED LUBRICATED dev	3		
TROJAN ULTRA THIN misc	3		
TROJAN ULTRA THIN/SPERMICIDAL misc	3		
TROJAN-ENZ LUBRICATED misc	3		
TROJAN-ENZ/SPERMICIDAL misc	3		
TRUDHESA 0.725 mg/act nasal aer soln	3		
<i>true comfort alcohol prep pads 70 % pad</i>	3		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc, 32G X 5/16" 1 ml misc</i>	2		
<i>true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	3		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	3		
<i>true comfort pro alcohol prep 70 %</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pad</i>			
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc, 32G X 5/16" 0.5 ml misc, 32G X 5/16" 1 ml misc</i>	2		
<i>true comfort pro pen needles 32G X 5 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	2		
<i>true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	3		
<i>true comfort safety lancets misc</i>	2		
<i>true comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	3		
<i>true comfort twist top lancets misc</i>	2		
<i>true cover dev</i>	3		
TRUE FOCUS BLOOD GLUCOSE METER dev	3		ST
<i>true focus blood glucose strip in vitro strip</i>	3		ST
TRUE METRIX AIR GLUCOSE METER dev, w/Device kit	3		ST
TRUE METRIX BLOOD GLUCOSE TEST in vitro strip	3		ST
TRUE METRIX GO GLUCOSE METER w/Device kit	3		ST
TRUE METRIX METER dev, w/Device kit	3		ST
TRUE METRIX PRO BLOOD GLUCOSE in vitro strip	3		ST
TRUEDRAW LANCING DEVICE misc	3		
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	3		
TRUEPLUS LANCETS 26G misc	2		
TRUEPLUS LANCETS 28G misc	2		
<i>trueplus lancets 30g misc</i>	2		
TRUEPLUS LANCETS 30G misc	2		
TRUEPLUS LANCETS 30G misc	3		
TRUEPLUS LANCETS 33G misc	2		
TRUEPLUS LANCETS 33G misc	3		
TRUEPLUS PEN NEEDLES 29G X 12MM misc	2		
TRUEPLUS PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
TRUEPLUS SAFETY LANCETS 28G misc	2		
TRUEPLUS SAFETY LANCETS 28G misc	3		
TRUERESULT BLOOD GLUCOSE w/Device kit	3		ST
TRUETEST TEST in vitro strip	3		ST
TRUETRACK BLOOD GLUCOSE dev, w/Device kit	3		ST
TRUETRACK SMART SYSTEM kit	3		ST
TRUETRACK TEST in vitro strip	3		ST
TRUSKIN 2 CM X 4 CM sheet, 4 CM X 8 CM sheet	3		
TRUSTEX COLOR CONDOMS + LUBE misc	3		
TRUSTEX LUB/RIBBED/STUDDERED misc	3		
TRUSTEX LUB/SPERMICIDE EX ST misc	3		
TRUSTEX LUB/SPERMICIDE XL misc	3		
TRUSTEX LUBRICATED misc	3		
TRUSTEX LUBRICATED EX LARGE	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
TRUSTEX LUBRICATED EXTRA ST misc	3		
TRUSTEX LUBRICATED/SPERMICIDE misc	3		
TRUSTEX NATURAL CONDOMS + LUBE misc	3		
TRUSTEX NON-LUBRICATED misc	3		
TRUSTEX RIA LUB/SPERMICIDE misc	3		
TRUSTEX RIA LUBRICATED misc	3		
TRUSTEX RIA NON-LUBRICATED misc	3		
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	3		
TUBERSOL 5 unit/0.1ml i-dermal soln	3		
<i>twist top lancets 30g misc</i>	2		
TYRVAYA 0.03 mg/act nasal soln	3		
ULTANE inh soln	3		
ULTI-LANCE AUTOMATIC misc	3		
ULTICARE ALCOHOL SWABS pad, 70 % pad	3		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	2		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	2		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
ULTICARE MINI PEN NEEDLES 30G	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 5 MM misc			
ULTICARE MINI PEN NEEDLES 31G X 6 MM misc, 32G X 6 MM misc	3		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	3		
ULTICARE SAFETY SYRINGE 22G X 1-1/2" 1.5 ml misc	3		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	3		
ULTICARE SYRINGE 22G X 1-1/2" 1 ml misc, 22G X 1-1/2" 3 ml misc	3		
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 1 ml misc	3		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
<i>ultilet alcohol swabs pad</i>	3		
ULTILET CLASSIC LANCETS misc	2		
ULTILET LANCETS misc	2		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
ULTILET SAFETY LANCETS misc	2		
ULTILET SAFETY LANCETS 23G misc	2		
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	2		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc	2		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	3		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
<i>ultra thin lancets 31g misc</i>	2		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	3		
<i>ultra-care alcohol prep pads 70 % pad</i>	3		
<i>ultra-care lancets 30g misc</i>	2		
ULTRA-THIN II AUTO LANCET misc	2		
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	2		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	2		
ULTRA-THIN II LANCETS misc	2		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	3		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	3		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	3		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	2		
<i>ultracare pen needles 32G X 5 MM misc</i>	2		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	3		
UNIFINE OTC PEN NEEDLES 31G X 5 MM misc, 32G X 4 MM misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNIFINE PEN NEEDLES 32G X 4 MM misc	3		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc	2		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	3		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc	2		
UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	3		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc	2		
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM misc, 32G X 4 MM misc	3		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc	2		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
UNILET COMFORTOUCH LANCET misc	2		
UNILET EXCELITE misc	2		
UNILET EXCELITE II misc	2		
UNILET G.P. LANCET misc	2		
UNILET G.P. SUPERLITE LANCET misc	2		
UNILET GP 28 ULTRA THIN misc	2		
UNILET LANCET misc	2		
UNILET MICRO-THIN 33G misc	2		
UNILET SUPER-THIN 30G misc	2		
UNILET SUPERLITE LANCET misc	2		
UNILET ULTRA-THIN 28G misc	2		
UNISTIK 1 misc	3		
UNISTIK 2 misc	3		
UNISTIK 2 COMFORT misc	3		
UNISTIK 2 EXTRA misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNISTIK 2 NEONATAL misc	3		
UNISTIK 2 NORMAL misc	3		
UNISTIK 2 SUPER misc	3		
UNISTIK 3 misc	3		
UNISTIK 3 COMFORT misc	3		
UNISTIK 3 EXTRA misc	3		
UNISTIK 3 GENTLE misc	2		
UNISTIK 3 NEONATAL misc	3		
UNISTIK 3 NORMAL misc	3		
UNISTIK CZT COMFORT misc	3		
UNISTIK CZT NORMAL misc	3		
UNISTIK NORMAL misc	3		
UNISTIK PRO SAFETY LANCET misc	2		
UNISTIK SAFETY LANCETS 28G misc	2		
UNISTIK SAFETY LANCETS 30G misc	2		
UNISTIK TOUCH SAFETY LANC 21G misc	2		
UNISTIK TOUCH SAFETY LANC 23G misc	2		
UNISTIK TOUCH SAFETY LANC 28G misc	2		
UNISTIK TOUCH SAFETY LANC 30G misc	2		
UNISTRIP1 GENERIC in vitro strip	3		ST
UNIVERSAL 1 LANCETS THIN 26G misc	2		
UNIVERSAL 1 LANCETS THIN 33G misc	2		
UNIVERSAL 1 LANCETS ULTRA THIN misc	2		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	2		
<i>value plus lancet standard 21g misc</i>	2		
<i>value plus lancets super thin misc</i>	2		
<i>value plus lancets thin 26g misc</i>	2		
<i>value plus lancing device misc</i>	3		
<i>valumark lancet super thin 30g misc</i>	2		
<i>valumark lancet ultra thin 28g misc</i>	2		
<i>valumark pen needles 29G X 12MM misc</i>	2		
<i>valumark pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	2		
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ml misc, 20G X 1-1/2" 3 ml misc, 21G X 1" 3 ml misc, 21G X 1" 5 ml misc, 21G X 1-1/2" 10 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 22G X 1-1/2" 5 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc	3		
VANISHPOINT SYRINGE 20G X 1" 3 ml misc, 20G X 1-1/2" 3 ml misc, 21G X 1" 3 ml misc, 21G X 1-1/2" 10 ml misc, 21G X 1-1/2" 3 ml misc, 21G X 1-1/2" 5 ml misc, 22G X 1" 3 ml misc, 22G X 1-1/2" 3 ml misc, 23G X 1" 3 ml misc, 23G X 1-1/2" 3 ml misc, 25G X 1" 1 ml misc, 25G X 1" 3 ml misc, 25G X 1-1/2" 3 ml misc, 25G X 5/8" 3 ml misc	3		
VARIBAR HONEY 40 % susp	3		
VARIBAR NECTAR 40 % susp	3		
VARIBAR PUDDING 40 % Oral Paste	3		
VARIBAR THIN HONEY 40 % susp	3		
VARIBAR THIN LIQUID 40 % susp	3		
<i>verasens blood glucose meter dev</i>	3		ST
<i>verasens blood glucose system w/Device kit</i>	3		ST
<i>verasens blood glucose test in vitro strip</i>	3		ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	3		
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16"	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
1 ml misc			
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	3		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
VERIFINE SAFE LANCET MINI 21G misc	2		
VERIFINE SAFE LANCET MINI 23G misc	2		
VERIFINE SAFE LANCET MINI 28G misc	2		
VERIFINE SAFE LANCET MINI 30G misc	2		
VERIFINE UNIVERSAL LANCETS 28G misc	2		
VERIFINE UNIVERSAL LANCETS 30G misc	2		
VERIFINE UNIVERSAL LANCETS 33G misc	2		
VIDA MIA AUTOLET LANCING DEV misc	3		
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc	2		
VIDA MIA UNIFINE PENTIPS 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	3		
VIDA MIA UNILET LANCETS 28G misc	2		
VIDA MIA UNILET LANCETS 30G misc	2		
VISTOGARD 10 gm pckt	3		
VIVAGUARD INO GLUCOSE METER dev, kit	3		ST
VIVAGUARD INO SMART GLUC METER dev	3		ST
VIVAGUARD INO TEST STRIPS in vitro strip	3		ST
VIVAGUARD LANCETS misc	2		
VIVAGUARD LANCETS 30G misc	3		
VIVAGUARD LANCING DEVICE misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VIVAGUARD SAFETY LANCETS 28G misc	3		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	2		
<i>walgreens adv travel lancets misc</i>	2		
WALGREENS LANCETS misc	2		
<i>walgreens lancets micro thin misc</i>	2		
<i>walgreens lancets super thin misc</i>	2		
WALGREENS THIN LANCETS misc	2		
WALGREENS ULTRA THIN LANCETS misc	2		
WAVESENSE AMP w/Device kit	3		ST
WEBCOL ALCOHOL PREP LARGE 70 % pad	3		
WEBCOL ALCOHOL PREP MEDIUM 70 % pad	3		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	6		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	6		QL(1 / 365)
XENPOZYME 20 mg iv soln	5		PA
XEROFORM OCCLUSIVE GAUZE PATCH pad	3		
XEROFORM OCCLUSIVE GAUZE STRIP ext misc, pad	3		
XEROFORM OIL EMULSION 2"X2" pad	3		
XEROFORM OIL EMULSION GAUZE pad	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XEROFORM OIL EMULSION STRIP ext misc	3		
XEROFORM OIL ROLL 4"X9' 3 % ext misc	3		
XEROFORM PETROLAT GAUZE 1"X8" ext misc	3		
XEROFORM PETROLAT GAUZE 5"X9" ext misc	3		
XEROFORM PETROLAT PATCH 2"X2" pad	3		
XEROFORM PETROLAT PATCH 4"X4" pad	3		
<i>xeroform petrolatum dres 4"x4" 3 % pad</i>	3		
<i>xeroform petrolatum dres 5"x9" 3 % pad</i>	3		
XEROFORM PETROLATUM ROLL 4"X9' ext misc	3		
YALE DISP NEEDLES 21G X 1-1/4" misc	3		
YORVIPATH 168 mcg/0.56ml sc soln pen-inj, 294 mcg/0.98ml sc soln pen-inj, 420 mcg/1.4ml sc soln pen-inj	5		PA
<i>zenifiber ag 2"X2" pad</i>	3		
<i>zenifoam ag 2"X2" pad</i>	3		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	3		
<i>zevrx sterile alcohol prep pad 70 % pad</i>	3		
<i>zevrx twist top lancets 30g misc</i>	2		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
AKTEN 3.5 % ophth gel	3		
ALCAINE 0.5 % ophth soln	3		
<i>altacaine 0.5 % ophth soln</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>altacaine 0.5 % ophth soln</i>	3		
<i>altafrin 10 % ophth soln, 2.5 % ophth soln</i>	1		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 0.01 % ophth soln</i>	3		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
CEQUA 0.09 % ophth soln	3		
<i>chondroitin sulfate 0.25 % ophth soln</i>	3		
CYCLOGYL 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	3		
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	
ENSPRYNG 120 mg/ml sc soln pfs	5		PA
HOMATROPAIRE 5 % ophth soln	3		
ISOPTO ATROPINE 1 % ophth soln	3		
KLARITY-C DROPS 0.1 % ophth emul	3		
LACRISERT 5 mg ophth insert	3		
MIEBO 1.338 gm/ml ophth soln	2		PA, QL(12 / 30)
MYDRIACYL 1 % ophth soln	3		
<i>neo-polycin 3.5-400-10000 ophth oint</i>	3	NEOSPORIN	
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
OXERVATE 0.002 % ophth soln	5		PA
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
PHOTREXA-PHOTREXA VISCOUS KIT 0.146 & 0.146-20 % Ophthalmic Solution Prefilled Syringe	3		
<i>polycin 500-10000 unit/gm ophth oint</i>	3	POLYSPORIN	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
POLYTRIM 10000-0.1 unit/ml-% ophth soln	3		
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
QLOSI 0.4 % ophth soln	3		
RESTASIS 0.05 % ophth emul	2		
RESTASIS MULTIDOSE 0.05 %	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ophth emul			
RHOPRESSA 0.02 % ophth soln	3		
TEPEZZA 500 mg iv soln	5		PA
tetracaine hcl 0.5 % ophth soln	1		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	1	MYDRIACYL	
TRYPTYR 0.003 % ophth soln	3		
UPLIZNA 100 mg/10ml iv soln	5		PA
VERKAZIA 0.1 % ophth emul	3		
VEVYE 0.1 % ophth soln	3		
VIZZ 1.44 % ophth soln	3		
XIIDRA 5 % ophth soln	2		
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	3		
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
BEPREVE 1.5 % ophth soln	3		
cromolyn sodium 4 % ophth soln	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
epinastine hcl 0.05 % ophth soln	1	ELESTAT	
tropic-proparaca-pe-ketorolac 1-0.5-2.5-0.5 % ophth soln	3		
tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln	3		
tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln	3		
ZERVIAE 0.24 % ophth soln	3		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACULAR 0.5 % ophth soln	3		
ACULAR LS 0.4 % ophth soln	3		
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
bromfenac sodium 0.07 % ophth soln, 0.075 % ophth soln	1		
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BROMSITE 0.075 % ophth soln	3		
<i>clobetasol propionate 0.05 % ophth susp</i>	1		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>double pm 1-0.5 % ophth soln</i>	3		
DUREZOL 0.05 % ophth emul	3		
EYSUVIS 0.25 % ophth susp	3		
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	3		
FML FORTE 0.25 % ophth susp	3		
FML LIQUIFILM 0.1 % ophth susp	3		
ILEVRO 0.3 % ophth susp	3		
INVELTYS 1 % ophth susp	3		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
KLARITY-L 0.2 % ophth emul, 0.5 % ophth emul	3		
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	3		
LOTEMAX 0.5 % ophth susp	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
MAXITROL 3.5-10000-0.1 ophth oint	3		
MAXITROL 3.5-10000-0.1 ophth susp	3		
<i>neo-polycin hc 1 % ophth oint</i>	3	CORTISPORIN	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEVANAC 0.1 % ophth susp	3		
PRED FORTE 1 % ophth susp	3		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>prednisol ace-moxiflox-bromfen 1-0.5-0.075 % ophth susp</i>	3		
<i>prednisolon-gatiflox-bromfenac 1-0.5-0.075 % ophth soln, 1-0.5-0.075 % ophth susp</i>	3		
<i>prednisolon-moxiflox-bromfenac 1-0.5-0.075 % ophth soln</i>	3		
<i>prednisolon-moxiflox-nepafenac 1-0.5-0.1 % ophth susp</i>	3		
<i>prednisolone acet-moxifloxacin 1-0.5 % ophth susp</i>	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	3	PRED FORTE	
<i>prednisolone acetate-nepafenac 1-0.1 % ophth susp</i>	3		
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
<i>prednisolone-bromfenac 1-0.075 % ophth soln, 1-0.075 % ophth susp</i>	3		
<i>prednisolone-gatifloxacin 1-0.5 % ophth susp</i>	3		
<i>prednisolone-moxifloxacin 1-0.5 % ophth soln</i>	3		
PROLENSA 0.07 % ophth soln	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX 0.3-0.1 % ophth susp	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	3		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	3		
UPNEEQ 0.1 % ophth soln	3		
ZYLET 0.5-0.3 % ophth susp	3		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
CILOXAN 0.3 % ophth soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
KLARITY-A 1 % ophth soln	3		
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
OCUFLOX 0.3 % ophth soln	3		
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
VIGAMOX 0.5 % ophth soln	3		
XDEMVIY 0.25 % ophth soln	3		PA, QL(10 / 42)
ZYMAXID 0.5 % ophth soln	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
<i>acetazolamide sodium 500 mg inj soln</i>	1	DIAMOX	
ALPHAGAN P 0.15 % ophth soln	2		
ALPHAGAN P 0.1 % ophth soln	3		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
AZOPT 1 % ophth susp	3		
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate 0.1 % ophth soln</i>	1	Alphagan P	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	
<i>brimonidine-dorzolamide 0.15-2 % ophth soln</i>	3		
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
COSOPT 2-0.5 % ophth soln	3		
COSOPT PF 2-0.5 % ophth soln	3		
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dorzolamide hcl-timolol mal 2-0.5 % ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
ISOPTO CARPINE 1 % ophth soln, 2 % ophth soln	3		
ISTALOL 0.5 % ophth soln	3		
<i>latanoprost-timolol maleate 0.005-0.5 % ophth soln</i>	1		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
SIMBRINZA 1-0.2 % ophth susp	2		
<i>timolol hemihydrate 0.5 % ophth soln</i>	1		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
<i>timolol maleate ocudose 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate pf 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol-brimon-dorzol-latanopr 0.5-0.15-2 -0.005% ophth soln</i>	3		
<i>timolol-brimonidine-dorzolamid 0.5-0.15-2 % ophth soln</i>	3		
<i>timolol-dorzolamid-latanoprost 0.5-0.15-0.005 % ophth soln</i>	1		
TIMOPTIC 0.25 % ophth soln, 0.5 % ophth soln	3		
TIMOPTIC OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	3		
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	3		
TRUSOPT 2 % ophth soln	3		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
IYUZEH 0.005 % ophth soln	3		QL(30 / 30)
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
ROCKLATAN 0.02-0.005 % ophth soln	3		
<i>tafluprost (pf) 0.0015 % ophth soln</i>	1	ZIOPTAN	
TRAVATAN Z 0.004 % ophth soln	3		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
VYZULTA 0.024 % ophth soln	3		
XALATAN 0.005 % ophth soln	3		
XELPROS 0.005 % ophth emul	3		
ZIOPTAN 0.0015 % ophth soln	3		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CETRAXAL 0.2 % otic soln	3		
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<i>ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln</i>	3	OTOVEL	
CORTISPORIN-TC 3.3-3-10-0.5 mg/ml otic susp	3		
DERMOTIC 0.01 % otic oil	3		
<i>flac 0.01 % otic oil</i>	1	DERMOTIC	
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
OTOVEL 0.3-0.025 % otic soln	3		
PRAMOTIC 1-0.1 % otic liq	3		
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
AIRDUO DIGIHALER 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	3		QL(1 / 30), ST
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		QL(12.2 / 30), ST
ARMONAIR DIGIHALER 113 mcg/act inh aer pwdr br act, 232 mcg/act inh aer pwdr br act, 55 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	3		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	3		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	QL(120 / 30)
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(60 / 30), ST
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	3	FLONASE	
<i>fluticasone propionate diskus 100</i>	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mcg/act inh aer pwr br act, 250 mcg/act inh aer pwr br act, 50 mcg/act inh aer pwr br act</i>			
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer</i>	3		
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	
NASACORT ALLERGY 24HR CHILDREN 55 mcg/act nasal aer	3		
OMNARIS 50 mcg/act nasal susp	3		
PROAIR DIGIHALER 108 (90 Base) mcg/act inh aer pwr br act	3		
PULMICORT 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	3		QL(120 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		QL(2 / 30), ST
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		
XHANCE 93 mcg/act Nasal Exhaler Suspension	3		
ZETONNA 37 mcg/act nasal aer soln	3		
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>brompheniramine maleate 10 mg/ml im soln</i>	3		
<i>carbinoxamine maleate 6 mg tab</i>	1		
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
CLARINEX 5 mg tab	3		
<i>clemastine fumarate 0.67 mg/5ml syr</i>	1		
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 0.5 mg/ml soln</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
DICOPANOL FUSEPAQ 5 mg/ml susp	3		
DICOPANOL RAPIDPAQ 5 mg/ml susp	3		
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	2		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	3		
<i>levocetirizine dihydrochloride 5 mg tab</i>	3	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
PATANASE 0.6 % nasal soln	3		
QUZYTIR 10 mg/ml iv soln	3		
RYALTRIS 665-25 mcg/act nasal susp	3		
RYCLORA 2 mg/5ml soln	3		
<i>ryvent 6 mg tab</i>	3		
VISTARIL 25 mg cap, 50 mg cap	3		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
ACCOLATE 10 mg tab, 20 mg tab	3		
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	3		
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
<i>glycopyrrolate 0.2 mg/ml inj soln, 0.4 mg/2ml inj soln, 1 mg/5ml inj soln</i>	1		
GLYRX-PF 0.2 mg/ml inj soln	3		
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwr br act	3		QL(30 / 30), ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
LONHALA MAGNAIR REFILL KIT 25 mcg/ml inh soln	3		
LONHALA MAGNAIR STARTER KIT 25 mcg/ml inh soln	3		
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30), ST
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
<i>tiotropium bromide 18 mcg inh cap</i>	1	SPIRIVA HANDIHALER	
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	3		QL(30 / 30), ST
YUPELRI 175 mcg/3ml inh soln	3		
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
ADRENALIN 1 mg/ml inj soln, 30 mg/30ml inj soln	3		
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(540 / 30)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(540 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(18 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	
AUVI-Q 0.1 mg/0.1ml inj soln auto-inj, 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	3		QL(2 / 365)
BROVANA 15 mcg/2ml inh neb soln	3		
<i>epinephrine 1 mg/10ml inj soln pfs, 1 mg/10ml iv soln pfs, 1 mg/ml inj soln</i>	1		
<i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	QL(2 / 365)
<i>epinephrine 0.15 mg/0.3ml inj soln</i>	1	EPIPEN JR	QL(2 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>auto-inj</i>			
<i>epinephrine (anaphylaxis) 1 mg/ml inj soln</i>	1		QL(2 / 365)
<i>epinephrine (anaphylaxis) 30 mg/30ml inj soln</i>	1	ADRENALIN	
<i>epinephrine pf 1 mg/ml inj soln</i>	1		
<i>epinephrine professional 1 mg/ml inj kit</i>	3		
EPINEPHRINESNAP 1 mg/ml inj kit	3		
EPINEPHRINESNAP-EMS 1 mg/ml inj kit	3		
EPINEPHRINESNAP-V 1 mg/ml inj kit	3		
EPIPEN 2-PAK 0.3 mg/0.3ml inj soln auto-inj	3		QL(2 / 365)
EPIPEN JR 2-PAK 0.15 mg/0.3ml inj soln auto-inj	3		QL(2 / 365)
EPISNAP 1 mg/ml inj kit	3		
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(252 / 28)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	3	XOPENEX HFA	
NEFFY 1 mg/0.1ml nasal soln, 2 mg/0.1ml nasal soln	3		
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	3		QL(18 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	3		
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	3		QL(18 / 30)
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	2		
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
<i>terbutaline sulfate 1 mg/ml inj soln</i>	1	BRETHINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(18 / 30)
XOPENEX 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	3		QL(252 / 28)
XOPENEX CONCENTRATE 1.25 mg/0.5ml inh neb soln	3		
XOPENEX HFA 45 mcg/act inh aer	3		
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
ALYFTREK 10-50-125 mg tab, 4-20-50 mg tab	5		PA
AZACTAM 1 gm inj soln, 2 gm inj soln	3		
<i>aztreonam 1 gm inj soln, 2 gm inj soln</i>	3	AZACTAM	
BETHKIS 300 mg/4ml inh neb soln	5		PA
CAYSTON 75 mg inh soln	5		PA
KALYDECO 150 mg tab, 25 mg pckt, 5.8 mg pckt, 50 mg pckt, 75 mg pckt	5		PA
KITABIS PAK (W/ NEBULIZER) 300 mg/5ml inh neb soln	5		PA
ORKAMBI 100-125 mg pckt, 100-125 mg tab, 150-188 mg pckt, 200-125 mg tab, 75-94 mg pckt	5		PA
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	5		PA
TOBI 300 mg/5ml inh neb soln	5		PA
TOBI PODHALER 28 mg inh cap	5		PA
<i>tobramycin 300 mg/4ml inh neb soln</i>	4	BETHKIS	PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
TRIKAFTA 100-50-75 & 150 mg tab pack, 100-50-75 & 75 mg pack, 50-25-37.5 & 75 mg tab pack, 80-40-60 & 59.5 mg pack	5		PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	3		
<i>elixophyllin 80 mg/15ml oral elix</i>	1		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	1	DALIRESP	
THEO-24 100 mg cap er 24 hr, 200	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr			
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADCIRCA 20 mg tab	5		PA
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>alyq 20 mg tab</i>	5	ADCIRCA	PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
AURLUMYN 100 mcg/ml iv soln	5		PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA
<i>bosentan 32 mg tab sol</i>	5	Tracleer	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4	FLOLAN	PA
FLOLAN 0.5 mg iv soln, 1.5 mg iv soln	5		PA
LETAIRIS 10 mg tab, 5 mg tab	5		PA
OPSUMIT 10 mg tab	4		PA
ORENITRAM 0.125 mg tab er, 0.25 mg tab er, 1 mg tab er, 2.5 mg tab er, 5 mg tab er	5		PA
ORENITRAM MONTH 1 0.125 & 0.25 mg tab er pack	5		PA
ORENITRAM MONTH 2 0.125 & 0.25 mg tab er pack	5		PA
ORENITRAM MONTH 3 0.125 & 0.25 & 1 mg tab er pack	5		PA
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln, 8 mg/20ml inj soln	5		PA
REVATIO 20 mg tab	5		PA
REVATIO 10 mg/12.5ml iv soln, 10 mg/ml susp	5		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>sildenafil citrate 10 mg/ml susp</i>	4	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
TADLIQ 20 mg/5ml susp	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TRACLEER 32 mg tab sol	5		PA
TRACLEER 125 mg tab, 62.5 mg tab	5		PA
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	4	REMODYLIN	PA
TYVASO 0.6 mg/ml inh soln	5		PA
TYVASO DPI MAINTENANCE KIT 112 x 32MCG & 112 x48mcg inh pwdr, 16 mcg inh pwdr, 32 mcg inh pwdr, 48 mcg inh pwdr, 64 mcg inh pwdr	5		PA
TYVASO DPI TITRATION KIT 112 x 16MCG & 84 x 32mcg inh pwdr, 16 & 32 & 48 mcg inh pwdr	5		PA
TYVASO REFILL KIT 0.6 mg/ml inh soln	5		PA
TYVASO STARTER KIT 0.6 mg/ml inh soln	5		PA
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 1800 mcg iv soln, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	5		PA
UPTRAVI TITRATION 200 & 800 mcg tab pack	5		PA
VELETRI 0.5 mg iv soln, 1.5 mg iv soln	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
WINREVAIR 2 x 45 mg sc kit, 2 x 60 mg sc kit, 45 mg sc kit, 60 mg sc kit	5		PA
YUTREPIA 106 mcg inh cap, 26.5 mcg inh cap, 53 mcg inh cap, 79.5 mcg inh cap	5		PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	3		
ADVAIR DISKUS 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), ST
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
inh aer			
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRSUPRA 90-80 mcg/act inh aer	2		AL
<i>aminophylline 25 mg/ml iv soln</i>	1		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		
BEYFORTUS 100 mg/ml im soln pfs	5		QL(1 / 365), AL
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act	2		
<i>breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	2		
BRINSUPRI 10 mg tab, 25 mg tab	5		PA
BRONCHITOL 40 mg inh cap	3		
BRONCHITOL TOLERANCE TEST 40 mg inh cap	3		
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	
CINQAIR 100 mg/10ml iv soln	5		PA
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
CUROSURF 120 mg/1.5ml Intratracheal Suspension, 240 mg/3ml Intratracheal Suspension	3		
DUAKLIR PRESSAIR 400-12 mcg/act inh aer pwdr br act	3		
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	3		PA, QL(13 / 30)
<i>epinephrine hcl (nasal) 0.1 % nasal soln</i>	1		
ESBRIET 267 mg cap, 267 mg tab,	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
801 mg tab			
FASENRA 10 mg/0.5ml sc soln pfs, 30 mg/ml sc soln pfs	4		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	4		PA
<i>fluticasone furoate-vilanterol 100-25 mcg/act inh aer pwr br act, 200-25 mcg/act inh aer pwr br act</i>	3		PA, QL(60 / 30)
<i>fluticasone-salmeterol 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer</i>	2		
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwr br act, 250-50 mcg/act inh aer pwr br act, 500-50 mcg/act inh aer pwr br act</i>	1	ADVAIR DISKUS	
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwr br act, 232-14 mcg/act inh aer pwr br act, 55-14 mcg/act inh aer pwr br act</i>	3	AIRDUO	QL(1 / 30), ST
HYCODAN 5-1.5 mg tab	3		
HYCODAN 5-1.5 mg/5ml soln	3		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	3		
INFASURF 35-0.9 mg/ml-% Intratracheal Suspension	3		
<i>nebusal 3 % inh neb soln</i>	1		
NEBUSAL 6 % inh neb soln	3		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
NUCALA 100 mg sc soln	5		PA
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 40 mg/0.4ml sc soln pfs	5		PA
OFEV 100 mg cap, 150 mg cap	5		PA
OHTUVAYRE 3 mg/2.5ml inh susp	3		PA
<i>pirfenidone 534 mg tab</i>	5		PA
<i>pirfenidone 267 mg cap</i>	1	ESBRIET	PA
<i>pirfenidone 267 mg tab, 801 mg tab</i>	5	ESBRIET	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>promethazine vc 6.25-5 mg/5ml syr</i>	3	PHENERGAN VC	
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	3		AL
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		AL
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
<i>pulmosal 7 % inh neb soln</i>	1	HYPERSAL	
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	PA
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SURVANTA 25-0.9 mg/ml-% Intratracheal Suspension	3		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		ST
TEZSPIRE 210 mg/1.91ml sc soln auto-inj, 210 mg/1.91ml sc soln pfs	4		PA
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		
TUXARIN ER 54.3-8 mg tab er 12 hr	3		
TUZISTRA XR 14.7-2.8 mg/5ml susp er	3		
<i>umeclidinium-vilanterol 62.5-25 mcg/act inh aer pwdr br act</i>	3		PA, QL(60 / 30)
VIBRANT cap	3		
VIBRANT STARTER KIT oral kit	3		
VIRAZOLE 6 gm inh soln	3		PA
<i>wixela inh 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	
XOLAIR 150 mg/ml sc soln auto-inj, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs, 75 mg/0.5ml sc soln auto-inj	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	3		
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
chlorzoxazone 250 mg tab	1		
chlorzoxazone 375 mg tab, 750 mg tab	1	LORZONE	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	
cyclobenzaprine hcl 7.5 mg tab	1	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr	1	AMRIX	
CYCLOPAK 5 & 2.5-2.5 mg & % cmb pack	3		
CYCLOPHENE RAPIDPAQ 5 % td crm	3		
enovarx-cyclobenzaprine hcl 20 mg/gm td crm	3		
fexmid 7.5 mg tab	3	FEXMID	
lorzone 375 mg tab, 750 mg tab	3	LORZONE	
METAXALL CP 800 & 0.025 mg & % cmb kit	3		
metaxalone 400 mg tab, 800 mg tab	1	SKELAXIN	
methocarbamol 1000 mg tab	1		
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
methocarbamol 1000 mg/10ml inj soln	1	ROBAXIN	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
ROBAXIN 1000 mg/10ml inj soln	3		
rocuronium bromide 75 mg/7.5ml iv soln pfs	3		
SOMA 250 mg tab, 350 mg tab	3		
succinylcholine chloride 100 mg/5ml iv soln pfs, 140 mg/7ml iv soln pfs, 200 mg/10ml iv soln pfs	3		
TABRADOL FUSEPAQ 1 mg/ml susp	3		
TABRADOL RAPIDPAQ 1 mg/ml susp	3		
vanadom 350 mg tab	3	SOMA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
AMBIEN 10 mg tab, 5 mg tab	3		
AMBIEN CR 12.5 mg tab er, 6.25 mg tab er	3		
BYFAVO 20 mg iv soln	3		
DORAL 15 mg tab	3		
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
HALCION 0.25 mg tab	3		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	3		
<i>quazepam 15 mg tab</i>	1	DORAL	
RESTORIL 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	3		
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	3		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		
DAYVIGO 10 mg tab, 5 mg tab	3		
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	
HETLIOZ 20 mg cap	3		
HETLIOZ LQ 4 mg/ml susp	5		PA
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 gm pack	5		PA
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NUVIGIL 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	3		
PROVIGIL 100 mg tab, 200 mg tab	3		
QUVIVIQ 25 mg tab, 50 mg tab	3		
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
ROZEREM 8 mg tab	3		
SILENOR 3 mg tab, 6 mg tab	3		
SUNOSI 150 mg tab, 75 mg tab	2		
<i>tasimelteon 20 mg cap</i>	1		
WAKIX 17.8 mg tab, 4.45 mg tab	5		PA
XYREM 500 mg/ml soln	5		PA
XYWAV 500 mg/ml soln	5		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
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