



DRUG FORMULARY PLATINO

2022



Triple-S Advantage

2022 Formulary

(List of Covered Drugs)

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

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This formulary was updated on **October 5, 2021**. For more recent information or other questions, please contact Triple-S Advantage Member Service at 1-888-620-1919 (TTY users should call 1-866-620-2520), Monday to Sunday from 8:00 a.m. to 8:00 p.m., or visit www.sssadvantage.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Triple-S Advantage. When it refers to “plan” or “our plan,” it means **Platino Plus (HMO-SNP), Platino Ultra (HMO-SNP), Platino Advance (HMO-SNP), Platino Blindao (HMO-SNP) and Platino Alcance (HMO-SNP)**.

This document includes a list of the drugs (formulary) for our plan which is current as of **January 1, 2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Triple-S Advantage Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Triple-S Advantage may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Triple-S Advantage Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Triple-S Advantage Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **October 5, 2021**. To get updated information about the drugs covered by **Platino Plus (HMO-SNP)**, **Platino Ultra (HMO-SNP)**, **Platino Advance (HMO-SNP)**, **Platino Blindao (HMO-SNP)** and **Platino Alcance (HMO-SNP)**, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 14**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on **page 12**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 83**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 90 per prescription for 30 days per prescription for *sumatriptan* 100mg tabs. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 14**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction, step therapy restriction, prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. Our plan will provide these OTC drugs at no cost to you. You may find a list of these covered drugs on **page 82** of this formulary. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier]. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

Level of Care Changes

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

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

For more information

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

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

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

Triple-S Advantage Formulary

The formulary provides coverage information about the drugs covered by Triple-S Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on **page 83**.

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

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

ABBREVIATIONS DESCRIPTION REQUIREMENTS / LIMITS

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

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

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

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Dosage Form and Route of Administrations, Abbreviations

Description [Descripción]	Abbreviation [Abreviatura]
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intravenous injectable [inyectable intravenoso]	iv inj
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat paste [pasta para boca/garganta]	m/t paste
nasal inhaler [inalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth

Description [Descripción]	Abbreviation [Abreviatura]
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln
subcutaneous [subcutáneo]	sc
sublingual film [cinta sublingual]	subl film
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag

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Formulary Drug List

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS [ANALGÉSICOS]			
Analgesics (combination Product) [Analgésicos (Productos En Combinación)]			
acetaminophen-codeine 300-15 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30)
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30)
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	QL(180 / 30)
acetaminophen-codeine #3 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	2	ESGIC	PA, QL(180 / 30), HR
endocet 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
endocet 5-325 mg tab	1	PERCOCET	QL(360 / 30)
endocet 10-325 mg tab	2	PERCOCET	QL(180 / 30)
hydrocodone-acetaminophen 7.5-325 mg tab	1	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	1	NORCO	QL(360 / 30)
hydrocodone-acetaminophen 10-325 mg tab	2	NORCO	QL(180 / 30)
oxycodone-acetaminophen 5-325 mg tab	1	PERCOCET	QL(360 / 30)
oxycodone-acetaminophen 10-325 mg tab	2	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	2	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab	2	PERCOCET	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
celecoxib 100 mg cap	1	CELEBREX	ST, MO
celecoxib 200 mg cap, 400 mg cap, 50 mg cap	2	CELEBREX	ST, MO
diclofenac potassium 50 mg tab	2	CATAFLAM	MO
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	2	LODINE	MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	MO
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	INDOCIN	PA, MO, HR
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	MO
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	MO
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	MO
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	2	NAPROSYN	MO
<i>naproxen 125 mg/5ml susp</i>	2	NAPROSYN	MO
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	MO
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
<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</i>	2	DURAGESIC	PA, QL(10 / 30)
<i>fentanyl 87.5 mcg/hr td patch 72 hr</i>	5	DURAGESIC	PA, QL(10 / 30)
<i>morphine sulfate er 100 mg tab er</i>	2	MS CONTIN	PA, QL(36 / 30)
<i>morphine sulfate er 200 mg tab er</i>	2	MS CONTIN	PA, QL(60 / 30)
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA, QL(90 / 30)
<i>oxycodone hcl er 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	PA
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	PA, QL(60 / 30)
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
<i>fentanyl citrate 600 mcg bucc tab, 800 mcg bucc tab</i>	5	FENTORA	PA, QL(28 / 30)
<i>fentanyl citrate 400 mcg bucc tab</i>	5	FENTORA	PA, QL(56 / 30)
<i>fentanyl citrate 200 mcg bucc tab</i>	5	FENTORA	PA, QL(140 / 30)
<i>fentanyl citrate 100 mcg bucc tab</i>	5	FENTORA	PA, QL(180 / 30)
<i>LAZANDA 400 mcg/act nasal soln</i>	5		PA, QL(8 / 30)
<i>LAZANDA 100 mcg/act nasal soln</i>	5		PA, QL(30 / 30)
<i>meperidine hcl 50 mg/ml inj soln</i>	2	DEMEROL	PA, HR

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		QL(180 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln</i>	2	ROXANOL	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(240 / 30)
ANESTHETICS [ANESTÉSICOS]			
Local Anesthetics [Anestésicos Locales]			
<i>lidocaine 5 % patch</i>	2	LIDODERM	PA
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/anti-craving [Disuasivos Del Alcohol/Anti Ansiedad]			
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	MO
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	MO
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
<i>buprenorphine hcl 2 mg tab subl</i>	2	SUBUTEX	QL(90 / 30)
<i>buprenorphine hcl 8 mg tab subl</i>	2	SUBUTEX	QL(360 / 30)
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>	2	SUBOXONE	QL(60 / 30)
<i>buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl</i>	2	SUBOXONE	QL(90 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film</i>	2	SUBOXONE	QL(120 / 30)
<i>buprenorphine hcl-naloxone hcl 4-1 mg subl film</i>	2	SUBOXONE	QL(180 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl</i>	2	SUBOXONE	QL(240 / 30)
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	
Opioid Reversal Agents [Agentes Para La Reversión De Opioides]			
<i>naloxone hcl 0.4 mg/ml inj soln cart</i>	1	NARCAN	
<i>naloxone hcl 0.4 mg/ml inj soln, 2 mg/2ml inj soln pfs</i>	2	NARCAN	
Smoking Cessation Agents [Agentes Para La Cesación De Fumar]			
<i>bupropion hcl 100 mg tab</i>	1	WELLBUTRIN	QL(90 / 30), MO
<i>bupropion hcl 75 mg tab</i>	2	WELLBUTRIN	QL(180 / 30), MO
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	QL(60 / 30)
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	QL(60 / 30), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	QL(60 / 30), MO
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	2	WELLBUTRIN XL	QL(30 / 30), MO
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	2	WELLBUTRIN XL	QL(60 / 30), MO
CHANTIX 0.5 mg tab, 1 mg tab	3		PA, QL(336 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		PA, QL(336 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	3		PA, QL(53 / 28)
NICOTROL 10 mg inhaler	4		
NICOTROL NS 10 mg/ml nasal soln	4		QL(360 / 365)
<i>varenicline tartrate 0.5 mg tab, 1 mg tab</i>	3	CHANTIX	PA
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	2	AMIKIN	HI
GENTAK 0.3 % ophth oint	2		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	2	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml inj soln</i>	1	GENTAK	PA(*), HI
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	2	HUMATIN	
<i>streptomycin sulfate 1 gm im soln</i>	2		PA(*)
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
<i>tobramycin sulfate 80 mg/2ml inj soln</i>	1		PA(*), HI
<i>tobramycin sulfate 10 mg/ml inj soln</i>	2		PA(*), HI
Antibacterials (combination Product) [Antibacterianos (Productos En Combinación)]			
<i>ampicillin-sulbactam sodium 3 (2-1) gm inj soln</i>	2	UNASYN	HI
<i>ampicillin-sulbactam sodium 15 (10-5) gm iv soln</i>	2	UNASYN	PA(*), HI
<i>imipenem-cilastatin 250 mg iv soln, 500 mg iv soln</i>	2	PRIMAXIN	PA(*), HI

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln</i>	2	ZOSYN	HI
Antibacterials, Other [Antibacterianos, Otros]			
<i>acetic acid 2 % otic soln</i>	2	VOSOL	
<i>alcohol preps pad</i>	1		
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</i>	2	CLEOCIN	PA(*), HI
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln</i>	2	CLEOCIN-T	
<i>clindamycin phosphate in d5w 300 mg/50ml iv soln, 600 mg/50ml iv soln, 900 mg/50ml iv soln</i>	2	CLEOCIN	PA(*), HI
<i>colistimethate sodium (cba) 150 mg inj soln</i>	2	COLY-MYCIN	PA(*), HI
<i>daptomycin 350 mg iv soln</i>	5		HI, FQL
<i>daptomycin 500 mg iv soln</i>	5	CUBICIN	HI, FQL
<i>FIRVANQ 25 mg/ml soln</i>	3		
<i>FIRVANQ 50 mg/ml soln</i>	4		
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 600 mg/300ml iv soln</i>	2	ZYVOX	PA(*), HI, FQL
<i>linezolid 100 mg/5ml susp</i>	5	ZYVOX	PA, FQL
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % gel, 0.75 % vag gel</i>	2	METROGEL	
<i>metronidazole in nacl 5-0.79 mg/ml-% iv soln</i>	2	FLAGYL	PA(*), HI
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	2	MACRODANTIN	QL(90 / 90), HR
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	QL(90 / 90), HR

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>polymyxin b sulfate 500000 unit inj soln</i>	2		PA(*), HI
SIVEXTRO 200 mg tab	5		PA, FQL
SIVEXTRO 200 mg iv soln	5		PA(*), HI
<i>tigecycline 50 mg iv soln</i>	5	TYGACIL	PA(*), HI
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 1 gm iv soln, 250 mg iv soln, 750 mg iv soln</i>	2		HI
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	FQL
<i>vancomycin hcl 500 mg iv soln</i>	2	VANCOCIN	HI
<i>vancomycin hcl 10 gm iv soln</i>	2	VANCOCIN	PA(*), HI, FQL
XIFAXAN 550 mg tab	5		PA, MO, FQL
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	2	CECLOR	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	DURICEF	
<i>cefazolin sodium 1 gm inj soln</i>	1	ANCEF	HI
<i>cefazolin sodium 500 mg inj soln</i>	2	ANCEF	HI
<i>cefazolin sodium 10 gm inj soln</i>	2	ANCEF	PA(*), HI
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	2	OMNICEF	
<i>cefepime hcl 1 gm inj soln, 2 gm inj soln</i>	2	MAXIPIME	HI
<i>cefixime 400 mg cap</i>	2	SUPRAX	FQL
<i>cefoxitin sodium 1 gm iv soln, 10 gm inj soln, 2 gm iv soln</i>	2	MEFOXIN	PA(*), HI
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	2	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	2	VANTIN	
<i>ceftazidime 2 gm inj soln</i>	2	TAZICEF	HI
<i>ceftazidime 1 gm inj soln, 6 gm inj soln</i>	2	TAZICEF	PA(*), HI
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>ceftriaxone sodium 10 gm iv soln</i>	2	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	2	CEFTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cefuroxime sodium 1.5 gm iv soln, 7.5 gm inj soln, 750 mg inj soln</i>	2	ZINACEF	PA(*), HI
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	KEFLEX	
TEFLARO 400 mg iv soln, 600 mg iv soln	5		PA(*), HI, FQL
Beta-lactam, Other [Beta-Lactámicos, Otros]			
<i>aztreonam 1 gm inj soln</i>	2	AZACTAM	HI
<i>ertapenem sodium 1 gm inj soln</i>	2	INVANZ	HI
<i>meropenem 500 mg iv soln</i>	2	MERREM	HI
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 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 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew</i>	2	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>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
<i>ampicillin sodium 500 mg inj soln</i>	2		PA(*)
<i>ampicillin sodium 10 gm iv soln, 125 mg inj soln</i>	2		PA(*), HI
<i>ampicillin sodium 1 gm inj soln</i>	2	TOTACILLIN-N	PA(*), HI
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		PA(*), FQL
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	4		FQL
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	2	DYCILL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxacillin sodium 1 gm inj soln, 10 gm iv soln, 2 gm inj soln</i>	2		PA(*), HI
<i>penicillin g pot in dextrose 40000 unit/ml iv soln, 60000 unit/ml iv soln</i>	2		PA(*), HI
<i>penicillin g potassium 20000000 unit inj soln</i>	2	PFIZERPEN	PA(*), HI
<i>penicillin g procaine 600000 unit/ml im susp</i>	2		
<i>penicillin g sodium 5000000 unit inj soln</i>	5		PA(*), HI, FQL
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides [Macrólidos]			
<i>AZASITE 1 % ophth soln</i>	4		
<i>azithromycin 250 mg tab, 250 mg tab pack, 500 mg tab, 500 mg tab pack</i>	1	ZITHROMAX	
<i>azithromycin 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	
<i>azithromycin 500 mg iv soln</i>	2	ZITHROMAX	PA(*), HI
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
<i>E.E.S. GRANULES 200 mg/5ml susp</i>	4		FQL
<i>ery 2 % pad</i>	3		
<i>ERYTHROCIN LACTOBIONATE 500 mg iv soln</i>	4		PA(*), HI, FQL
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>erythromycin base 500 mg tab dr</i>	2	ERY-TAB	FQL
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
Quinolones [Quinolonas]			
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ciprofloxacin in d5w 200 mg/100ml iv soln</i>	2	CIPRO	PA(*), HI
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml iv soln</i>	2	LEVAQUIN	HI
<i>levofloxacin in d5w 500 mg/100ml iv soln</i>	2	LEVAQUIN	HI
<i>moxifloxacin hcl in nacl 400 mg/250ml iv soln</i>	2	AVELOX	PA(*), HI
<i>ofloxacin 400 mg tab</i>	2	FLOXIN	
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
Sulfonamides [Sulfonamidas]			
<i>silver sulfadiazine 1 % crm</i>	2	SILVADENE	
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfadiazine 500 mg tab</i>	2		FQL
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
Tetracyclines [Tetraciclinas]			
<i>DOXY 100 100 mg iv soln</i>	4		PA(*), HI
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg cap, 50 mg cap</i>	1	MINOCIN	
<i>minocycline hcl 75 mg cap</i>	2	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
<i>BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	5		MO
<i>BRIVIACT 10 mg/ml soln</i>	5		MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	5		MO
EPIDIOLEX 100 mg/ml soln	5		PA, MO, FQL
FINTEPLA 2.2 mg/ml soln	5		MO, FQL
levetiracetam 250 mg tab, 500 mg tab	1	KEPPRA	MO
levetiracetam 1000 mg tab, 750 mg tab	2	KEPPRA	MO
levetiracetam 100 mg/ml soln	2	KEPPRA	MO
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA XR	MO
NAYZILAM 5 mg/0.1ml nasal soln	4		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	4		MO, FQL
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
CELONTIN 300 mg cap	4		MO, FQL
ethosuximide 250 mg cap	2	ZARONTIN	MO
ethosuximide 250 mg/5ml soln	2	ZARONTIN	MO
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	2	LYRICA	MO
pregabalin 20 mg/ml soln	2	LYRICA	QL(900 / 30), MO
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	2	LYRICA CR	MO
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	2	ZONEGRAN	MO
Gamma-aminobutyric Acid (gaba) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba)]			
clobazam 10 mg tab, 20 mg tab	2	ONFI	MO, FQL
clobazam 2.5 mg/ml susp	2	ONFI	MO, FQL
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint	2	KLONOPIN	QL(120 / 30)
clonazepam 2 mg tab, 2 mg tab disint	2	KLONOPIN	QL(300 / 30)
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	5		MO, FQL
diazepam 5 mg/ml oral conc	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
<i>diazepam 10 mg tab</i>	2	VALIUM	QL(120 / 30)
<i>diazepam 5 mg tab</i>	2	VALIUM	QL(240 / 30)
<i>diazepam 2 mg tab</i>	2	VALIUM	QL(360 / 30)
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	MO
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	MO
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	DEPAKOTE ER	MO
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	MO
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	MO
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ATIVAN	
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		
<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>	2		PA, MO, HR
<i>phenobarbital 20 mg/5ml oral elix</i>	2		PA, MO, HR
<i>primidone 50 mg tab</i>	1	MYSOLINE	MO
<i>primidone 250 mg tab</i>	2	MYSOLINE	MO
SYMPAZAN 5 mg oral film	4		MO
SYMPAZAN 10 mg oral film, 20 mg oral film	5		MO
<i>tiagabine hcl 2 mg tab</i>	2	GABITRIL	MO
<i>tiagabine hcl 12 mg tab, 16 mg tab, 4 mg tab</i>	2	GABITRIL	MO, FQL
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	MO
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	5		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	5		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	5		
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	LA, MO, FQL
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
EPRONTIA 25 mg/ml soln	4		MO
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	MO
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	MO
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		MO, FQL
FYCOMPA 0.5 mg/ml susp	4		MO, FQL
<i>lamotrigine 25 & 50 & 100 mg oral kit</i>	2		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab</i>	1	LAMICTAL	MO
<i>lamotrigine 25 mg tab chew, 5 mg tab chew</i>	2	LAMICTAL	MO
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	2		
<i>lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit</i>	2		
<i>lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	2		
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	MO
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	2	TOPAMAX	MO
<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>	2	QUDEXY XR	MO
XCOPRI 14 x 12.5 MG & 14 x 25 mg tab pack	4		PA, FQL
XCOPRI 14 x 150 MG & 14 x200 mg tab pack, 14 x 50 MG & 14 x100 mg tab pack	5		PA, FQL
XCOPRI 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA, MO, FQL
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	5		PA, MO, FQL

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	5		PA, MO, FQL
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
APTiom 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	5		MO, FQL
BANZEL 40 mg/ml susp	5		MO, FQL
carbamazepine 100 mg tab chew, 200 mg tab	2	TEGRETOL	MO
carbamazepine 100 mg/5ml susp	2	TEGRETOL	MO
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2	TEGRETOL XR	MO
DILANTIN 30 mg cap	4		MO
oxcarbazepine 150 mg tab	1	TRILEPTAL	MO
oxcarbazepine 300 mg tab, 600 mg tab	2	TRILEPTAL	MO
oxcarbazepine 300 mg/5ml susp	2	TRILEPTAL	MO
OXTellar XR 150 mg tab er 24 hr, 300 mg tab er 24 hr	4		MO
OXTellar XR 600 mg tab er 24 hr	5		MO
phenytoin 50 mg tab chew	2	DILANTIN	MO
phenytoin 125 mg/5ml susp	2	DILANTIN	MO
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	2	DILANTIN	MO
rufinamide 200 mg tab, 400 mg tab	5	BANZEL	MO, FQL
VIMPAT 50 mg tab	4		MO, FQL
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab	5		MO, FQL
VIMPAT 10 mg/ml soln	5		MO, FQL
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
donepezil hcl 10 mg tab, 5 mg tab	1	ARICEPT	MO
donepezil hcl 23 mg tab	2	ARICEPT	MO
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	MO
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	QL(60 / 30), MO
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	QL(180 / 30), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	QL(30 / 30), MO
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2	EXELON	MO
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	MO
N-methyl-d-aspartate (nmda) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda)]			
memantine hcl 10 mg tab, 5 mg tab	1	NAMENDA	MO
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	PA
memantine hcl 2 mg/ml soln	2	NAMENDA	PA, MO
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	2	NAMENDA XR	PA, MO
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants, Other [Antidepresivos, Otros]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		ST, MO, FQL
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ABILIFY	MO
aripiprazole 1 mg/ml soln	2	ABILIFY	ST, MO, FQL
aripiprazole 10 mg tab disint	2	ABILIFY DISCMELT	ST, MO, FQL
aripiprazole 15 mg tab disint	5	ABILIFY DISCMELT	ST, MO, FQL
mirtazapine 15 mg tab, 30 mg tab, 45 mg tab	1	REMERON	QL(30 / 30), MO
mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	2	REMERON	QL(30 / 30), MO
mirtazapine 7.5 mg tab	2	REMERON	QL(60 / 30), MO
quetiapine fumarate 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30), MO
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30), MO
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminoxidasa]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	5		MO, FQL

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MARPLAN 10 mg tab	4		MO, FQL
<i>phenelzine sulfate 15 mg tab</i>	2	NARDIL	MO
<i>tranylcypromine sulfate 10 mg tab</i>	2	PARNATE	MO
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin - Norepinephrine Reuptake Inhibitors) [Isrssi/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina - Norepinefrina)]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	MO
<i>citalopram hydrobromide 10 mg/5ml soln</i>	2	CELEXA	MO
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	KHEDEZLA	QL(30 / 30), ST, MO
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	QL(30 / 30), ST, MO
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		MO
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	MO
<i>escitalopram oxalate 20 mg tab</i>	1	LEXAPRO	QL(30 / 30), MO
<i>escitalopram oxalate 10 mg tab, 5 mg tab</i>	1	LEXAPRO	QL(60 / 30), MO
<i>escitalopram oxalate 5 mg/5ml soln</i>	2	LEXAPRO	QL(600 / 30), MO
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		ST, MO, FQL
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		ST
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	MO
<i>fluoxetine hcl 60 mg tab</i>	2	PROZAC	MO
<i>fluoxetine hcl 20 mg/5ml soln</i>	2	PROZAC	MO
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	MO
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	SERZONE	MO
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	PA, MO, HR

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	2	PAXIL CR	PA, MO, HR
PAXIL 10 mg/5ml susp	4		PA, MO, HR, FQL
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	MO
<i>sertraline hcl 20 mg/ml oral conc</i>	2	ZOLOFT	MO
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	MO
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		MO, FQL
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	QL(90 / 30), MO
<i>venlafaxine hcl er 150 mg cap er 24 hr</i>	1	EFFEXOR XR	QL(30 / 30), MO
<i>venlafaxine hcl er 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	QL(60 / 30), MO
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		ST, MO
VIIBRYD STARTER PACK 10 & 20 mg oral kit	4		ST
Tricyclics [Tricíclicos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	ELAVIL	MO, HR
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	2	ASENDIN	MO, HR
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	MO, HR, FQL
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	NORPRAMIN	MO, HR
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	SINEQUAN	MO, HR
<i>doxepin hcl 10 mg/ml oral conc</i>	2	SINEQUAN	MO, HR
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	TOFRANIL	MO, HR
<i>imipramine pamoate 125 mg cap</i>	2	TOFRANIL-PM	MO, HR
<i>imipramine pamoate 100 mg cap, 150 mg cap, 75 mg cap</i>	2	TOFRANIL-PM	MO, HR, FQL

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	PAMELOR	MO, HR
<i>nortriptyline hcl 10 mg/5ml soln</i>	2	PAMELOR	MO, HR
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	MO, HR
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	MO, HR
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
<i>chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc</i>	4		MO, FQL
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	MO, FQL
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	HR
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 5 mg/5ml soln</i>	2	REGLAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	MO
<i>prochlorperazine 25 mg rect supp</i>	2	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	MO
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp</i>	2	PHENERGAN	PA, HR
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	PA, QL(10 / 30), HR
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
<i>aprepitant 40 mg cap</i>	2	EMEND	PA(*), QL(1 / 30)
<i>aprepitant 125 mg cap</i>	2	EMEND	PA(*), QL(2 / 28)
<i>aprepitant 80 mg cap</i>	2	EMEND	PA(*), QL(4 / 28)
<i>aprepitant 80 & 125 mg cap</i>	2	EMEND	PA(*), QL(6 / 28)
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	PA(*), FQL
<i>EMEND 125 mg/5ml susp</i>	4		PA(*), QL(3 / 30)
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	PA(*)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	PA(*)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	PA(*)
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	PA(*)
<i>ondansetron hcl 4 mg/5ml soln</i>	2	ZOFRAN	PA(*)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SANCUSO 3.1 mg/24hr td patch	5		
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
ABELCET 5 mg/ml iv susp	4		PA(*), HI
amphotericin b 50 mg iv soln	2	FUNGIZONE	PA(*), HI
caspofungin acetate 70 mg iv soln	2	CANCIDAS	HI
caspofungin acetate 50 mg iv soln	5	CANCIDAS	HI
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole 1 % ext soln	2	MYCELEX	
CRESEMBA 186 mg cap	5		PA, FQL
ERAXIS 50 mg iv soln	4		PA(*), HI, FQL
ERAXIS 100 mg iv soln	5		PA(*), HI, FQL
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	2	DIFLUCAN	
fluconazole in sodium chloride 200-0.9 mg/100ml-% iv soln, 400-0.9 mg/200ml-% iv soln	2	DIFLUCAN	PA(*), HI
flucytosine 250 mg cap, 500 mg cap	5	ANCOBON	FQL
griseofulvin microsize 500 mg tab	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	2	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	2	GRIS-PEG	
itraconazole 100 mg cap	2	SPORANOX	QL(360 / 90)
ketoconazole 2 % shampoo	1	NIZORAL	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % crm	2	NIZORAL	
MYCAMINE 100 mg iv soln, 50 mg iv soln	5		HI, FQL
NATACYN 5 % ophth susp	4		
NOXAFIL 40 mg/ml susp	5		PA, MO, FQL
nystatin 100000 unit/gm crm, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	2	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	2	MYCOLOG	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>posaconazole 100 mg tab dr</i>	5	NOXAFIL	PA, MO
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	QL(90 / 180)
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	2	VFEND	PA, FQL
<i>voriconazole 200 mg iv soln</i>	2	VFEND	PA(*), HI, FQL
<i>voriconazole 40 mg/ml susp</i>	5	VFEND	PA, FQL
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	MO
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine 0.6 mg cap</i>	2	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	MO
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	ULORIC	ST, MO
<i>probenecid 500 mg tab</i>	2	BENEMID	MO
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Calcitonin Gene-related Peptide (cgrp) Receptor Antagonist [Antagonista Del Receptor Del Péptido Relacionado Con El Gen De La Calcitonina (Cgrp)]			
<i>NURTEC 75 mg tab disint</i>	5		PA, QL(15 / 30)
Ergot Alkaloids [Alcaloides De Ergot]			
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	5	MIGRANAL	QL(16 / 30)
<i>ergotamine-caffeine 1-100 mg tab</i>	2	CAFERGOT	QL(40 / 30)
Prophylactic [Profilaxis]			
<i>EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs</i>	3		PA, QL(2 / 28), MO
<i>EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs</i>	3		PA, QL(3 / 28), MO
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	MO
Serotonin (5-HT) 1b/1d Receptor Agonists [Agonistas Receptores De Serotonina (5-Ht) 1B/1D]			
<i>rizatriptan benzoate 5 mg tab</i>	1	MAXALT	QL(12 / 30)
<i>rizatriptan benzoate 10 mg tab</i>	2	MAXALT	QL(12 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(12 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XTANDI 40 mg cap, 40 mg tab, 80 mg tab	5		PA, FQL
Antiangiogenic Agents [Agentes Antiangiogénicos]			
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA, FQL
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA, LA, FQL
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA, MO, FQL
Antiestrogens/modifiers [Antiestrógenos/Modificadores]			
EMCYT 140 mg cap	4		FQL
SOLTAMOX 10 mg/5ml soln	5		MO, FQL
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	NOLVADEX	MO
<i>toremifene citrate 60 mg tab</i>	5	FARESTON	MO, FQL
Antimetabolites [Antimetabolitos]			
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		MO
<i>hydroxyurea 500 mg cap</i>	2	HYDREA	
<i>mercaptopurine 50 mg tab</i>	2	PURINETHOL	
ONUREG 200 mg tab, 300 mg tab	5		PA, FQL
PURIXAN 2000 mg/100ml susp	5		
TABLOID 40 mg tab	4		FQL
Antineoplastics [Antineoplásicos]			
SYNRIBO 3.5 mg sc soln	5		PA(*)
XATMEP 2.5 mg/ml soln	4		PA
Antineoplastics, Other [Antineoplásicos, Otros]			
INQOVI 35-100 mg tab	5		PA, FQL
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA, FQL
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA, FQL
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	5		PA, FQL
<i>leucovorin calcium 10 mg tab, 15 mg tab, 5 mg tab</i>	2		
<i>leucovorin calcium 25 mg tab</i>	2		FQL
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA, FQL
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA, FQL

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

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap	5		PA, FQL
CAPRELSA 100 mg tab, 300 mg tab	5		PA, LA, FQL
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
COPIKTRA 15 mg cap, 25 mg cap	5		PA, FQL
COTELLIC 20 mg tab	5		PA, FQL
DAURISMO 100 mg tab, 25 mg tab	5		PA, FQL
ERIVEDGE 150 mg cap	5		PA, LA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA, FQL
<i>everolimus 7.5 mg tab</i>	5	AFINITOR	PA, QL(60 / 30)
<i>everolimus 5 mg tab</i>	5	AFINITOR	PA, QL(120 / 30)
<i>everolimus 2.5 mg tab</i>	5	AFINITOR	PA, QL(240 / 30)
EXKIVITY 40 mg cap	5		PA, FQL
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA
FOTIVDA 0.89 mg cap, 1.34 mg cap	5		PA, FQL
GAVRETO 100 mg cap	5		PA, FQL
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	5		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA, FQL
IDHIFA 100 mg tab, 50 mg tab	5		PA, FQL
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA, FQL
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA, FQL
INLYTA 1 mg tab	5		PA, LA
INLYTA 5 mg tab	5		PA, LA, FQL
INREBIC 100 mg cap	5		PA, LA, FQL
IRESSA 250 mg tab	5		PA, LA, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA, LA, FQL
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA, FQL
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA, FQL
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA, FQL
KOSELUGO 10 mg cap, 25 mg cap	5		PA, FQL
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA, LA, FQL
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	5		PA, LA, FQL
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	5		PA, LA, FQL
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	5		PA, LA, FQL
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	5		PA, LA, FQL
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	5		PA, LA, FQL
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	5		PA, LA, FQL
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	5		PA, LA, FQL
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	5		PA, LA, FQL
LORBRENA 100 mg tab, 25 mg tab	5		PA, FQL
LUMAKRAS 120 mg tab	5		PA, FQL
LYNPARZA 100 mg tab, 150 mg tab	5		PA, LA, FQL
MEKINIST 0.5 mg tab, 2 mg tab	5		PA, FQL
MEKTOVI 15 mg tab	5		PA, FQL
NERLYNX 40 mg tab	5		PA, FQL
NEXAVAR 200 mg tab	5		PA, LA, FQL
ODOMZO 200 mg cap	5		PA, FQL
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	5		PA, FQL
QINLOCK 50 mg tab	5		PA, FQL
RETEVMO 40 mg cap, 80 mg cap	5		PA, FQL
ROZLYTREK 100 mg cap, 200 mg cap	5		PA, FQL
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RYDAPT 25 mg cap	5		PA, FQL
SCEMBLIX 20 mg tab, 40 mg tab	5		PA, FQL
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA, FQL
<i>sunitinib malate</i> 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5	SUTENT	PA, FQL
STIVARGA 40 mg tab	5		PA, FQL
TABRECTA 150 mg tab, 200 mg tab	5		PA, FQL
TAFINLAR 50 mg cap, 75 mg cap	5		PA, FQL
TAGRISSE 40 mg tab, 80 mg tab	5		PA, LA, FQL
TALZENNA 0.25 mg cap, 1 mg cap	5		PA, FQL
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA, FQL
TEPMETKO 225 mg tab	5		PA, FQL
TIBSOVO 250 mg tab	5		PA, FQL
TRUSELTIQ (100MG DAILY DOSE) 100 mg cap pack	5		PA, FQL
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 mg cap pack	5		PA, FQL
TRUSELTIQ (50MG DAILY DOSE) 25 mg cap pack	5		PA, FQL
TRUSELTIQ (75MG DAILY DOSE) 25 mg cap pack	5		PA, FQL
TUKYSA 150 mg tab, 50 mg tab	5		PA, FQL
TURALIO 200 mg cap	5		PA, FQL
UKONIQ 200 mg tab	5		PA, FQL
VENCLEXTA 10 mg tab	3		PA, FQL
VENCLEXTA 100 mg tab, 50 mg tab	5		PA, FQL
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	5		PA, FQL
VOTRIENT 200 mg tab	5		PA, FQL
XALKORI 200 mg cap, 250 mg cap	5		PA, LA, FQL
XOSPATA 40 mg tab	5		PA, FQL
ZEJULA 100 mg cap	5		PA, FQL
ZELBORAF 240 mg tab	5		PA, LA, FQL
ZYDELIG 100 mg tab, 150 mg tab	5		PA, LA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZYKADIA 150 mg tab	5		LA, FQL
Retinoids [Retinoides]			
bexarotene 75 mg cap	5	TARGRETIN	FQL
PANRETIN 0.1 % gel	5		PA
TARGRETIN 1 % gel	5		PA
tretinoin 10 mg cap	5	VESANOID	FQL
Treatment Adjuncts [Adjuntos De Tratamiento]			
MESNEX 400 mg tab	5		FQL
ANTIPARASITICS [ANTIPARASITARIOS]			
Antihelminthics [Antihelmínticos]			
albendazole 200 mg tab	2	ALBENZA	
EGATEN 250 mg tab	3		
ivermectin 3 mg tab	2	STROMEKTOL	
praziquantel 600 mg tab	2	BILTRICIDE	
Antiprotozoals [Antiprotozoarios]			
atovaquone 750 mg/5ml susp	2	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	
chloroquine phosphate 250 mg tab, 500 mg tab	2		MO
COARTEM 20-120 mg tab	4		
hydroxychloroquine sulfate 200 mg tab	2	PLAQUENIL	MO
mefloquine hcl 250 mg tab	2		MO
nitazoxanide 500 mg tab	5	ALINIA	
pentamidine isethionate 300 mg inh soln	2	NEBUPENT	PA(*)
pentamidine isethionate 300 mg inj soln	2	PENTAM	PA(*), HI
primaquine phosphate 26.3 (15 Base) mg tab	2		
pyrimethamine 25 mg tab	5	DARAPRIM	
quinine sulfate 324 mg cap	2	QUALAQUIN	
Pediculicides/scabicides [Pediculicidas/Escabícididas]			
lindane 1 % shampoo	2		
permethrin 5 % crm	2	ELIMITE	
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	2	COGENTIN	PA, MO, HR
trihexyphenidyl hcl 0.4 mg/ml soln	2		PA, MO, HR

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	2	ARTANE	PA, MO, HR
Antiparkinson Agents, Other [Agentes Antiparkinson, Otros]			
<i>amantadine hcl 50 mg/5ml syr</i>	1	SYMMETREL	MO
<i>amantadine hcl 100 mg cap</i>	2	SYMMETREL	MO
<i>entacapone 200 mg tab</i>	2	COMTAN	MO
<i>tolcapone 100 mg tab</i>	5	TASMAR	MO
Dopamine Agonists [Agonistas De Dopamina]			
APOKYN 30 mg/3ml sc soln cart	5		LA
<i>bromocriptine mesylate 2.5 mg tab</i>	2	PARLODEL	MO
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	5		
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	4		ST, MO
<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	MO
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	MO
<i>ropinirole hcl 3 mg tab</i>	2	REQUIP	MO
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	MO
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	SINEMET	MO
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	2	SINEMET CR	MO
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	2	STALEVO	MO
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	4		ST, MO
Monoamine Oxidase B (mao-b) Inhibitors [Inhibidores De La Monoaminoxidasa B (Mao-B)]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	2	AZILECT	MO
<i>selegiline hcl 5 mg tab</i>	2		MO
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	MO
ANTIPSYCHOTICS [ANTIPSICÓTICOS]			
1st Generation/typical [1Era Generación/Típicos]			
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	PA(*)
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROLIXIN	MO
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc</i>	2	PROLIXIN	MO
<i>fluphenazine hcl 2.5 mg/ml inj soln</i>	2	PROLIXIN	PA(*)
<i>haloperidol 0.5 mg tab, 1 mg tab</i>	1	HALDOL	MO
<i>haloperidol 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	2	HALDOL	MO
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	MO
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	MO
<i>molindone hcl 10 mg tab, 25 mg tab, 5 mg tab</i>	2	MOBAN	MO
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	MO
<i>thioridazine hcl 10 mg tab</i>	1	MELLARIL	MO
<i>thioridazine hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	MO
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	MO
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	MO
2nd Generation/atypical [2Da Generación/Atípicos]			
CAPLYTA 42 mg cap	5		ST, MO
FANAPT 1 mg tab, 2 mg tab, 4 mg tab	4		ST, FQL
FANAPT 10 mg tab, 12 mg tab, 6 mg tab, 8 mg tab	5		ST, FQL
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	4		QL(8 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVEGA SUSTENNA 39 mg/0.25ml im susp pfs	4		ST
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 78 mg/0.5ml im susp pfs	5		ST
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	5		ST, MO, FQL
NUPLAZID 10 mg tab, 34 mg cap	5		PA, MO
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	QL(30 / 30), MO
<i>olanzapine 20 mg tab</i>	2	ZYPREXA	QL(30 / 30), MO
<i>olanzapine 10 mg im soln</i>	2	ZYPREXA	PA(*), QL(6 / 30)
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	QL(30 / 30), MO
<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>	2	INVEGA	ST, MO, FQL
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		ST, MO, FQL
RISPERDAL CONSTA 25 mg Intramuscular Suspension Reconstituted ER	4		QL(4 / 28), ST
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER	4		QL(8 / 28), ST
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		QL(2 / 28), ST
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	RISPERDAL	QL(60 / 30), MO
<i>risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint</i>	2	RISPERDAL	QL(60 / 30), MO
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	QL(240 / 30), MO
SAPHRIS 2.5 mg tab subl, 5 mg tab subl	4		ST, MO, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SAPHRIS 10 mg tab sublingual	5		ST, MO, FQL
SECUADO 3.8 mg/24hr transdermal patch 24hr, 5.7 mg/24hr transdermal patch 24hr, 7.6 mg/24hr transdermal patch 24hr	5		ST, MO
VRAYLAR 1.5 & 3 mg cap pack	4		ST
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		ST, MO, FQL
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	MO
ziprasidone mesylate 20 mg intramuscular solution	2	GEODON	PA(*)
ZYPREXA RELPREVV 405 mg intramuscular suspension	4		QL(1 / 28), ST
ZYPREXA RELPREVV 210 mg intramuscular suspension, 300 mg intramuscular suspension	4		QL(2 / 28), ST
Treatment-resistant [Resistentes A Tratamiento]			
clozapine 100 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 200 mg tab	2	CLOZARIL	FQL
clozapine 12.5 mg tab disintegrating, 25 mg tab disintegrating	2	FAZACLO	
clozapine 100 mg tab disintegrating, 150 mg tab disintegrating	2	FAZACLO	FQL
clozapine 200 mg tab disintegrating	5	FAZACLO	FQL
VERSACLOZ 50 mg/ml suspension	5		ST, FQL
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	
ANTIVIRALS [ANTIVIRALES]			
Anti-cytomegalovirus (cmv) Agents [Agentes Anti Citomegalovirus (Cmv)]			
PREVYMIS 240 mg tab, 480 mg tab	5		PA, MO
valganciclovir hcl 450 mg tab	2	VALCYTE	MO
ZIRGAN 0.15 % ophthalmic gel	3		QL(5 / 30)
Anti-hepatitis B (hbv) Agents [Agentes Contra La Hepatitis B (Vhb)]			
adefovir dipivoxil 10 mg tab	2	HEPSERA	PA, MO, FQL
BARACLUDE 0.05 mg/ml solution	5		PA, MO, FQL
entecavir 0.5 mg tab, 1 mg tab	2	BARACLUDE	PA, MO, FQL
EPIVIR HBV 5 mg/ml solution	4		MO, FQL
INTRON A 6000000 unit/ml injection solution	5		PA(*), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA(*), MO, FQL
INTRON A 10000000 unit/ml inj soln	5		PA(*), MO, FQL
lamivudine 100 mg tab	2	EPIVIR HBV	MO, FQL
Anti-hepatitis C (hcv) Agents, Other [Agentes Contra La Hepatitis C (Vhc), Otros]			
PEGASYS 180 mcg/0.5ml sc soln, 180 mcg/ml sc soln	5		PA, FQL
ribavirin 200 mg tab	2	COPEGUS	PA
ribavirin 200 mg cap	2	REBETOL	PA
Anti-hepatitis C (hcv) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (Vhc)]			
MAVYRET 100-40 mg tab, 50-20 mg pckt	5		PA, FQL
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA, FQL
Antihherpetic Agents [Agentes Antiherpéticos]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % oint	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
acyclovir sodium 50 mg/ml iv soln	2	ZOVIRAX	PA(*), HI
DENAVIR 1 % crm	5		ST
famciclovir 125 mg tab	1	FAMVIR	
famciclovir 250 mg tab, 500 mg tab	2	FAMVIR	
trifluridine 1 % ophth soln	2	VIROPTIC	
valacyclovir hcl 500 mg tab	1	VALTREX	
valacyclovir hcl 1 gm tab	2	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti)]			
BIKTARVY 50-200-25 mg tab	5		MO, FQL
GENVOYA 150-150-200-10 mg tab	5		MO
ISENTRESS 25 mg tab chew	3		MO
ISENTRESS 100 mg pckt	4		MO, FQL
ISENTRESS 100 mg tab chew, 400 mg tab	5		MO
ISENTRESS HD 600 mg tab	5		MO, FQL
STRIBILD 150-150-200-300 mg tab	5		MO
TIVICAY 10 mg tab	4		MO, FQL
TIVICAY 25 mg tab, 50 mg tab	5		MO, FQL
TIVICAY PD 5 mg tab sol	4		MO, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>vocabria 30 mg tab</i>	5		MO
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti)]			
COMPLERA 200-25-300 mg tab	5		MO, FQL
EDURANT 25 mg tab	5		MO, FQL
<i>efavirenz 200 mg cap, 50 mg cap</i>	2	SUSTIVA	MO
<i>efavirenz 600 mg tab</i>	2	SUSTIVA	MO, FQL
<i>efavirenz-emtricitab-tenofovir 600-200-300 mg tab</i>	5	ATRIPLA	MO, FQL
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	5	SYMFI	MO, FQL
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	5	SYMFI LO	MO, FQL
<i>etravirine 100 mg tab, 200 mg tab</i>	5	INTELENCE	MO, FQL
INTELENCE 25 mg tab	4		MO, FQL
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	MO
<i>nevirapine 50 mg/5ml susp</i>	2	VIRAMUNE	MO, FQL
<i>nevirapine er 100 mg tab er 24 hr</i>	2	VIRAMUNE XR	MO
<i>nevirapine er 400 mg tab er 24 hr</i>	2	VIRAMUNE XR	MO, FQL
ODEFSEY 200-25-25 mg tab	5		MO, FQL
VIRAMUNE 50 mg/5ml susp	4		MO, FQL
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti)]			
<i>abacavir sulfate 300 mg tab</i>	2	ZIAGEN	MO, FQL
<i>abacavir sulfate 20 mg/ml soln</i>	2	ZIAGEN	MO, FQL
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	2	EPZICOM	MO, FQL
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	5	TRIZIVIR	MO, FQL
CIMDUO 300-300 mg tab	5		MO, FQL
DESCOVY 200-25 mg tab	5		MO
DOVATO 50-300 mg tab	5		MO, FQL
<i>emtricitabine 200 mg cap</i>	2	EMTRIVA	MO, FQL
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	5	TRUVADA	MO, FQL
EMTRIVA 10 mg/ml soln	4		MO, FQL
<i>lamivudine 10 mg/ml soln</i>	2	EPIVIR	MO
<i>lamivudine 150 mg tab, 300 mg tab</i>	2	EPIVIR	MO, FQL
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	COMBIVIR	MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PIFELTRO 100 mg tab	5		MO, FQL
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	VIREAD	MO
VIREAD 40 mg/gm oral pwdr	4		MO
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		MO
<i>zidovudine 100 mg cap, 300 mg tab</i>	2	RETROVIR	MO
<i>zidovudine 50 mg/5ml syr</i>	2	RETROVIR	MO
Anti-hiv Agents, Other [Agentes Anti-Vih, Otros]			
FUZEON 90 mg sc soln	5		MO
JULUCA 50-25 mg tab	5		MO
RUKOBIA 600 mg tab er 12 hr	5		MO, FQL
SELZENTRY 25 mg tab	4		MO, FQL
SELZENTRY 150 mg tab, 300 mg tab, 75 mg tab	5		MO, FQL
SELZENTRY 20 mg/ml soln	5		MO, FQL
TYBOST 150 mg tab	3		MO
Anti-hiv Agents, Protease Inhibitors [Agentes Anti-Vih, Inhibidores De La Proteasa]			
APTIVUS 250 mg cap	5		MO, FQL
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	2	REYATAZ	MO, FQL
DELSTRIGO 100-300-300 mg tab	5		MO, FQL
EVOTAZ 300-150 mg tab	5		MO, FQL
<i>fosamprenavir calcium 700 mg tab</i>	5	LEXIVA	MO, FQL
INVIRASE 500 mg tab	5		MO, FQL
LEXIVA 50 mg/ml susp	4		MO, FQL
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	3	KALETRA	MO
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	2	KALETRA	MO
NORVIR 100 mg pckt	4		MO, FQL
NORVIR 80 mg/ml soln	4		MO, FQL
PREZCOBIX 800-150 mg tab	5		MO, FQL
PREZISTA 75 mg tab	4		MO, FQL
PREZISTA 150 mg tab, 600 mg tab, 800 mg tab	5		MO, FQL
PREZISTA 100 mg/ml susp	5		MO, FQL
REYATAZ 50 mg pckt	4		MO, FQL
<i>ritonavir 100 mg tab</i>	2	NORVIR	MO, FQL
SYM TUZA 800-150-200-10 mg tab	5		MO, FQL
TRIUMEQ 600-50-300 mg tab	5		MO
VIRACEPT 250 mg tab, 625 mg tab	5		MO, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-influenza Agents [Agentes Contra La Influenza]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	2	TAMIFLU	
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	4		
rimantadine hcl 100 mg tab	2	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl 10 mg tab, 15 mg tab, 5 mg tab	1	BUSPAR	
buspirone hcl 30 mg tab, 7.5 mg tab	2	BUSPAR	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	PA, HR
Benzodiazepines [Benzodiazepinas]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab	1	XANAX	QL(120 / 30)
alprazolam 2 mg tab	1	XANAX	QL(150 / 30)
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	QL(180 / 30)
estazolam 1 mg tab, 2 mg tab	2	PROSOM	QL(30 / 30)
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium 8 meq/5ml soln	2		MO
lithium carbonate 150 mg cap, 600 mg cap	1		MO
lithium carbonate 300 mg cap	1	ESKALITH	MO
lithium carbonate 300 mg tab	1	LITHOBID	MO
lithium carbonate er 450 mg tab er	2	ESKALITH CR	MO
lithium carbonate er 300 mg tab er	2	LITHOBID	MO
valproic acid 250 mg/5ml soln	2	DEPAKENE	MO
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	2	PRECOSE	MO
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	6		ST, MO
colesevelam hcl 625 mg tab	2	WELCHOL	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	6	AMARYL	MO
<i>glipizide 10 mg tab, 5 mg tab</i>	6	GLUCOTROL	MO
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	6	GLUCOTROL XL	MO
GLYXAMBI 10-5 mg tab, 25-5 mg tab	6		MO
INVOKANA 100 mg tab, 300 mg tab	6		MO
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	6		MO
JARDIANCE 10 mg tab, 25 mg tab	6		MO
<i>metformin hcl 500 mg/5ml soln</i>	6		MO
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	6	GLUCOPHAGE	MO
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	6	GLUCOPHAGE XR	MO
<i>nateglinide 120 mg tab, 60 mg tab</i>	6	STARLIX	MO
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	6	ACTOS	MO
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	6	PRANDIN	MO
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	6		ST, MO
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	6		QL(10.8 / 30), ST, MO
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	6		QL(9 / 25), ST, MO
TRADJENTA 5 mg tab	6		MO
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	6		ST, MO
Blood Glucose Regulators (combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	6	METAGLIP	MO
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	6		MO
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr,	6		MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr			
JANUMET 50-1000 mg tab, 50-500 mg tab	6		MO
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	6		MO
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	6		MO
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	6		MO
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	6	DUETACT	MO
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	6	ACTOPLUS MET	MO
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	6		MO
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	6		MO
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	6		MO
Glycemic Agents [Agentes Glucémicos]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
<i>diazoxide 50 mg/ml susp</i>	2	PROGLYCEM	MO
<i>glucagon emergency 1 mg inj kit</i>	2		
KORLYM 300 mg tab	5		PA, MO
Insulins [Insulinas]			
BD INSULIN SYRINGE 29G X 1/2" 1 ml misc	2		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		
BD PEN MINI misc	3		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	2		
<i>gauze pads 2"X2" pad</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	6		QL(30 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	6		QL(30 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	6		QL(30 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	6		QL(30 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	6		QL(30 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN N 100 unit/ml sc susp	6		QL(30 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	6		QL(30 / 30)
HUMULIN R 100 unit/ml inj soln	6		QL(30 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	6		QL(20 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	6		QL(12 / 30)
LANTUS 100 unit/ml sc soln	6		QL(30 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	6		QL(30 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(30 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(30 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN]			
Anticoagulants [Anticoagulantes]			
ELIQUIS 2.5 mg tab, 5 mg tab	3		MO
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
<i>enoxaparin sodium 30 mg/0.3ml sc soln</i>	2	LOVENOX	QL(18 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>enoxaparin sodium 120 mg/0.8ml sc soln, 40 mg/0.4ml sc soln</i>	2	LOVENOX	QL(24 / 30)
<i>enoxaparin sodium 150 mg/ml sc soln</i>	2	LOVENOX	QL(30 / 30)
<i>enoxaparin sodium 60 mg/0.6ml sc soln</i>	2	LOVENOX	QL(36 / 30)
<i>enoxaparin sodium 80 mg/0.8ml sc soln</i>	2	LOVENOX	QL(48 / 30)
<i>enoxaparin sodium 100 mg/ml sc soln</i>	2	LOVENOX	QL(60 / 30)
<i>fondaparinux sodium 2.5 mg/0.5ml sc soln</i>	2	ARIXTRA	QL(15 / 30)
<i>fondaparinux sodium 5 mg/0.4ml sc soln</i>	5	ARIXTRA	QL(12 / 30)
<i>fondaparinux sodium 7.5 mg/0.6ml sc soln</i>	5	ARIXTRA	QL(18 / 30)
<i>fondaparinux sodium 10 mg/0.8ml sc soln</i>	5	ARIXTRA	QL(24 / 30)
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	2		PA(*), HI
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		MO
<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	MO
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		MO
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	AGRYLIN	MO
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln	4		PA^, FQL
ARANESP (ALBUMIN FREE) 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs,	5		PA^

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
300 mcg/ml inj soln, 500 mcg/ml inj soln pfs			
ARANESP (ALBUMIN FREE) 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	5		PA^, FQL
LEUKINE 250 mcg inj soln	5		PA^, FQL
NEULASTA 6 mg/0.6ml sc soln pfs	5		PA^
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA^, FQL
PROCRI 10000 unit/ml inj soln, 2000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA^
PROCRI 20000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA^, FQL
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA, LA, MO, FQL
REBLOZYL 25 mg sc soln, 75 mg sc soln	5		PA^, MO
RETACRI 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA^
RETACRI 40000 unit/ml inj soln	5		PA^
Hemostasis Agents [Agentes Para La Hemostasia]			
tranexamic acid 650 mg tab	2	LYSTEDA	
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	2	AGGRENOX	MO
BRILINTA 60 mg tab, 90 mg tab	3		MO
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	MO
clopidogrel bisulfate 75 mg tab	1	PLAVIX	MO
CARDIOVASCULAR AGENTS [AGENTES CARDIOVASCULARES]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	2	CATAPRES-TTS	MO
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>droxidopa 100 mg cap, 200 mg cap, 300 mg cap</i>	5	NORTHERA	PA
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	PA, MO, HR
<i>methyldopa 250 mg tab, 500 mg tab</i>	2	ALDOMET	PA, MO, HR
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	CARDURA	MO
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	MO
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	MO
Angiotensin II Receptor Antagonists [Antagonistas Del Receptor De Angiotensina II]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	6	ATACAND	MO
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	6	AVAPRO	MO
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	6	COZAAR	MO
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	6	DIOVAN	MO
Angiotensin-converting Enzyme (ace) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (Eca)]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	6	LOTENSIN	MO
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	6	VASOTEC	MO
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	6	MONOPRIL	MO
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	6	ZESTRIL	MO
<i>moexipril hcl 15 mg tab, 7.5 mg tab</i>	6	UNIVASC	MO
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	6	ACEON	MO
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	6	ACCUPRIL	MO
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	6	ALTACE	MO
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	6	MAVIK	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antiarrhythmics [Antiarrítmicos]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	MO
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	2	PACERONE	MO
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	2	TIKOSYN	MO
<i>flecainide acetate 50 mg tab</i>	1	TAMBOCOR	MO
<i>flecainide acetate 100 mg tab, 150 mg tab</i>	2	TAMBOCOR	MO
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	MO
MULTAQ 400 mg tab	4		MO
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		PA, MO, HR
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	MO
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	MO
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL SR	MO
<i>quinidine gluconate er 324 mg tab er</i>	2		MO
<i>quinidine sulfate 200 mg tab</i>	1		MO
<i>quinidine sulfate 300 mg tab</i>	2		MO
<i>sotalol hcl 120 mg tab, 80 mg tab</i>	1	BETAPACE	MO
<i>sotalol hcl 160 mg tab, 240 mg tab</i>	2	BETAPACE	MO
<i>sotalol hcl (af) 120 mg tab</i>	1	BETAPACE AF	MO
<i>sotalol hcl (af) 160 mg tab, 80 mg tab</i>	2	BETAPACE AF	MO
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	SECTRAL	MO
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	MO
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	KERLONE	MO
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	MO
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	MO
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	MO
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	NORMODYNE	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metoprolol succinate er 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL	QL(60 / 30), MO
<i>metoprolol succinate er 200 mg tab er 24 hr</i>	2	TOPROL	QL(60 / 30), MO
<i>metoprolol succinate er 100 mg tab er 24 hr</i>	2	TOPROL	QL(120 / 30), MO
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		MO
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	MO
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	MO
<i>propranolol hcl 10 mg tab, 20 mg tab</i>	1	INDERAL	MO
<i>propranolol hcl 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	MO
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	MO
<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>	2	INDERAL LA	MO
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab</i>	1	NORVASC	QL(30 / 30), MO
<i>amlodipine besylate 5 mg tab</i>	1	NORVASC	QL(60 / 30), MO
<i>diltiazem hcl 30 mg tab</i>	1	CARDIZEM	MO
<i>diltiazem hcl 120 mg tab, 60 mg tab, 90 mg tab</i>	2	CARDIZEM	MO
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	CARDIZEM	MO
<i>diltiazem hcl er beads 420 mg cap er 24 hr</i>	2	TIAZAC	MO
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr</i>	1	CARDIZEM	MO
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	2	CARDIZEM	MO
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr</i>	2	TIAZAC	MO
<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	MO
<i>nifedipine er 30 mg tab er 24 hr</i>	1	ADALAT CC	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nifedipine er 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	ADALAT CC	MO
<i>nifedipine er osmotic release 30 mg tab er 24 hr</i>	1	PROCARDIA XL	MO
<i>nifedipine er osmotic release 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	PROCARDIA XL	MO
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	MO
<i>verapamil hcl er 180 mg tab er, 240 mg tab er</i>	1	CALAN	MO
<i>verapamil hcl er 120 mg tab er</i>	2	CALAN	MO
Cardiovascular Agents (combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	MO
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	6	LOTREL	MO
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	6	CADUET	MO
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	MO
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	6	LOTENSIN HCT	MO
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	2	ZIAC	MO
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	6	ATACAND HCT	MO
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	6	VASERETIC	MO
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	6	MONOPRIL-HCT	MO
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	6	AVALIDE	MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	6	ZESTORETIC	MO
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	6	HYZAAR	MO
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	MO
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	6	ACCURETIC	MO
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	MO
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	MO
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	MO
<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>	6	DIOVAN HCT	MO
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	6	TEKTURNA	MO
CORLANOR 5 mg tab, 7.5 mg tab	4		PA, MO
CORLANOR 5 mg/5ml soln	4		PA, MO
<i>digox 125 mcg tab</i>	2	LANOXIN	QL(30 / 30), MO, HR
<i>digox 250 mcg tab</i>	2	LANOXIN	PA, QL(30 / 30), MO, HR
<i>digoxin 125 mcg tab</i>	2	LANOXIN	QL(30 / 30), MO, HR
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	PA, MO, HR
<i>digoxin 250 mcg tab</i>	2	LANOXIN	PA, QL(30 / 30), MO, HR
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		PA, MO
<i>metirosine 250 mg cap</i>	5	DEMSEER	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	MO
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	MO
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	4		PA, MO
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	MO
methazolamide 25 mg tab	2	NEPTAZANE	MO
Diuretics, Loop [Diuréticos, Asa De Henle]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	MO
bumetanide 0.25 mg/ml inj soln	2	BUMEX	PA(*), HI
furosemide 10 mg/ml inj soln	1	LASIX	HI
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	MO
furosemide 10 mg/ml soln	1	LASIX	MO
toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	MO
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
amiloride hcl 5 mg tab	2	MIDAMOR	MO
eplerenone 25 mg tab, 50 mg tab	2	INSpra	ST, MO
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	MO
Diuretics, Thiazide [Diuréticos, Tiazidas]			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	MO
DIURIL 250 mg/5ml susp	4		MO
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	MO
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	MO
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	MO
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	MO
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
fenofibrate 54 mg tab	1	TRICOR	MO
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab	2	TRICOR	MO
fenofibrate micronized 130 mg cap, 43 mg cap	2	ANTARA	MO
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	2	TRICOR	MO
fenofibric acid 135 mg cap dr, 45 mg cap dr	2	TRILIPIX	MO
gemfibrozil 600 mg tab	1	LOPID	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	6	LIPITOR	MO
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	6	MEVACOR	MO
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	6	PRAVACHOL	MO
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	6	CRESTOR	MO
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	6	ZOCOR	MO
<i>simvastatin 80 mg tab</i>	6	ZOCOR	PA, MO
Dyslipidemics, Other [Dislipidémicos, Otros]			
<i>cholestyramine 4 gm pckt</i>	2	QUESTRAN	MO
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	MO
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	2	COLESTID	MO
<i>ezetimibe 10 mg tab</i>	2	ZETIA	MO
<i>icosapent ethyl 1 gm cap</i>	2	VASCEPA	MO
<i>JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap</i>	5		PA, MO
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	MO
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	MO
<i>PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj</i>	4		PA, MO, FQL
<i>REPATHA 140 mg/ml sc soln pfs</i>	3		PA, MO
<i>REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart</i>	3		PA, MO
<i>REPATHA SURECLICK 140 mg/ml sc soln auto-inj</i>	3		PA, MO, FQL
<i>VASCEPA 0.5 gm cap</i>	4		MO
Vasodilators, Direct-acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	MO
<i>minoxidil 2.5 mg tab</i>	1	LONITEN	MO
<i>minoxidil 10 mg tab</i>	2	LONITEN	MO
Vasodilators, Direct-acting Arterial/venous [Vasodilatadores Arteriovenosos De Acción Directa]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ISORDIL	MO
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	MO
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	MO
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	2		MO
<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>	2	NITRO-DUR	MO
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	2	NITROSTAT	MO
RECTIV 0.4 % rect oint	4		QL(30 / 30)
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	ADDERALL XR	MO
<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>	2	ADDERALL	MO
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXEDRINE	MO
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	DEXEDRINE	MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
<i>atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap</i>	2	STRATTERA	QL(30 / 30), ST, MO
<i>atomoxetine hcl 40 mg cap</i>	2	STRATTERA	QL(60 / 30), ST, MO
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap</i>	2	STRATTERA	QL(120 / 30), ST, MO
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	2	KAPVAY	MO
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	MO
<i>methylphenidate hcl 5 mg tab</i>	1	RITALIN	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl 10 mg tab, 20 mg tab</i>	2	RITALIN	MO
<i>methylphenidate hcl er 20 mg tab er</i>	2	RITALIN SR	MO
<i>methylphenidate hcl er (cd) 10 mg cap er</i>	2	METADATE CD	MO
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
NUDEXTA 20-10 mg cap	5		PA, MO
<i>riluzole 50 mg tab</i>	2	RILUTEK	PA, MO
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	LA, MO
Multiple Sclerosis Agents [Agentes Para La Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA, MO, FQL
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA, MO, FQL
BETASERON 0.3 mg sc kit	5		PA, MO, FQL
COPAXONE 20 mg/ml sc soln pfs	5		PA, MO
COPAXONE 40 mg/ml sc soln pfs	5		PA, MO, FQL
<i>dalfampridine er 10 mg tab er 12 hr</i>	2	AMPYRA	PA, MO, FQL
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA, MO
<i>dimethyl fumarate starter pack 120 & 240 mg oral misc</i>	5	TECFIDERA STARTER PACK	PA
GILENYA 0.25 mg cap, 0.5 mg cap	5		PA, MO, FQL
<i>glatiramer acetate 20 mg/ml sc soln pfs</i>	5	COPAXONE	PA, MO, FQL
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA, MO
MAYZENT 0.25 mg tab, 2 mg tab	5		PA, MO
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
OCREVUS 300 mg/10ml iv soln	5		PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA, MO
ZEPOSIA 0.92 mg cap	5		PA, MO, FQL
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA, FQL
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	5		PA, FQL
DENTAL AND ORAL AGENTS [AGENTES DENTALES Y ORALES]			
Dental And Oral Agents [Agentes Dentales Y Orales]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	MO
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	MO
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatological Agents [Agentes Dermatológicos]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	2	SORIATANE	
<i>adapalene 0.1 % crm, 0.3 % gel</i>	2	DIFFERIN	
<i>ammonium lactate 12 % crm, 12 % lot</i>	2	LAC-HYDRIN	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>diclofenac sodium 1 % gel</i>	2	VOLTAREN	
<i>fluorouracil 5 % crm</i>	2	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	2	EFUDEX	
<i>imiquimod 5 % crm</i>	2	ALDARA	
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	2	CLARAVIS	
<i>methoxsalen rapid 10 mg cap</i>	5	OXSORALEN-ULTRA	
ORACEA 40 mg cap dr	4		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
SANTYL 250 unit/gm oint	4		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA, MO
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	5		PA, MO
<i>tazarotene 0.1 % crm</i>	2	TAZORAC	PA
TAZORAC 0.05 % gel, 0.1 % gel	4		PA
<i>tretinoin 0.025 % crm, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA
Dermatological Agents (combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	PA
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
clotrimazole-betamethasone 1-0.05 % crm	2	LOTRISONE	
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement [Reemplazo De Electrolitos/Minerales]			
CARBAGLU 200 mg tab	5		PA, LA, MO
ISOLYTE-S PH 7.4 iv soln	2		PA(*), HI
KLOR-CON M15 15 meq tab er	2		MO
levocarnitine 330 mg tab	2	CARNITOR	MO
magnesium sulfate 50 % inj soln	1		PA(*), HI
PLASMA-LYTE 148 iv soln	2		PA(*), HI
PLASMA-LYTE A iv soln	2		PA(*), HI
potassium chloride 10 meq/100ml iv soln	1		PA(*), HI
potassium chloride 2 meq/ml iv soln, 20 meq/100ml iv soln, 40 meq/100ml iv soln	2		PA(*), HI
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	2	K-SOL	MO
potassium chloride crys er 15 meq tab er	2	KLOR-CON	MO
potassium chloride er 20 meq tab er	2	K-TAB	MO
potassium chloride er 8 meq tab er	1	KLOR-CON	MO
potassium chloride er 10 meq tab er	2	KLOR-CON	MO
potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln	2		PA(*), HI
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	
PR NATAL 440 EC 30-1 & 440 mg oral misc	2		
sodium chloride 0.9 % irrig soln	1		
sodium chloride 0.9 % iv soln	1		PA(*), HI
sodium chloride 0.45 % iv soln	2		HI
sodium chloride 3 % iv soln, 5 % iv soln	2		PA(*), HI
sodium fluoride 2.2 (1 F) mg tab	2		MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Electrolyte/mineral Replacement (combination Product) [Reemplazo De Electrolitos/Minerales (Productos En Combinación)]			
AMINOSYN II 15 % iv soln	4		PA(*), HI
AMINOSYN-PF 7 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (2.75/5) 2.75 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (5/15) 5 % iv soln	4		PA(*), HI
CLINIMIX E/DEXTROSE (5/20) 5 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (5/15) 5 % iv soln	4		PA(*), HI
CLINIMIX/DEXTROSE (5/20) 5 % iv soln	4		PA(*), HI
CLINISOL SF 15 % iv soln	2		PA(*), HI
<i>dextrose 10 % iv soln, 5 % iv soln</i>	2		PA(*), HI
<i>dextrose-nacl 5-0.45 % iv soln, 5-0.9 % iv soln</i>	1		HI
<i>dextrose-nacl 10-0.2 % iv soln, 10-0.45 % iv soln, 2.5-0.45 % iv soln, 5-0.2 % iv soln</i>	2		PA(*), HI
HEPATAMINE 8 % iv soln	2		PA(*), HI
INTRALIPID 20 % iv emul, 30 % iv emul	4		PA(*), HI
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%- % iv soln, 20-5-0.2 meq/l-%- % iv soln, 20-5-0.45 meq/l-%- % iv soln, 20-5-0.9 meq/l-%- % iv soln, 30-5-0.45 meq/l-%- % iv soln, 40-5-0.45 meq/l-%- % iv soln</i>	2		PA(*), HI
<i>potassium chloride in dextrose 20-5 meq/l-% iv soln</i>	2		PA(*), HI
PREMASOL 10 % iv soln	4		PA(*), HI
PROCALAMINE 3 % iv soln	4		PA(*), HI
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
TPN ELECTROLYTES iv conc	2		PA(*), HI

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRAVASOL 10 % iv soln	4		PA(*), HI
TROPHAMINE 10 % iv soln	4		PA(*), HI
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	4		
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	5	JADENU	PA, MO
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA, MO
deferiprone 500 mg tab	5	FERRIPROX	PA, MO
FERRIPROX 1000 mg tab	5		PA, MO
sodium polystyrene sulfonate oral pwr	2	KAYEXALATE	
SPS 15 gm/60ml susp	2		
trientine hcl 250 mg cap	5	SYPRINE	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Anti-constipation Agents [Agentes Antiestreñimiento]			
GAVILYTE-C 240 gm soln	2		
lactulose 10 gm/15ml soln	1	CONSTULOSE	MO
peg 3350-kcl-na bicarb-nacl 420 gm soln	2	NULYTELY	
peg-3350/electrolytes 236 gm soln	2	GOLYTELY	
Anti-diarrheal Agents [Agentes Antidiarreicos]			
XERMELO 250 mg tab	5		PA, MO
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	PA, HR
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
methscopolamine bromide 2.5 mg tab	2	PAMINE	
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
cromolyn sodium 100 mg/5ml oral conc	2	GASTROCROM	MO
GATTEX 5 mg sc kit	5		PA, LA, MO
loperamide hcl 2 mg cap	2	IMODIUM	
RELISTOR 8 mg/0.4ml sc soln	4		PA, QL(12 / 30)
RELISTOR 12 mg/0.6ml sc soln	4		PA, QL(18 / 30)
RELISTOR 150 mg tab	5		PA, QL(90 / 30)
SEROSTIM 4 mg sc soln, 5 mg sc soln, 6 mg sc soln	5		PA, MO, FQL
ursodiol 300 mg cap	2	ACTIGALL	MO
ursodiol 250 mg tab, 500 mg tab	2	URSO	MO
Histamine2 (h2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cimetidine 200 mg tab</i>	2	TAGAMET	
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	MO
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	MO
Irritable Bowel Syndrome Agents [Agentes Para El Síndrome Del Colon Irritable]			
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		MO
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	2	AMITIZA	MO
VIBERZI 100 mg tab, 75 mg tab	5		PA, MO
Protectants [Protectores]			
CARAFATE 1 gm/10ml susp	4		MO
<i>misoprostol 200 mcg tab</i>	2	CYTOTEC	MO
<i>sucralfate 1 gm/10ml susp</i>	2	CARAFATE	MO
<i>sucralfate 1 gm tab</i>	2	CARAFATE	MO
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
DEXILANT 30 mg cap dr, 60 mg cap dr	4		QL(30 / 30), ST, MO
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	2	NEXIUM	QL(30 / 30), ST, MO
<i>lansoprazole 30 mg cap dr</i>	1	PREVACID	ST, MO
<i>lansoprazole 15 mg cap dr</i>	2	PREVACID	ST, MO
<i>omeprazole 40 mg cap dr</i>	1	PRILOSEC	QL(30 / 30), MO
<i>omeprazole 10 mg cap dr, 20 mg cap dr</i>	1	PRILOSEC	QL(60 / 30), MO
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	MO
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [DESORDEN GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Desorden Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		MO
CYSTADANE oral pwdr	5		MO
CYSTAGON 150 mg cap, 50 mg cap	4		PA, MO
KUVAN 100 mg pckt, 100 mg tab, 500 mg pckt	5		PA, MO
<i>miglustat 100 mg cap</i>	5	ZAVESCA	PA, LA, MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	5	ORFADIN	PA, MO
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA, MO
ORFADIN 4 mg/ml susp	5		PA, MO
ORFADIN 20 mg cap	5		PA, MO
PROLASTIN-C 1000 mg iv soln	5		PA^, LA
RAVICTI 1.1 gm/ml liq	5		PA, MO
<i>sodium phenylbutyrate 3 gm/tsp oral pwdr</i>	2	BUPHENYL	PA, MO
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
GEMTESA 75 mg tab	4		PA, MO
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		MO
<i>oxybutynin chloride 5 mg tab</i>	2	DITROPAN	MO
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	2	DITROPAN	MO
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	MO
<i>finasteride 5 mg tab</i>	1	PROSCAR	MO
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	MO
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
ELMIRON 100 mg cap	4		
LITHOSTAT 250 mg tab	5		MO
<i>penicillamine 250 mg tab</i>	2	DEPEN TITRATABS	
Phosphate Binders [Enlazadores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	MO
PHOSLYRA 667 mg/5ml soln	4		MO
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	2	REVELA	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
<i>betamethasone dipropionate 0.05 % crm</i>	2	DIPROSONE	

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>betamethasone dipropionate 0.05 % lot</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>clobetasol propionate 0.05 % ext soln</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>desonide 0.05 % crm</i>	2	DESOWEN	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	2	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab</i>	1	DECADRON	
<i>dexamethasone 6 mg tab</i>	2	DECADRON	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	MO
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	2	SYNALAR	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % oint</i>	2	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	2	LIDEX	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>hydrocortisone 1 % crm, 1 % oint</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
<i>hydrocortisone 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone butyrate 0.1 % oint</i>	2	LOCOID	
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
<i>ORAPRED ODT 10 mg tab disint</i>	4		
<i>prednisolone 15 mg/5ml soln</i>	2	PRELONE	
<i>prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg tab, 50 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prednisone 10 mg (21) tab pack, 10 mg (48) tab pack, 5 mg (48) tab pack</i>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	MO
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	DDVAP	QL(10 / 25), MO
GENOTROPIN 12 mg sc soln, 5 mg sc soln	5		PA, MO
GENOTROPIN MINISOL 0.2 mg sc soln	4		PA, MO
GENOTROPIN MINISOL 0.4 mg sc soln, 0.6 mg sc soln, 0.8 mg sc soln, 1 mg sc soln, 1.2 mg sc soln, 1.4 mg sc soln, 1.6 mg sc soln, 1.8 mg sc soln, 2 mg sc soln	5		PA, MO
HUMATROPE 12 mg inj soln, 24 mg inj soln, 6 mg inj soln	5		PA, MO
INCRELEX 40 mg/4ml sc soln	5		PA, LA, MO
NORDITROPIN FLEXPEN 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 10 10 mg/2ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 20 20 mg/2ml sc soln pen-inj	5		PA, MO
NUTROPIN AQ NUSPIN 5 5 mg/2ml sc soln pen-inj	5		PA, MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES,			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Anabolic Steroids [Esteroides Anabólicos]			
oxandrolone 10 mg tab, 2.5 mg tab	2	OXANDRIN	PA
Androgens [Andrógenos]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
testosterone 25 MG/2.5GM (1%) td gel	2	ANDROGEL	PA, QL(300 / 30), MO
testosterone cypionate 100 mg/ml im soln	1	DEPO-TESTOSTERONE	PA, MO
testosterone cypionate 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA, MO
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA, MO
Estrogens [Estrógenos]			
estradiol 0.1 mg/gm vag crm	2	ESTRACE	MO
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	PA, MO, HR
estradiol 10 mcg vag tab	2	VAGIFEM	QL(18 / 30), MO
estradiol valerate 40 mg/ml im oil	2	DELESTROGEN	
PREMARIN 0.625 mg/gm vag crm	3		MO
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	3		PA, MO, HR
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers) (combination Product) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Hormonas Sexuales/Modificadores) (Productos En Combinación)]			
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	MO
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	PA, MO, HR
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	MO
Progestins [Progestinas]			
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	2	DEPO-PROVERA	QL(1 / 90)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	MO
megestrol acetate 40 mg/ml susp	2	MEGACE	PA, HR
megestrol acetate 20 mg tab, 40 mg tab	2	MEGACE	PA, HR

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	MO
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	MO
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
DUAVEE 0.45-20 mg tab	3		PA, QL(30 / 30), MO, HR
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
<i>levothyroxine sodium 25 mcg tab</i>	1	SYNTHROID	MO
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	MO
<i>LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	4		MO
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	MO
<i>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</i>	3		MO
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) [AGENTES HORMONALES, SUPRESORES (ADRENALES)]			
Hormonal Agents, Suppressant (adrenal) [Agentes Hormonales, Supresores (Adrenales)]			
LYSODREN 500 mg tab	5		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]			
Hormonal Agents, Suppressant (pituitary) [Agentes Hormonales, Supresores (Pituitaria)]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 7.5 mg sc kit	4		PA(*), QL(1 / 28)
ELIGARD 22.5 mg sc kit	4		PA(*), QL(1 / 84)
ELIGARD 30 mg sc kit	4		PA(*), QL(1 / 120)
ELIGARD 45 mg sc kit	4		PA(*), QL(1 / 180)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	2	LUPRON	PA(*)
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA(*), QL(1 / 28)
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA(*), QL(1 / 84)
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA(*), QL(1 / 90)
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA(*), QL(1 / 168)
<i>octreotide acetate 100 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln</i>	2	SANDOSTATIN	PA^, MO
<i>octreotide acetate 1000 mcg/ml inj soln, 500 mcg/ml inj soln</i>	5	SANDOSTATIN	PA^, MO
ORGOVYX 120 mg tab	5		PA
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA^, MO
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA^, LA, MO
SYNAREL 2 mg/ml nasal soln	5		
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	MO
<i>propylthiouracil 50 mg tab</i>	2		MO
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Angioedema Agents [Agentes De La Angioedema]			
CINRYZE 500 unit iv soln	5		PA(*), HI
<i>icatibant acetate 30 mg/3ml sc soln</i>	5	FIRAZYR	PA
Immune Suppressants [Inmunosupresores]			
AFINITOR DISPERZ 5 mg tab sol	5		PA, QL(120 / 30)
AFINITOR DISPERZ 3 mg tab sol	5		PA, QL(180 / 30)
AFINITOR DISPERZ 2 mg tab sol	5		PA, QL(300 / 30)
AZASAN 100 mg tab, 75 mg tab	4		PA^, MO
<i>azathioprine 50 mg tab</i>	2	IMURAN	PA^, MO
<i>cyclosporine 100 mg cap, 25 mg cap</i>	2	SANDIMMUNE	PA^, MO
<i>cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap</i>	2	NEORAL	PA^, MO
<i>cyclosporine modified 100 mg/ml soln</i>	2	NEORAL	PA^, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ENBREL 25 mg/0.5ml sc soln pfs	5		PA, QL(4.08 / 28), MO
ENBREL 25 mg sc soln	5		PA, QL(8 / 28), MO
ENBREL 25 mg/0.5ml sc soln, 50 mg/ml sc soln pfs	5		PA, QL(8 / 28), MO
ENBREL MINI 50 mg/ml sc soln cart	5		PA, QL(8 / 28), MO
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA, QL(8 / 28), MO
<i>everolimus 0.25 mg tab</i>	2	ZORTRESS	PA^, MO
<i>everolimus 0.5 mg tab, 0.75 mg tab</i>	5	ZORTRESS	PA^, MO
HUMIRA 20 mg/0.2ml sc pfs kit	5		PA, QL(2 / 28), MO
HUMIRA 10 mg/0.1ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA, QL(6 / 28), MO
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	5		PA, MO
HUMIRA PEN 80 mg/0.8ml sc pen-inj kit	5		PA, QL(2 / 28), MO
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	5		PA, QL(6 / 28), MO
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA, MO
HUMIRA PEN-PEDIATRIC UC START 80 mg/0.8ml sc pen-inj kit	5		PA, MO
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	5		PA, MO
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA, MO
LUPKYNIS 7.9 mg cap	5		PA, MO
<i>methotrexate 2.5 mg tab</i>	2		
<i>methotrexate sodium 50 mg/2ml inj soln</i>	2		PA(*)
<i>methotrexate sodium (pf) 50 mg/2ml inj soln</i>	1		PA(*)
<i>methotrexate sodium (pf) 200 mg/8ml inj soln</i>	2		PA(*)
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	CELLCEPT	PA^, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mycophenolate mofetil 200 mg/ml susp</i>	5	CELLCEPT	PA^, MO
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	2	MYFORTIC	PA^, MO
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA, MO, FQL
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA, MO
PROGRAF 0.2 mg pckt, 1 mg pckt	4		PA^, MO
RAPAMUNE 1 mg/ml soln	5		PA^, MO
REZUROCK 200 mg tab	5		PA^, LA, MO, FQL
RINVOQ 15 mg tab er 24 hr	5		PA, MO, FQL
SANDIMMUNE 100 mg/ml soln	4		PA^, MO
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	RAPAMUNE	PA^, MO
SKYRIZI 150 mg/ml sc soln pfs	5		PA, MO
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	5		PA, MO
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA, MO
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PROGRAF	PA^, MO
XELJANZ 1 mg/ml soln	5		PA, MO
XELJANZ 10 mg tab, 5 mg tab	5		PA, MO, FQL
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA, MO, FQL
ZORTRESS 1 mg tab	5		PA^, MO
Immunizing Agents, Passive [Agentes Inmunizantes, Pasivos]			
BEXSERO im susp pfs	4		
GAMMAGARD 2.5 gm/25ml inj soln	5		PA^
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	5		PA^
GAMMAPLEX 10 gm/200ml iv soln	3		PA^
GAMMAPLEX 10 gm/100ml iv soln, 20 gm/200ml iv soln, 5 gm/50ml iv soln	5		PA^
GAMUNEX-C 1 gm/10ml inj soln	5		PA^
PRIVIGEN 20 gm/200ml iv soln	5		PA(*), HI
Immunomodulators [Inmunomoduladores]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	5		PA, LA, MO
ARCALYST 220 mg sc soln	5		PA, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA [^] , MO
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	MO
Vaccines [Vacunas]			
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		
<i>bcg vaccine inj</i>	2		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		
DAPTACEL 23-15-5 im susp	3		
<i>diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp</i>	2		PA(*)
ENGRIX-B 10 mcg/0.5ml inj susp, 20 mcg/ml inj susp	3		PA(*)
GARDASIL 9 im susp, im susp pfs	4		PA, QL(1.5 / 365)
HAVRIX 1440 el u/ml im susp, 720 el u/0.5ml im susp	3		
HIBERIX 10 mcg inj soln	3		
IMOVAX RABIES 2.5 unit/ml im inj	3		PA(*)
INFANRIX 25-58-10 im susp	3		
IPOPOL inj	3		
IXIARO im susp	4		
KINRIX im susp	3		
MENACTRA im inj	3		
MENQUADFI im inj	3		
MENVEO im soln	3		
M-M-R II inj soln	3		
PEDIARIX im susp	3		
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp	3		
RABAVERT im susp	3		PA(*)
RECOMBIVAX HB 10 mcg/ml inj susp, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp	3		PA(*)
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		QL(2 / 999)
TDVAX 2-2 lf/0.5ml im susp	3		PA(*)
TENIVAC 5-2 lfu im inj	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUMENBA im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		PA(*)
TYPHIM VI 25 mcg/0.5ml im soln	3		
VAQTA 25 unit/0.5ml im susp, 50 unit/ml im susp	3		
VARIVAX 1350 pfu/0.5ml sc inj	3		
YF-VAX sc inj	3		
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates [Aminosalicilatos]			
<i>balsalazide disodium 750 mg cap</i>	2	COLAZAL	
<i>mesalamine 1000 mg rect supp</i>	2	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	MO
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>sulfasalazine 500 mg tab</i>	1	AZULFIDINE	MO
<i>sulfasalazine 500 mg tab dr</i>	2	AZULFIDINE	MO
Glucocorticoids [Glucocorticoides]			
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	
<i>budesonide er 9 mg tab er 24 hr</i>	5	UCERIS	
<i>methylprednisolone 32 mg tab, 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 8 mg tab</i>	2	MEDROL	
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
<i>alendronate sodium 10 mg tab</i>	1	FOSAMAX	MO
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	FOSAMAX	QL(4 / 28), MO
<i>alendronate sodium 70 mg/75ml soln</i>	2	FOSAMAX	MO
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	QL(3.7 / 30), MO
<i>calcitriol 0.25 mcg cap</i>	1	ROCALTROL	MO
<i>calcitriol 0.5 mcg cap</i>	2	ROCALTROL	MO
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	MO
<i>cinacalcet hcl 30 mg tab, 60 mg tab</i>	2	SENSIPAR	PA(*), MO
<i>cinacalcet hcl 90 mg tab</i>	5	SENSIPAR	PA(*), MO
<i>FORTEO 620 mcg/2.48ml sc soln pen-inj</i>	5		PA, MO
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	QL(1 / 28), ST, MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NATPARA 100 mcg sc cart, 25 mcg sc cart, 50 mcg sc cart, 75 mcg sc cart	5		PA, LA, MO
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA, MO
PROLIA 60 mg/ml sc soln pfs	4		PA(*), QL(1 / 180)
<i>teriparatide (recombinant) 620 mcg/2.48ml sc soln pen-inj</i>	5		PA, MO
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	5		PA, MO
XGEVA 120 mg/1.7ml sc soln	5		PA(*), QL(1.7 / 28)
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]			
Ophthalmic Agents (combination Product) [Agentes Oftálmicos (Productos En Combinación)]			
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
COMBIGAN 0.2-0.5 % ophth soln	3		QL(5 / 25), MO
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	QL(10 / 30), MO
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
SIMBRINZA 1-0.2 % ophth susp	3		MO
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
<i>atropine sulfate 1 % ophth soln</i>	2		QL(15 / 15), MO
CYSTARAN 0.44 % ophth soln	5		PA, MO
<i>proparacaine hcl 0.5 % ophth soln</i>	2	ALCAINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RESTASIS 0.05 % ophth emul	4		PA, QL(60 / 30), MO
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			
cromolyn sodium 4 % ophth soln	1	OPTICROM	
olopatadine hcl 0.1 % ophth soln	2	PATANOL	ST
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
ALPHAGAN P 0.1 % ophth soln	3		MO
brimonidine tartrate 0.2 % ophth soln	1	ALPHAGAN	MO
brimonidine tartrate 0.15 % ophth soln	2	ALPHAGAN P	MO
brinzolamide 1 % ophth susp	2	AZOPT	MO
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	QL(10 / 30), MO
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	MO
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTOCARPINE	MO
RHOPRESSA 0.02 % ophth soln	3		QL(2.5 / 25), ST, MO
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	MO
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
DUREZOL 0.05 % ophth emul	3		
fluorometholone 0.1 % ophth susp	2	FML	
flurbiprofen sodium 0.03 % ophth soln	2	OCUFEN	
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	
prednisolone acetate 1 % ophth susp	2	PRED FORTE	
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
bimatoprost 0.03 % ophth soln	2	LUMIGAN	QL(5 / 25), MO
latanoprost 0.005 % ophth soln	1	XALATAN	QL(2.5 / 25), MO
LUMIGAN 0.01 % ophth soln	3		QL(2.5 / 25), MO
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents [Agentes Óticos]			
fluocinolone acetonide 0.01 % otic oil	2	DERMOTIC	
Otic Agents (combination Product) [Agentes Óticos (Productos En Combinación)]			
hydrocortisone-acetic acid 1-2 % otic soln	2	ACETASOL HC	

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Antihistamines [Antihistamínicos]			
<i>azelastine hcl 0.1 % nasal soln</i>	2	ASTELIN	QL(30 / 25)
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>cyproheptadine hcl 4 mg tab</i>	2	PERIACTIN	PA, HR
<i>desloratadine 5 mg tab</i>	2	CLARINEX	ST
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	2	XYZAL	ST
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
<i>budesonide 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	2	PULMICORT	PA(*), MO
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(21.2 / 30), MO
Antileukotrienes [Antileucotrienos]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	MO
<i>montelukast sodium 4 mg pckt</i>	2	SINGULAIR	MO
<i>zafirlukast 10 mg tab, 20 mg tab</i>	2	ACCOLATE	MO
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30), MO
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	3		QL(30 / 30), MO
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	PA(*), MO
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	2	ATROVENT	QL(30 / 25), MO
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30), MO
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	ACCUNEB	PA(*), QL(360 / 30), MO
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	MO
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	PA(*), QL(60 / 30), MO
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	2	VENTOLIN	PA(*), QL(360 / 30), MO
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	2	PROAIR HFA	QL(36 / 30), MO
<i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i>	2	ADRENACLICK	QL(2 / 30)
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	2	EPIPEN JR	QL(2 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(60 / 30), MO
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	MO
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30), MO
Cystic Fibrosis Agents [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	5		PA
KALYDECO 150 mg tab, 25 mg pckt, 50 mg pckt, 75 mg pckt	5		PA, MO
ORKAMBI 100-125 mg pckt, 100-125 mg tab, 150-188 mg pckt, 200-125 mg tab	5		PA, MO
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	5		PA, MO
<i>tobramycin 300 mg/5ml inh neb soln</i>	5	TOBI	PA(*), MO
Mast Cell Stabilizers [Estabilizadores De Los Mastocitos]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	PA(*), QL(240 / 30), MO
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
DALIRESP 250 mcg tab, 500 mcg tab	4		MO
<i>theophylline er 300 mg tab er 12 hr</i>	2	THEO-DUR	MO
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	MO
Pulmonary Antihypertensives [Antihipertensivos Pulmonares]			

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA, LA, MO, FQL
<i>bosentan 125 mg tab, 62.5 mg tab</i>	5	TRACLEER	PA, LA, MO, FQL
OPSUMIT 10 mg tab	5		PA, LA, MO, FQL
<i>sildenafil citrate 20 mg tab</i>	2	REVATIO	PA, MO
<i>tadalafil (pah) 20 mg tab</i>	2	ADCIRCA	PA, MO, FQL
UPTRAVI 200 & 800 mcg tab pack	5		PA, FQL
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	5		PA, MO, FQL
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA, LA, MO, FQL
Pulmonary Fibrosis Agents [Agentes Para La Fibrosis Pulmonar]			
ESBRIET 267 mg cap, 267 mg tab, 801 mg tab	5		PA, MO
OFEV 100 mg cap, 150 mg cap	5		PA, MO
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	PA(*)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	4		QL(12 / 30), MO
ANORO ELLIPTA 62.5-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30), MO
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30), MO
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30), MO
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(8 / 30), MO
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA, MO
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	2	AIRDUO	QL(1 / 30), MO
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	PA(*), MO
PULMOZYME 1 mg/ml inh soln	5		PA(*), MO
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		QL(4 / 30), MO

¹ Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30), MO
TRELEGY ELLIPTA 100-62.5-25 mcg/inh inh aer pwdr br act, 200-62.5-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30), MO
WIXELA INHUB 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	3		QL(60 / 30), MO
XOLAIR 75 mg/0.5ml sc soln pfs	5		PA(*), QL(1 / 28)
XOLAIR 150 mg sc soln	5		PA(*), QL(6 / 28)
XOLAIR 150 mg/ml sc soln pfs	5		PA(*), QL(8 / 28)
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculo-esqueléticos]			
cyclobenzaprine hcl 7.5 mg tab	2	FEXMID	PA, HR
cyclobenzaprine hcl 10 mg tab, 5 mg tab	2	FLEXERIL	PA, HR
tizanidine hcl 2 mg tab, 4 mg tab	1	ZANAFLEX	
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
flurazepam hcl 15 mg cap, 30 mg cap	2	DALMANE	
temazepam 15 mg cap, 30 mg cap	2	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	2	SONATA	QL(30 / 30), HR
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
HETLIOZ 20 mg cap	5		PA, QL(30 / 30), MO
HETLIOZ LQ 4 mg/ml susp	5		PA, MO
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	PA, MO
ramelteon 8 mg tab	2	ROZEREM	
SILENOR 3 mg tab, 6 mg tab	4		QL(30 / 30), HR
XYREM 500 mg/ml soln	5		PA, LA
zolpidem tartrate 10 mg tab, 5 mg tab	2	AMBIEN	PA, HR
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	2	AMBIEN CR	PA, HR

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Over the Counter (OTC) Covered Drug List

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
This plan requires a prescription in order for you to obtain your OTC medications. [Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC].	
<i>12 hr cetirizine hydrochloride 5 mg / pseudoephedrine hydrochloride 120 mg tab er</i>	ZYRTEC-D ALLERGY & CONGESTION
<i>12 hr fexofenadine hydrochloride 60 mg / pseudoephedrine hydrochloride 120 mg tab er</i>	ALLEGRA-D ALLERGY & CONGESTION
<i>12 hr loratadine 5 mg / pseudoephedrine sulfate 120 mg tab er</i>	CLARITIN-D 12 HOUR, ALAVERT ALLERGY/SINUS
<i>24 hr loratadine 10 mg / pseudoephedrine sulfate 240 mg tab er</i>	CLARITIN-D 24 HOUR
<i>cetirizine hydrochloride 1 mg/ml soln, 10 mg tab chew, 10 mg tab disint, 10 mg cap, 10 mg tab, 5 mg tab chew, 5 mg tab</i>	ZYRTEC ALLERGY
<i>docosanol 100 mg/ml crm</i>	ABREVA
<i>fexofenadine hydrochloride 180 mg tab, 30 mg tab disint, 6 mg/ml susp, 60 mg tab</i>	ALLEGRA ALLERGY
<i>ketotifen 0.25 mg/ml ophth soln</i>	ALAWAY, CLARITIN EYE, ZADITOR, ZYRTEC ITCHY
<i>lansoprazole 15 mg cap dr</i>	PREVACID 24HR
<i>levocetirizine dihydrochloride 5 mg tab</i>	XYZAL ALLERGY 24HR
<i>loratadine 1 mg/ml soln, 10 mg tab disint, 10 mg cap, 10 mg tab, 5 mg tab chew</i>	CLARITIN, ALAVERT
<i>omeprazole 20 mg cap dr, 20 mg tab dr</i>	PRILOSEC OTC

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