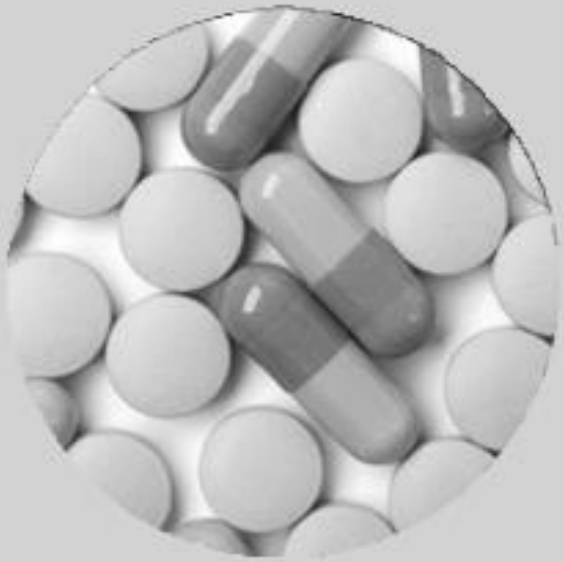
2021

DRUG FORMULARY
(L)



TRIPLE-S ADVANTAGE

Triple-S Advantage

2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID:0021583, Version 8

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

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 **Óptimo Plus (PPO), Triple-S Advantage Group Plan (HMO) and Triple-S Advantage Group Plan (PPO).**

This document includes list of the drugs (formulary) for our plan which is current as of **February 1, 2021**. 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 also find information in the section below entitled “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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 **February 1, 2021**. To get updated information about the drugs covered by Óptimo Plus (PPO), Triple-S Advantage Group Plan (HMO) and Triple-S Advantage Group Plan (PPO), 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 91**. 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 9 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 *or* step therapy restriction *or* 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 90** 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 a lower cost-sharing level if this drug is not 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, tearing or utilization restriction exception. **When you request a formulary, tearing 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.

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 91**.

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

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

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

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

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística están disponibles libre de cargo para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520). ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-888-620-1919 (TTY: 1-866-620-2520). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520.

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Dosage Form and Route of Administrations, Abbreviations

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

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

Table of Contents

Formulary Drug List

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[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), CG
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30), CG
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	QL(180 / 30), CG
acetaminophen-codeine #3 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), CG
butalbital-apap-caffeine 50-325-40 mg tab	2	ESGIC	PA, QL(180 / 30), HR, CG
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	2	ARTHROTEC	MO, CG
endocet 7.5-325 mg tab	1		QL(240 / 30), CG
endocet 5-325 mg tab	1		QL(360 / 30), CG
endocet 10-325 mg tab	2		QL(180 / 30), CG
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	1	NORCO	QL(180 / 30), CG
hydrocodone-acetaminophen 5-325 mg tab	1	NORCO	QL(360 / 30), CG
oxycodone-acetaminophen 5-325 mg tab	1	PERCOCET	QL(360 / 30), CG
oxycodone-acetaminophen 10-325 mg tab	2	PERCOCET	QL(180 / 30), CG
oxycodone-acetaminophen 7.5-325 mg tab	2	PERCOCET	QL(240 / 30), CG
oxycodone-acetaminophen 2.5-325 mg tab	2	PERCOCET	QL(360 / 30), CG
oxycodone-aspirin 4.8355-325 mg tab	2	PERCODAN	QL(360 / 30), CG
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30), CG
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
celecoxib 100 mg cap	1	CELEBREX	ST, MO, CG
celecoxib 200 mg cap, 400 mg cap, 50 mg cap	2	CELEBREX	ST, MO, CG
diclofenac potassium 50 mg tab	2	CATAFLAM	MO, CG

[1] Please refer to page 8 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]
diclofenac sodium 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	MO, CG
diclofenac sodium 25 mg tab dr	2	VOLTAREN	MO, CG
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN	MO, CG
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	2	LODINE	MO, CG
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	2	LODINE XL	MO, CG
flurbiprofen 100 mg tab	1	ANSAID	MO, CG
ibuprofen 100 mg/5ml susp	1	MOTRIN	CG
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	MO, CG
indomethacin 25 mg cap, 50 mg cap	2	INDOCIN	PA, MO, HR, CG
ketoprofen 50 mg cap, 75 mg cap	2	ORUDIS	MO, CG
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	MO, CG
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	MO, CG
naproxen 250 mg tab, 375 mg tab, 500 mg tab	1	NAPROSYN	MO, CG
naproxen 125 mg/5ml susp	2	NAPROSYN	MO, CG
naproxen dr 375 mg tab dr, 500 mg tab dr	1	NAPROSYN	MO, CG
naproxen sodium 275 mg tab, 550 mg tab	2	ANAPROX	MO, CG
piroxicam 10 mg cap, 20 mg cap	2	FELDENE	MO, CG
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	MO, CG
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	2	DURAGESIC	PA, QL(10 / 30), CG
fentanyl 62.5 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr	5	DURAGESIC	PA, QL(10 / 30)
morphine sulfate er 100 mg tab er	2	MS CONTIN	PA, QL(36 / 30), CG
morphine sulfate er 200 mg tab er	2	MS CONTIN	PA, QL(60 / 30), CG
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	2	MS CONTIN	PA, QL(90 / 30), CG

[1] Please refer to page 8 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]
oxycodone hcl er 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr	2	OXYCONTIN	PA, CG
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	2	OXYCONTIN	PA, QL(60 / 30), CG
oxycodone hcl er 80 mg tab er 12 hr abuse-deterr	5	OXYCONTIN	PA
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
DEMEROL 50 mg/ml inj soln	4		PA, HR
fentanyl citrate 600 mcg bucc tab, 800 mcg bucc tab	5	FENTORA	PA, QL(28 / 30)
fentanyl citrate 400 mcg bucc tab	5	FENTORA	PA, QL(56 / 30)
fentanyl citrate 200 mcg bucc tab	5	FENTORA	PA, QL(140 / 30)
fentanyl citrate 100 mcg bucc tab	5	FENTORA	PA, QL(180 / 30)
meperidine hcl 50 mg/ml inj soln	2	DEMEROL	PA, HR, CG
morphine sulfate 15 mg tab, 30 mg tab	2		QL(180 / 30), CG
morphine sulfate (concentrate) 100 mg/5ml soln	1		CG
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30), CG
ANESTHETICS [ANESTÉSICOS]			
Local Anesthetics [Anestésicos Locales]			
lidocaine 5 % patch	2	LIDODERM	PA, CG
lidocaine hcl 4 % ext soln	2	XYLOCAINE	CG
lidocaine hcl urethral/mucosal 2 % gel	1	XYLOCAINE	CG
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	CG
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/anti-craving [Disuasivos Del Alcohol/Anti Ansiedad]			
acamprosate calcium 333 mg tab dr	2	CAMPRAL	MO, CG
disulfiram 250 mg tab	2	ANTABUSE	MO, CG
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
buprenorphine hcl 2 mg tab subl	2	SUBUTEX	QL(90 / 30), CG
buprenorphine hcl 8 mg tab subl	2	SUBUTEX	QL(360 / 30), CG
buprenorphine hcl-naloxone hcl 12-3 mg subl film	2	SUBOXONE	QL(60 / 30), CG
buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl	2	SUBOXONE	QL(90 / 30), CG

[1] Please refer to page 8 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]
buprenorphine hcl-naloxone hcl 2-0.5 mg subl film	2	SUBOXONE	QL(120 / 30), CG
buprenorphine hcl-naloxone hcl 4-1 mg subl film	2	SUBOXONE	QL(180 / 30), CG
buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl	2	SUBOXONE	QL(240 / 30), CG
naltrexone hcl 50 mg tab	2		CG
Opioid Reversal Agents [Agentes Para La Reversión De Opioides]			
naloxone hcl 0.4 mg/ml inj soln cart	1	NARCAN	CG
naloxone hcl 0.4 mg/ml inj soln, 2 mg/2ml inj soln pfs	2	NARCAN	CG
Smoking Cessation Agents [Agentes Para La Cesación De Fumar]			
bupropion hcl 100 mg tab	1	WELLBUTRIN	QL(90 / 30), MO, CG
bupropion hcl 75 mg tab	2	WELLBUTRIN	QL(180 / 30), MO, CG
bupropion hcl er (smoking det) 150 mg tab er 12 hr	2	ZYBAN	QL(60 / 30), CG
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	1	WELLBUTRIN SR	QL(60 / 30), MO, CG
bupropion hcl er (sr) 200 mg tab er 12 hr	2	WELLBUTRIN SR	QL(60 / 30), MO, CG
bupropion hcl er (xl) 300 mg tab er 24 hr	2	WELLBUTRIN XL	QL(30 / 30), MO, CG
bupropion hcl er (xl) 150 mg tab er 24 hr	2	WELLBUTRIN XL	QL(60 / 30), MO, CG
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)
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
amikacin sulfate 500 mg/2ml inj soln	2	AMIKIN	PA(*), HI, CG
GENTAK 0.3 % ophth oint	2		CG
gentamicin sulfate 40 mg/ml inj soln	1		PA(*), HI, CG
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	CG
gentamicin sulfate 0.1 % crm, 0.1 % oint	2	GARAMYCIN	CG
neomycin sulfate 500 mg tab	1		CG

[1] Please refer to page 8 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]
paromomycin sulfate 250 mg cap	2		CG
streptomycin sulfate 1 gm im soln	2		PA(*), CG
tobramycin 0.3 % ophth soln	1	TOBREX	CG
tobramycin sulfate 80 mg/2ml inj soln	1		PA(*), HI, CG
tobramycin sulfate 10 mg/ml inj soln	2		PA(*), HI, CG
Antibacterials (combination Product) [Antibacterianos (Productos En Combinación)]			
ampicillin-sulbactam sodium 15 (10-5) gm iv soln, 3 (2-1) gm inj soln	2	UNASYN	PA(*), HI, CG
imipenem-cilastatin 250 mg iv soln, 500 mg iv soln	2	PRIMAXIN	PA(*), HI, CG
piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln	2	ZOSYN	HI, CG
Antibacterials, Other [Antibacterianos, Otros]			
acetic acid 2 % otic soln	2	VOSOL	CG
alcohol preps pad	1		CG
bacitracin 500 unit/gm ophth oint	2		CG
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	CG
clindamycin palmitate hcl 75 mg/5ml soln	2	CLEOCIN	CG
clindamycin phosphate 900 mg/6ml inj soln	1	CLEOCIN	PA(*), HI, CG
clindamycin phosphate 2 % vag crm	2	CLEOCIN	CG
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln	2	CLEOCIN	PA(*), HI, CG
clindamycin phosphate 1 % swab	2	CLEOCIN-T	CG
clindamycin phosphate 1 % gel	2	CLEOCIN-T	CG
clindamycin phosphate 1 % ext soln	2	CLEOCIN-T	CG
clindamycin phosphate in d5w 300 mg/50ml iv soln, 600 mg/50ml iv soln, 900 mg/50ml iv soln	2	CLEOCIN	PA(*), HI, CG
colistimethate sodium (cba) 150 mg inj soln	2	COLY-MYCIN	PA(*), HI, CG
daptomycin 350 mg iv soln	5		HI, FQL
daptomycin 500 mg iv soln	5	CUBICIN	HI, FQL
FIRVANQ 25 mg/ml soln	3		
FIRVANQ 50 mg/ml soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
linezolid 600 mg tab	2	ZYVOX	PA, CG
linezolid 100 mg/5ml susp	5	ZYVOX	PA, FQL
linezolid 600 mg/300ml iv soln	5	ZYVOX	PA(*), HI, FQL
MACRODANTIN 25 mg cap, 50 mg cap	4		QL(90 / 90), HR
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	CG
metronidazole 0.75 % crm	2	METROCREAM	CG
metronidazole 0.75 % gel, 0.75 % vag gel	2	METROGEL	CG
metronidazole 0.75 % lot	2	METROLOTION	CG
metronidazole in nacl 5-0.79 mg/ml-% iv soln	2	FLAGYL	PA(*), HI, CG
mupirocin 2 % oint	1	BACTROBAN	CG
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	2	MACRODANTIN	QL(90 / 90), HR, CG
nitrofurantoin monohyd macro 100 mg cap	2	MACROBID	QL(90 / 90), HR, CG
polymyxin b sulfate 500000 unit inj soln	2		PA(*), HI, CG
SIVEXTRO 200 mg tab	5		PA, FQL
SIVEXTRO 200 mg iv soln	5		PA(*), HI
SULFAMYLON 5 % ext pckt	4		
SULFAMYLON 85 mg/gm crm	4		
tigecycline 50 mg iv soln	5	TYGACIL	PA(*), HI
trimethoprim 100 mg tab	1		CG
VANCOCIN 250 mg cap	5		FQL
VANCOCIN HCL 125 mg cap	5		FQL
vancomycin hcl 1 gm iv soln, 250 mg iv soln, 750 mg iv soln	2		HI, CG
vancomycin hcl 125 mg cap, 250 mg cap	2	VANCOCIN	CG, FQL
vancomycin hcl 500 mg iv soln	2	VANCOCIN	HI, CG
vancomycin hcl 10 gm iv soln	2	VANCOCIN	PA(*), HI, CG, FQL
XIFAXAN 550 mg tab	5		PA, MO, FQL
ZYVOX 600 mg/300ml iv soln	4		PA(*), HI, FQL
ZYVOX 100 mg/5ml susp	5		PA
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
cefaclor 250 mg cap, 500 mg cap	2	CECLOR	CG
cefadroxil 500 mg cap	1	DURICEF	CG
cefadroxil 1 gm tab	2	DURICEF	CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	CG
cefazolin sodium 1 gm inj soln	1	ANCEF	HI, CG
cefazolin sodium 500 mg inj soln	2	ANCEF	HI, CG
cefazolin sodium 10 gm inj soln	2	ANCEF	PA(*), HI, CG
cefdinir 300 mg cap	1	OMNICEF	CG
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	2	OMNICEF	CG
cefepime hcl 1 gm inj soln, 2 gm inj soln	2	MAXIPIME	HI, CG
cefixime 400 mg cap	2		CG, FQL
cefoxitin sodium 1 gm iv soln, 10 gm inj soln, 2 gm iv soln	2	MEFOXIN	PA(*), HI, CG
ceftazidime 1 gm inj soln, 2 gm inj soln, 6 gm inj soln	2	TAZICEF	PA(*), HI, CG
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	CG
ceftriaxone sodium 10 gm iv soln	2	ROCEPHIN	CG
cefuroxime axetil 250 mg tab, 500 mg tab	2	CEFTIN	CG
cefuroxime sodium 1.5 gm iv soln, 7.5 gm inj soln, 750 mg inj soln	2	ZINACEF	PA(*), HI, CG
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	CG
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	CG
TEFLARO 400 mg iv soln, 600 mg iv soln	5		PA(*), HI, FQL
Beta-lactam, Other [Beta-Lactámicos, Otros]			
aztreonam 1 gm inj soln	2		HI, CG
ertapenem sodium 1 gm inj soln	2	INVANZ	HI, CG
meropenem 500 mg iv soln	2	MERREM	HI, CG
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 875 mg tab	1		CG
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1		CG
amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab	1		CG

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
azithromycin 250 mg tab, 250 mg tab pack, 500 mg tab, 500 mg tab pack	1	ZITHROMAX	CG
azithromycin 600 mg tab	2	ZITHROMAX	CG
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	2	ZITHROMAX	CG
azithromycin 500 mg iv soln	2	ZITHROMAX	PA(*), HI, CG
clarithromycin 250 mg tab	1	BIAXIN	CG
clarithromycin 500 mg tab	2	BIAXIN	CG
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	2	BIAXIN	CG
clarithromycin er 500 mg tab er 24 hr	2	BIAXIN XL	CG
E.E.S. GRANULES 200 mg/5ml susp	4		FQL
ery 2 % pad	3		
ERYTHROCIN LACTOBIONATE 500 mg iv soln	4		PA(*), HI, FQL
erythromycin 2 % ext soln	2		CG
erythromycin 2 % gel	2	ERYGEL	CG
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	CG
erythromycin base 500 mg tab dr	2		CG, FQL
erythromycin ethylsuccinate 400 mg tab	2	E.E.S.	CG
Quinolones [Quinolonas]			
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	CG
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	CG
ciprofloxacin in d5w 200 mg/100ml iv soln	2	CIPRO	PA(*), HI, CG
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	CG
levofloxacin 25 mg/ml soln	2	LEVAQUIN	CG
levofloxacin 25 mg/ml iv soln	2	LEVAQUIN	PA(*), HI, CG
levofloxacin in d5w 500 mg/100ml iv soln	2		PA(*), HI, CG
MOXEZA 0.5 % ophth soln	4		
moxifloxacin hcl 400 mg tab	2	AVELOX	CG
moxifloxacin hcl in nacl 400 mg/250ml iv soln	2	AVELOX	PA(*), HI, CG
ofloxacin 400 mg tab	2	FLOXIN	CG
ofloxacin 0.3 % otic soln	2	FLOXIN	CG
ofloxacin 0.3 % ophth soln	2	OCUFLOX	CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Sulfonamides [Sulfonamidas]			
silver sulfadiazine 1 % crm	2	SILVADENE	CG
SSD 1 % crm	2		CG
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	CG
sulfacetamide sodium 10 % ophth oint	2	SODIUM SULAMYD	CG
sulfacetamide sodium (acne) 10 % lot	2	KLARON	CG
sulfadiazine 500 mg tab	2		CG, FQL
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	CG
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	2	SEPTRA	CG
Tetracyclines [Tetraciclinas]			
DOXY 100 100 mg iv soln	4		PA(*), HI
doxycycline monohydrate 100 mg cap, 50 mg cap	1	MONODOX	CG
doxycycline monohydrate 75 mg cap	2	MONODOX	CG
doxycycline monohydrate 25 mg/5ml susp	2	VIBRAMYCIN	CG
minocycline hcl 100 mg cap, 50 mg cap	1	MINOCIN	CG
minocycline hcl 75 mg cap	2	MINOCIN	CG
tetracycline hcl 250 mg cap, 500 mg cap	2		CG
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		MO
BRIVIACT 10 mg/ml soln	5		MO
EPIDIOLEX 100 mg/ml soln	5		PA, MO, FQL
FINTEPLA 2.2 mg/ml soln	5		MO, FQL
levetiracetam 250 mg tab, 500 mg tab	1	KEPPRA	MO, CG
levetiracetam 1000 mg tab, 750 mg tab	2	KEPPRA	MO, CG
levetiracetam 100 mg/ml soln	2	KEPPRA	MO, CG
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA	MO, CG
NAYZILAM 5 mg/0.1ml nasal soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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, CG
ethosuximide 250 mg/5ml soln	2	ZARONTIN	MO, CG
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		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		MO, CG
pregabalin 20 mg/ml soln	2		QL(900 / 30), MO, CG
ZARONTIN 250 mg cap	4		MO, FQL
ZARONTIN 250 mg/5ml soln	4		MO, FQL
zonisamide 50 mg cap	1	ZONEGRAN	MO, CG
zonisamide 100 mg cap, 25 mg cap	2	ZONEGRAN	MO, CG
Gamma-aminobutyric Acid (gaba) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba)]			
clobazam 10 mg tab, 20 mg tab	2	ONFI	MO, CG, FQL
clobazam 2.5 mg/ml susp	5	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), CG
clonazepam 2 mg tab, 2 mg tab disint	2	KLONOPIN	QL(300 / 30), CG
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		MO
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	5		MO, FQL
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	2		CG
diazepam 5 mg/5ml soln, 5 mg/ml oral conc	2		CG
diazepam 10 mg tab	2	VALIUM	QL(120 / 30), CG
diazepam 5 mg tab	2	VALIUM	QL(240 / 30), CG
diazepam 2 mg tab	2	VALIUM	QL(360 / 30), CG
divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
divalproex sodium 125 mg cap dr sprinkle	2	DEPAKOTE	MO, CG
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE	MO, CG
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	MO, CG
gabapentin 250 mg/5ml soln	2	NEURONTIN	MO, CG
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	4		MO, FQL
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	2	ATIVAN	CG
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		CG
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	2		PA, MO, HR, CG
phenobarbital 20 mg/5ml oral elix	2		PA, MO, HR, CG
primidone 50 mg tab	1	MYSOLINE	MO, CG
primidone 250 mg tab	2	MYSOLINE	MO, CG
SABRIL 500 mg tab	5		LA, MO, FQL
SYMPAZAN 5 mg oral film	4		MO
SYMPAZAN 10 mg oral film, 20 mg oral film	5		MO
tiagabine hcl 2 mg tab	2	GABITRIL	MO, CG
tiagabine hcl 12 mg tab, 16 mg tab, 4 mg tab	2	GABITRIL	MO, CG, FQL
valproic acid 250 mg cap	2	DEPAKENE	MO, CG
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	5		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	5		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	5		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	5		
vigabatrin 500 mg pckt	5	SABRIL	LA, MO, FQL
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
felbamate 400 mg tab, 600 mg tab	2	FELBATOL	MO, CG
felbamate 600 mg/5ml susp	5	FELBATOL	MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		MO, FQL
FYCOMPA 0.5 mg/ml susp	4		MO, FQL
lamotrigine 25 & 50 & 100 mg oral kit	2		CG
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	1	LAMICTAL	MO, CG
lamotrigine 25 mg tab chew, 5 mg tab chew	2	LAMICTAL	MO, CG
lamotrigine starter kit-blue 35 x 25 mg oral kit	2		CG
lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit	2		CG
lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit	2		CG
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	MO, CG
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	2	TOPAMAX	MO, CG
topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	2	QUDEXY XR	MO, CG
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) 50 & 200 mg tab pack	5		PA, MO, FQL
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	5		PA, MO, FQL
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
APTIOM 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	5		MO, FQL
BANZEL 200 mg tab, 400 mg tab	5		MO, FQL
BANZEL 40 mg/ml susp	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]
carbamazepine 100 mg tab chew, 200 mg tab	2	TEGRETOL	MO, CG
carbamazepine 100 mg/5ml susp	2	TEGRETOL	MO, CG
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2	TEGRETOL	MO, CG
DILANTIN 100 mg cap, 30 mg cap	4		MO
DILANTIN 125 mg/5ml susp	4		MO
DILANTIN INFATABS 50 mg tab chew	4		MO
oxcarbazepine 150 mg tab	1	TRILEPTAL	MO, CG
oxcarbazepine 300 mg tab, 600 mg tab	2	TRILEPTAL	MO, CG
oxcarbazepine 300 mg/5ml susp	2	TRILEPTAL	MO, CG
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	4		MO
phenytoin 50 mg tab chew	2	DILANTIN	MO, CG
phenytoin 125 mg/5ml susp	2	DILANTIN	MO, CG
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	2	DILANTIN	MO, CG
TRILEPTAL 300 mg/5ml susp	5		MO
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, CG
donepezil hcl 10 mg tab disint, 23 mg tab, 5 mg tab disint	2	ARICEPT	MO, CG
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	QL(60 / 30), MO, CG
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	QL(180 / 30), MO, CG
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE	QL(30 / 30), MO, CG
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, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	MO, CG
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, CG
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	PA, CG
memantine hcl 2 mg/ml soln	2	NAMENDA	PA, MO, CG
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, CG
NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 mg cap er 24 hr	4		PA
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, CG
aripiprazole 10 mg tab disint, 15 mg tab disint	5	ABILIFY	ST, MO, FQL
aripiprazole 1 mg/ml soln	5	ABILIFY	ST, MO, FQL
mirtazapine 15 mg tab, 30 mg tab, 45 mg tab	1	REMERON	QL(30 / 30), MO, CG
mirtazapine 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	2	REMERON	QL(30 / 30), MO, CG
mirtazapine 7.5 mg tab	2	REMERON	QL(60 / 30), MO, CG
quetiapine fumarate 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30), MO, CG
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30), MO, CG
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminooxidasa]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	5		MO, FQL
MARPLAN 10 mg tab	4		MO, FQL
NARDIL 15 mg tab	4		MO
phenelzine sulfate 15 mg tab	2	NARDIL	MO, CG
tranylcypromine sulfate 10 mg tab	2	PARNATE	MO, CG

[1] Please refer to page 8 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]
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin - Norepinephrine Reuptake Inhibitors) [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina - Norepinefrina)]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	MO, CG
citalopram hydrobromide 10 mg/5ml soln	2	CELEXA	MO, CG
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	2	KHEDEZLA	QL(30 / 30), ST, MO, CG
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	2	PRISTIQ	QL(30 / 30), ST, MO, CG
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		MO
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	MO, CG
escitalopram oxalate 20 mg tab	1	LEXAPRO	QL(30 / 30), MO, CG
escitalopram oxalate 10 mg tab, 5 mg tab	1	LEXAPRO	QL(60 / 30), MO, CG
escitalopram oxalate 5 mg/5ml soln	2	LEXAPRO	QL(600 / 30), MO, CG
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
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	PROZAC	MO, CG
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	MO, CG
fluoxetine hcl 60 mg tab	2	PROZAC	MO, CG
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	MO, CG
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	2		MO, CG
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	SERZONE	MO, CG
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	PA, MO, HR, CG
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	2	PAXIL	PA, MO, HR, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PAXIL 10 mg/5ml susp	4		PA, MO, HR, FQL
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	MO, CG
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	MO, CG
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	MO, CG
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		MO, FQL
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	QL(90 / 30), MO, CG
venlafaxine hcl er 150 mg cap er 24 hr	1	EFFEXOR	QL(30 / 30), MO, CG
venlafaxine hcl er 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR	QL(60 / 30), MO, CG
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]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	ELAVIL	MO, HR, CG
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	2		MO, HR, CG
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	2	ANAFRANIL	MO, HR, CG, FQL
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	NORPRAMIN	MO, HR, CG
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	MO, HR, CG
doxepin hcl 10 mg/ml oral conc	2	SINEQUAN	MO, HR, CG
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	TOFRANIL	MO, HR, CG
imipramine pamoate 125 mg cap	2	TOFRANIL-PM	MO, HR, CG
imipramine pamoate 100 mg cap, 150 mg cap, 75 mg cap	2	TOFRANIL-PM	MO, HR, CG, FQL
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	PAMELOR	MO, HR, CG
nortriptyline hcl 10 mg/5ml soln	2	PAMELOR	MO, HR, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
protriptyline hcl 10 mg tab, 5 mg tab	2		MO, HR, CG
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	2	SURMONTIL	MO, HR, CG
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
chlorpromazine hcl 10 mg tab	2		MO, CG
chlorpromazine hcl 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2		MO, CG, FQL
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	HR, CG
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	CG
metoclopramide hcl 5 mg/5ml soln	2	REGLAN	CG
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	TRILAFON	MO, CG
prochlorperazine 25 mg rect supp	1	COMPRO	CG
prochlorperazine maleate 10 mg tab, 5 mg tab	1		MO, CG
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp	2	PHENERGAN	PA, HR, CG
scopolamine 1 mg/3days td patch 72 hr	2	TRANSDERM-SCOP	PA, QL(10 / 30), HR, CG
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
aprepitant 40 mg cap	2	EMEND	PA(*), QL(1 / 30), CG
aprepitant 125 mg cap	2	EMEND	PA(*), QL(2 / 28), CG
aprepitant 80 mg cap	2	EMEND	PA(*), QL(4 / 28), CG
aprepitant 80 & 125 mg cap	2	EMEND	PA(*), QL(6 / 28), CG
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	2	MARINOL	PA(*), CG, FQL
EMEND 125 mg susp	4		PA(*), QL(3 / 30)
granisetron hcl 1 mg tab	2	KYTRIL	PA(*), CG
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN	PA(*), CG
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	PA(*), CG
ondansetron hcl 24 mg tab	2	ZOFRAN	PA(*), CG
ondansetron hcl 4 mg/5ml soln	2	ZOFRAN	PA(*), CG
SANCUSO 3.1 mg/24hr td patch	5		
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
ABELCET 5 mg/ml iv susp	4		PA(*), HI
AMBISOME 50 mg iv susp	5		PA(*), HI

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nystatin 500000 unit tab	2	MYCOSTATIN	CG
nystatin 100000 unit/ml m/t susp	2	MYCOSTATIN	CG
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	2		CG
posaconazole 100 mg tab dr	5		PA, MO
SPORANOX 100 mg cap	4		QL(360 / 90)
terbinafine hcl 250 mg tab	1	LAMISIL	QL(90 / 180), CG
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	CG
terconazole 80 mg vag supp	2	TERAZOL 3	CG
VFEND 40 mg/ml susp	5		PA
VFEND 200 mg tab, 50 mg tab	5		PA, FQL
VFEND IV 200 mg iv soln	4		PA(*), HI, FQL
voriconazole 200 mg tab, 50 mg tab	2	VFEND	PA, CG, FQL
voriconazole 200 mg iv soln	2	VFEND	PA(*), HI, CG, FQL
voriconazole 40 mg/ml susp	5	VFEND	PA, FQL
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	MO, CG
colchicine 0.6 mg tab	2	COLCRYS	CG
colchicine 0.6 mg cap	2	MITIGARE	CG
colchicine-probenecid 0.5-500 mg tab	2	COLBENEMID	MO, CG
febuxostat 40 mg tab, 80 mg tab	2		ST, MO, CG
probenecid 500 mg tab	2	BENEMID	MO, CG
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Ergot Alkaloids [Alcaloides De Ergot]			
dihydroergotamine mesylate 4 mg/ml nasal soln	5		QL(16 / 30)
ergotamine-caffeine 1-100 mg tab	2	CAFERGOT	QL(40 / 30), CG
Prophylactic [Profilaxis]			
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA, QL(2 / 28), MO
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA, QL(3 / 28), MO
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	2		MO, CG
Serotonin (5-ht) 1b/1d Receptor Agonists [Agonistas Receptores De Serotonina (5-Ht) 1B/1D]			
eletriptan hydrobromide 40 mg tab	2	RELPAX	QL(6 / 30), ST, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
eletriptan hydrobromide 20 mg tab	2	RELPAX	QL(12 / 30), ST, CG
IMITREX 6 mg/0.5ml sc soln	5		QL(4 / 30), ST
IMITREX STATDOSE REFILL 6 mg/0.5ml sc soln cart	5		QL(4 / 30), ST
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj	5		QL(4 / 30), ST
MAXALT 10 mg tab	4		QL(12 / 30), ST
MAXALT-MLT 10 mg tab disint	4		QL(12 / 30), ST
naratriptan hcl 1 mg tab, 2.5 mg tab	2	AMERGE	QL(9 / 30), ST, CG
rizatriptan benzoate 5 mg tab	1	MAXALT	QL(12 / 30), CG
rizatriptan benzoate 10 mg tab, 10 mg tab disint, 5 mg tab disint	2	MAXALT	QL(12 / 30), CG
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30), CG
sumatriptan succinate 6 mg/0.5ml sc soln	2	IMITREX	QL(4 / 30), CG
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln pfs	2	IMITREX	QL(4 / 30), ST, CG
sumatriptan succinate refill 4 mg/0.5ml sc soln cart	2	IMITREX	QL(4 / 30), ST, CG
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
guanidine hcl 125 mg tab	2		CG
pyridostigmine bromide 60 mg tab	2	MESTINON	CG
pyridostigmine bromide er 180 mg tab er	2	MESTINON	CG
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
dapsone 100 mg tab, 25 mg tab	2		MO, CG
PASER 4 gm pckt	4		
rifabutin 150 mg cap	5	MYCOBUTIN	
Antituberculars [Antituberculosos]			
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	CG
isoniazid 100 mg tab, 300 mg tab	1		MO, CG
isoniazid 50 mg/5ml syr	2		MO, CG
pretomanid 200 mg tab	2		PA, CG
PRIFTIN 150 mg tab	4		
pyrazinamide 500 mg tab	2		CG
rifampin 150 mg cap	1	RIFADIN	CG
rifampin 300 mg cap	2	RIFADIN	CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
rifampin 600 mg iv soln	2	RIFADIN	PA(*), HI, CG
SIRTURO 100 mg tab, 20 mg tab	5		PA, FQL
TRECATOR 250 mg tab	4		
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Alkylating Agents [Agentes Alquilantes]			
cyclophosphamide 25 mg cap, 50 mg cap	2		PA(*), CG, FQL
LEUKERAN 2 mg tab	4		FQL
MATULANE 50 mg cap	5		FQL
VALCHLOR 0.016 % gel	5		
Antiandrogens [Antiandrógenos]			
abiraterone acetate 250 mg tab	2		PA, CG, FQL
bicalutamide 50 mg tab	1	CASODEX	CG
ERLEADA 60 mg tab	5		PA, FQL
flutamide 125 mg cap	2		CG
nilutamide 150 mg tab	5	NILANDRON	FQL
NUBEQA 300 mg tab	5		PA, FQL
XTANDI 40 mg cap	5		PA, FQL
ZYTIGA 250 mg tab, 500 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
tamoxifen citrate 10 mg tab, 20 mg tab	2	NOLVADEX	MO, CG
toremifene citrate 60 mg tab	5	FARESTON	MO, FQL
Antimetabolites [Antimetabolitos]			
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		MO
hydroxyurea 500 mg cap	2	HYDREA	CG
mercaptopurine 50 mg tab	2	PURINETHOL	CG
ONUREG 200 mg tab, 300 mg tab	5		PA, FQL
PURIXAN 2000 mg/100ml susp	5		
TABLOID 40 mg tab	4		FQL
Antineoplastics [Antineoplásicos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SYNRIBO 3.5 mg sc soln	5		PA(*)
XATMEP 2.5 mg/ml soln	4		PA
XPOVIO (40 MG ONCE WEEKLY) 20 mg tab pack	5		PA, FQL
XPOVIO (40 MG TWICE WEEKLY) 20 mg tab pack	5		PA, FQL
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	5		PA, FQL
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
leucovorin calcium 5 mg tab	1		CG
leucovorin calcium 10 mg tab, 15 mg tab	2		CG
leucovorin calcium 25 mg tab	2		CG, FQL
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA, FQL
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA, FQL
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	5		PA, FQL
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
XPOVIO (100 MG ONCE WEEKLY) 20 mg tab pack	5		PA, FQL
XPOVIO (60 MG ONCE WEEKLY) 20 mg tab pack	5		PA, FQL
XPOVIO (80 MG ONCE WEEKLY) 20 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]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
anastrozole 1 mg tab	1	ARIMIDEX	MO, CG
exemestane 25 mg tab	2	AROMASIN	MO, CG
letrozole 2.5 mg tab	1	FEMARA	MO, CG
Molecular Target Inhibitors [Inhibidores Moleculares]			
AFINITOR 10 mg tab, 7.5 mg tab	5		PA, QL(60 / 30)
AFINITOR 5 mg tab	5		PA, QL(120 / 30)
AFINITOR 2.5 mg tab	5		PA, QL(240 / 30)
ALECENSA 150 mg cap	5		PA, FQL
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA, FQL
AYVAKIT 100 mg tab, 200 mg tab, 300 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
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
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	5		PA, FQL
everolimus 7.5 mg tab	5		PA, QL(60 / 30)
everolimus 5 mg tab	5		PA, QL(120 / 30)
everolimus 2.5 mg tab	5		PA, QL(240 / 30)
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA
GAVRETO 100 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]
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 15 mg tab, 45 mg tab	5		PA, FQL
IDHIFA 100 mg tab, 50 mg tab	5		PA, FQL
imatinib mesylate 100 mg tab, 400 mg tab	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	3		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
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
lapatinib ditosylate 250 mg tab	5		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

[1] Please refer to page 8 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]
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
RYDAPT 25 mg cap	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
STIVARGA 40 mg tab	5		PA, FQL
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5		PA
TABRECTA 150 mg tab, 200 mg tab	5		PA, FQL
TAFINLAR 50 mg cap, 75 mg cap	5		PA, FQL
TAGRISSO 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
TIBSOVO 250 mg tab	5		PA, FQL
TUKYSA 150 mg tab, 50 mg tab	5		PA, FQL
TURALIO 200 mg cap	5		PA, FQL
VENCLEXTA 10 mg tab, 50 mg tab	4		PA, FQL
VENCLEXTA 100 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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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
ZYKADIA 150 mg tab	5		LA, FQL
Retinoids [Retinoides]			
bexarotene 75 mg cap	5	TARGRETIN	FQL
TARGRETIN 75 mg cap	5		FQL
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	5	ALBENZA	
EGATEN 250 mg tab	3		CG
ivermectin 3 mg tab	2	STROMECTOL	CG
praziquantel 600 mg tab	2	BILTRICIDE	CG
Antiprotozoals [Antiprotozoarios]			
ALINIA 100 mg/5ml susp	4		
ALINIA 500 mg tab	5		
atovaquone 750 mg/5ml susp	5	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	CG
chloroquine phosphate 250 mg tab, 500 mg tab	2		MO, CG
COARTEM 20-120 mg tab	4		
hydroxychloroquine sulfate 200 mg tab	2	PLAQUENIL	MO, CG
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
mefloquine hcl 250 mg tab	2		MO, CG
MEPRON 750 mg/5ml susp	5		
NEBUPENT 300 mg inh soln	4		PA(*)
PENTAM 300 mg inj soln	4		PA(*), HI
primaquine phosphate 26.3 mg tab	2		CG
pyrimethamine 25 mg tab	5		
QUALAQUIN 324 mg cap	4		
quinine sulfate 324 mg cap	2	QUALAQUIN	CG
Pediculicides/scabicides [Pediculicidas/Escabicidas]			
lindane 1 % shampoo	2		CG
permethrin 5 % crm	2	ELIMITE	CG
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Anticholinergics [Anticolinérgicos]			
benztropine mesylate 0.5 mg tab, 1 mg tab	2	COGENTIN	PA, MO, HR, CG
benztropine mesylate 2 mg tab	2	COGENTIN	PA, MO, HR, CG
trihexyphenidyl hcl 0.4 mg/ml soln	2		PA, MO, HR, CG
trihexyphenidyl hcl 2 mg tab, 5 mg tab	2	ARTANE	PA, MO, HR, CG
Antiparkinson Agents, Other [Agentes Antiparkinson, Otros]			
amantadine hcl 50 mg/5ml syr	1	SYMMETREL	MO, CG
amantadine hcl 100 mg cap	2	SYMMETREL	MO, CG
entacapone 200 mg tab	2	COMTAN	MO, CG
tolcapone 100 mg tab	5	TASMAR	MO
Dopamine Agonists [Agonistas De Dopamina]			
APOKYN 30 mg/3ml sc soln cart	5		LA
bromocriptine mesylate 2.5 mg tab, 5 mg cap	2	PARLODEL	MO, CG
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
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	MO, CG
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 4 mg tab, 5 mg tab	1	REQUIP	MO, CG
ropinirole hcl 3 mg tab	2	REQUIP	MO, CG
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			
carbidopa 25 mg tab	5	LODOSYN	MO
carbidopa-levodopa 10-100 mg tab, 10-100 mg tab disint, 25-100 mg tab, 25-100 mg tab disint, 25-250 mg tab, 25-250 mg tab disint	2	SINEMET	MO, CG
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	2	SINEMET	MO, CG
carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-	2	STALEVO	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab			
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	4		ST, MO
Monoamine Oxidase B (mao-b) Inhibitors [Inhibidores De La Monoaminooxidasa B (Mao-B)]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	2	AZILECT	MO, CG
selegiline hcl 5 mg tab	2		MO, CG
selegiline hcl 5 mg cap	2	ELDEPRYL	MO, CG
ANTIPSYCHOTICS [ANTIPSICÓTICOS]			
1st Generation/typical [1Era Generación/Típicos]			
fluphenazine decanoate 25 mg/ml inj soln	2		PA(*), CG
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	2		MO, CG
fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc	2		MO, CG
fluphenazine hcl 2.5 mg/ml inj soln	2		PA(*), CG
HALDOL 5 mg/ml inj soln	4		
HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln	4		
haloperidol 0.5 mg tab, 1 mg tab	1	HALDOL	MO, CG
haloperidol 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	2	HALDOL	MO, CG
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	CG
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	CG
haloperidol lactate 2 mg/ml oral conc	2	HALDOL	MO, CG
loxapine succinate 10 mg cap, 5 mg cap	1	LOXITANE	MO, CG
loxapine succinate 25 mg cap, 50 mg cap	2	LOXITANE	MO, CG
molindone hcl 10 mg tab, 25 mg tab, 5 mg tab	2	MOBAN	MO, CG
pimozide 1 mg tab, 2 mg tab	2	ORAP	MO, CG
thioridazine hcl 10 mg tab	1	MELLARIL	MO, CG
thioridazine hcl 100 mg tab, 25 mg tab, 50 mg tab	2	MELLARIL	MO, CG
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	2		MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	STELAZINE	MO, CG
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
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
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30), MO, CG
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab, 20 mg tab disint, 5 mg tab disint	2	ZYPREXA	QL(30 / 30), MO, CG
olanzapine 10 mg im soln	2	ZYPREXA	PA(*), QL(6 / 30), CG
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr	2	INVEGA	ST, MO, CG, FQL
paliperidone er 9 mg tab er 24 hr	5	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 im susp ER	4		QL(4 / 28), ST
RISPERDAL CONSTA 12.5 mg im susp ER	4		QL(8 / 28), ST
RISPERDAL CONSTA 37.5 mg im susp ER, 50 mg im susp ER	5		QL(2 / 28), ST
risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	1	RISPERDAL	QL(60 / 30), MO, CG
risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg	2	RISPERDAL	QL(60 / 30), MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab disint, 3 mg tab disint, 4 mg tab disint			
risperidone 1 mg/ml soln	2	RISPERDAL	QL(240 / 30), MO, CG
SAPHRIS 2.5 mg tab subl, 5 mg tab subl	4		ST, MO, FQL
SAPHRIS 10 mg tab subl	5		ST, MO, FQL
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	5		ST, MO
VRAYLAR 1.5 & 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, CG
ziprasidone mesylate 20 mg im soln	2		PA(*), CG
ZYPREXA RELPREVV 405 mg im susp	4		QL(1 / 28), ST
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp	4		QL(2 / 28), ST
Treatment-resistant [Resistentes A Tratamiento]			
clozapine 100 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	CG
clozapine 200 mg tab	2	CLOZARIL	CG, FQL
clozapine 12.5 mg tab disint, 25 mg tab disint	2	FAZACLO	CG
clozapine 100 mg tab disint, 150 mg tab disint	2	FAZACLO	CG, FQL
clozapine 200 mg tab disint	5	FAZACLO	FQL
VERSACLOZ 50 mg/ml susp	5		ST, FQL
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	CG
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	CG
ANTIVIRALS [ANTIVIRALES]			
Anti-cytomegalovirus (cmv) Agents [Agentes Anti Citomegalovirus (Cmv)]			
valganciclovir hcl 450 mg tab	5	VALCYTE	MO
ZIRGAN 0.15 % ophth gel	3		QL(5 / 30)
Anti-hepatitis B (hbv) Agents [Agentes Contra La Hepatitis B (Vhb)]			
adefovir dipivoxil 10 mg tab	5	HEPSERA	PA, MO, FQL
BARACLUDE 0.5 mg tab, 1 mg tab	5		PA, MO, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BARACLUDE 0.05 mg/ml soln	5		PA, MO, FQL
entecavir 0.5 mg tab, 1 mg tab	2	BARACLUDE	PA, MO, CG, FQL
EPIVIR HBV 5 mg/ml soln	4		MO, FQL
HEPSERA 10 mg tab	5		PA, MO, FQL
INTRON A 6000000 unit/ml inj soln	5		PA(*), MO
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, CG, 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, CG
ribavirin 200 mg cap	2	REBETOL	PA, CG
Anti-hepatitis C (hcv) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (Vhc)]			
MAVYRET 100-40 mg tab	5		PA, FQL
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA, FQL
Antiherpetic Agents [Agentes Antiherpéticos]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	CG
acyclovir 5 % crm, 5 % oint	2	ZOVIRAX	CG
acyclovir 200 mg/5ml susp	2	ZOVIRAX	CG
acyclovir sodium 50 mg/ml iv soln	2	ZOVIRAX	PA(*), HI, CG
DENAVIR 1 % crm	5		ST
famciclovir 125 mg tab	1	FAMVIR	CG
famciclovir 250 mg tab, 500 mg tab	2	FAMVIR	CG
trifluridine 1 % ophth soln	2	VIROPTIC	CG
valacyclovir hcl 500 mg tab	1	VALTREX	CG
valacyclovir hcl 1 gm tab	2	VALTREX	CG
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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
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
efavirenz 200 mg cap, 50 mg cap	2	SUSTIVA	MO, CG
efavirenz 600 mg tab	5	SUSTIVA	MO, FQL
efavirenz-emtricitab-tenofovir 600-200-300 mg tab	5		MO, FQL
efavirenz-lamivudine-tenofovir 400-300-300 mg tab, 600-300-300 mg tab	5		MO, FQL
INTELENCE 25 mg tab	4		MO, FQL
INTELENCE 100 mg tab, 200 mg tab	5		MO, FQL
nevirapine 200 mg tab	1	VIRAMUNE	MO, CG
nevirapine 50 mg/5ml susp	2	VIRAMUNE	MO, CG, FQL
nevirapine er 100 mg tab er 24 hr	2	VIRAMUNE XR	MO, CG
nevirapine er 400 mg tab er 24 hr	2	VIRAMUNE XR	MO, CG, FQL
ODEFSEY 200-25-25 mg tab	5		MO, FQL
VIRAMUNE 50 mg/5ml susp	4		MO, FQL
VIRAMUNE XR 400 mg tab er 24 hr	5		MO
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti)]			
abacavir sulfate 300 mg tab	2	ZIAGEN	MO, CG, FQL
abacavir sulfate 20 mg/ml soln	2	ZIAGEN	MO, CG, FQL
abacavir sulfate-lamivudine 600-300 mg tab	2	EPZICOM	MO, CG, FQL
abacavir-lamivudine-zidovudine 300-150-300 mg tab	5	TRIZIVIR	MO, FQL
CIMDUO 300-300 mg tab	5		MO, FQL
DESCOVY 200-25 mg tab	5		MO
didanosine 250 mg cap dr, 400 mg cap dr	2	VIDEX	MO, CG, FQL
DOVATO 50-300 mg tab	5		MO, FQL
emtricitabine 200 mg cap	2		MO, CG, FQL
emtricitabine-tenofovir df 200-300 mg tab	5		MO, FQL
EMTRIVA 10 mg/ml soln	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]
lamivudine 10 mg/ml soln	2	EPIVIR	MO, CG
lamivudine 150 mg tab, 300 mg tab	2	EPIVIR	MO, CG, FQL
lamivudine-zidovudine 150-300 mg tab	2	COMBIVIR	MO, CG
PIFELTRO 100 mg tab	5		MO, FQL
RETROVIR 100 mg cap	4		MO
RETROVIR 50 mg/5ml syr	4		MO
stavudine 15 mg cap, 20 mg cap, 30 mg cap	2	ZERIT	MO, CG
stavudine 40 mg cap	2	ZERIT	MO, CG, FQL
tenofovir disoproxil fumarate 300 mg tab	2	VIREAD	MO, CG
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	5		MO, FQL
VIREAD 40 mg/gm oral pwdr	4		MO
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		MO
ZIAGEN 300 mg tab	4		MO, FQL
zidovudine 100 mg cap, 300 mg tab	2	RETROVIR	MO, CG
zidovudine 50 mg/5ml syr	2	RETROVIR	MO, CG
Anti-hiv Agents, Other [Agentes Anti-Vih, Otros]			
FUZEON 90 mg sc soln	5		MO
JULUCA 50-25 mg tab	5		MO
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
APTIVUS 100 mg/ml soln	5		MO, FQL
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	2	REYATAZ	MO, CG, FQL
CRIXIVAN 200 mg cap, 400 mg cap	4		MO, FQL
DELSTRIGO 100-300-300 mg tab	5		MO, FQL
EVOTAZ 300-150 mg tab	5		MO, FQL
fosamprenavir calcium 700 mg tab	5	LEXIVA	MO, FQL
INVIRASE 500 mg tab	5		MO, FQL
KALETRA 100-25 mg tab	3		MO
KALETRA 200-50 mg tab	5		MO, FQL
LEXIVA 50 mg/ml susp	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]
lopinavir-ritonavir 400-100 mg/5ml soln	2	KALETRA	MO, CG, FQL
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
ritonavir 100 mg tab	2	NORVIR	MO, CG, FQL
SYMTUZA 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
Anti-influenza Agents [Agentes Contra La Influenza]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	2	TAMIFLU	CG
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	CG
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	4		
rimantadine hcl 100 mg tab	2	FLUMADINE	CG
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack, (80 MG DOSE) 2 x 40 mg tab pack	3		
Antivirals [Antivirales]			
rukobia 600 mg tab er 12 hr	5		MO, FQL
TIVICAY PD 5 mg tab sol	4		MO, FQL
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl 10 mg tab, 15 mg tab, 5 mg tab	1	BUSPAR	CG
buspirone hcl 30 mg tab, 7.5 mg tab	2	BUSPAR	CG
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	PA, HR, CG
Benzodiazepines [Benzodiazepinas]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab	1	XANAX	QL(120 / 30), CG
alprazolam 2 mg tab	1	XANAX	QL(150 / 30), CG
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	QL(180 / 30), CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
estazolam 1 mg tab, 2 mg tab	2	PROSOM	QL(30 / 30), CG
TRANXENE-T 7.5 mg tab	4		QL(360 / 30)
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium 8 meq/5ml soln	2		MO, CG
lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap	1		MO, CG
lithium carbonate er 450 mg tab er	2	ESKALITH CR	MO, CG
lithium carbonate er 300 mg tab er	2	LITHOBID	MO, CG
valproic acid 250 mg/5ml soln	2	DEPAKENE	MO, CG
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, CG
BYDUREON 2 mg sc pen-inj	6		ST, MO, CG
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	6		ST, MO, CG
colesevelam hcl 3.75 gm pckt, 625 mg tab	2	WELCHOL	MO, CG
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	6	AMARYL	MO, CG
glipizide 10 mg tab, 5 mg tab	6	GLUCOTROL	MO, CG
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	6	GLUCOTROL	MO, CG
GLYSET 100 mg tab, 25 mg tab, 50 mg tab	4		ST, MO
GLYXAMBI 10-5 mg tab, 25-5 mg tab	6		MO, CG
INVOKANA 100 mg tab, 300 mg tab	6		MO, CG
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	6		MO, CG
JARDIANCE 10 mg tab, 25 mg tab	6		MO, CG
metformin hcl 500 mg/5ml soln	6		MO, CG
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	6	GLUCOPHAGE	MO, CG
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	6	GLUCOPHAGE	MO, CG
miglitol 100 mg tab, 25 mg tab, 50 mg tab	2	GLYSET	MO, CG
nateglinide 120 mg tab, 60 mg tab	6	STARLIX	MO, CG

[1] Please refer to page 8 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]
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	6	ACTOS	MO, CG
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	6	PRANDIN	MO, CG
RIOMET ER 500 mg/5ml Oral Suspension Reconstituted ER	6		MO, CG
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	6		ST, MO, CG
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	6		QL(10.8 / 30), ST, MO, CG
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	6		QL(9 / 25), ST, MO, CG
TRADJENTA 5 mg tab	6		MO, CG
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, CG
Blood Glucose Regulators (combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	6	METAGLIP	MO, CG
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	6		MO, CG
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	6		MO, CG
JANUMET 50-1000 mg tab, 50-500 mg tab	6		MO, CG
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, CG
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	6		MO, CG
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	6		MO, CG
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	6	DUETACT	MO, CG
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	6	ACTOPLUS MET	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	6		MO, CG
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, CG
Glycemic Agents [Agentes Glucémicos]			
diazoxide 50 mg/ml susp	1		MO, CG
GLUCAGEN HYPOKIT 1 mg inj soln	3		
GLUCAGON EMERGENCY 1 mg inj kit	2		CG
KORLYM 300 mg tab	5		PA, MO
Insulins [Insulinas]			
BD INSULIN SYRINGE 29G X 1/2" 1 ml misc	2		CG
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		CG
BD PEN MINI misc	3		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	2		CG
gauze pads 2"X2" pad	1		CG
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	6		QL(30 / 30), CG
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	6		QL(30 / 30), CG
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	6		QL(30 / 30), CG
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	6		QL(30 / 30), CG
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	6		QL(30 / 30), CG
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	6		QL(30 / 30), CG
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	6		QL(30 / 30), CG
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	6		QL(30 / 30), CG
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	6		QL(30 / 30), CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HUMULIN N 100 unit/ml sc susp	6		QL(30 / 30), CG
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	6		QL(30 / 30), CG
HUMULIN R 100 unit/ml inj soln	6		QL(30 / 30), CG
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	6		QL(20 / 30), CG
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	6		QL(6 / 30), CG
LANTUS 100 unit/ml sc soln	6		QL(30 / 30), CG
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	6		QL(30 / 30), CG
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(10 / 30), MO, CG
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	6		QL(10 / 30), MO, CG
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	3		MO
enoxaparin sodium 30 mg/0.3ml sc soln	2	LOVENOX	QL(18 / 30), CG
enoxaparin sodium 120 mg/0.8ml sc soln, 40 mg/0.4ml sc soln	2	LOVENOX	QL(24 / 30), CG
enoxaparin sodium 150 mg/ml sc soln	2	LOVENOX	QL(30 / 30), CG
enoxaparin sodium 60 mg/0.6ml sc soln	2	LOVENOX	QL(36 / 30), CG
enoxaparin sodium 80 mg/0.8ml sc soln	2	LOVENOX	QL(48 / 30), CG
enoxaparin sodium 100 mg/ml sc soln	2	LOVENOX	QL(60 / 30), CG
fondaparinux sodium 2.5 mg/0.5ml sc soln	2	ARIXTRA	QL(15 / 30), CG
fondaparinux sodium 5 mg/0.4ml sc soln	5	ARIXTRA	QL(12 / 30)
fondaparinux sodium 7.5 mg/0.6ml sc soln	5	ARIXTRA	QL(18 / 30)
fondaparinux sodium 10 mg/0.8ml sc soln	5	ARIXTRA	QL(24 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	2		PA(*), HI, CG
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		MO
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	MO, CG
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		MO
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	MO, CG
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, 300 mcg/ml inj soln, 500 mcg/ml inj soln pfs	5		PA^
ARANESP (ALBUMIN FREE) 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 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
PROCRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA^
PROCRIT 20000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA^, FQL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
REBLOZYL 25 mg sc soln, 75 mg sc soln	5		PA^, MO
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA, LA, MO, FQL
RETACRIT 20000 unit/ml inj soln, 10000 unit/ml inj soln, 2000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA^
RETACRIT 40000 unit/ml inj soln	5		PA^
Hemostasis Agents [Agentes Para La Hemostasia]			
tranexamic acid 650 mg tab	2	LYSTEDA	CG
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	2	AGGRENOX	MO, CG
BRILINTA 60 mg tab, 90 mg tab	3		MO
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	MO, CG
clopidogrel bisulfate 75 mg tab	1	PLAVIX	MO, CG
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, CG
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	MO, CG
guanfacine hcl 1 mg tab, 2 mg tab	2	TENEX	PA, MO, HR, CG
methyldopa 250 mg tab, 500 mg tab	2	ALDOMET	PA, MO, HR, CG
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROAMATINE	CG
NORTHERA 100 mg cap, 200 mg cap, 300 mg cap	5		PA
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	CARDURA	MO, CG
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	2	MINIPRESS	MO, CG
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	MO, CG
Angiotensin Ii Receptor Antagonists [Antagonistas Del Receptor De Angiotensina Ii]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	6	ATACAND	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	6	AVAPRO	MO, CG
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	6	COZAAR	MO, CG
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	6	BENICAR	MO, CG
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	6	MICARDIS	MO, CG
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	6	DIOVAN	MO, CG
Angiotensin-converting Enzyme (ace) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (Eca)]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	LOTENSIN	MO, CG
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	6	VASOTEC	MO, CG
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	6	MONOPRIL	MO, CG
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	6	ZESTRIL	MO, CG
moexipril hcl 15 mg tab, 7.5 mg tab	6		MO, CG
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	6	ACEON	MO, CG
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ACCUPRIL	MO, CG
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	6	ALTACE	MO, CG
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	6	MAVIK	MO, CG
Antiarrhythmics [Antiarrítmicos]			
amiodarone hcl 200 mg tab	1	CORDARONE	MO, CG
amiodarone hcl 100 mg tab, 400 mg tab	2	PACERONE	MO, CG
disopyramide phosphate 100 mg cap, 150 mg cap	2	NORPACE	PA, MO, HR, CG
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	2	TIKOSYN	MO, CG
flecainide acetate 50 mg tab	1	TAMBOCOR	MO, CG
flecainide acetate 100 mg tab, 150 mg tab	2	TAMBOCOR	MO, CG
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	2		MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MULTAQ 400 mg tab	4		MO
NORPACE 100 mg cap, 150 mg cap	4		PA, MO, HR
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		PA, MO, HR
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	4		MO
propafenone hcl 150 mg tab, 225 mg tab	1	RYTHMOL	MO, CG
propafenone hcl 300 mg tab	2	RYTHMOL	MO, CG
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	2	RYTHMOL	MO, CG
quinidine gluconate er 324 mg tab er	2		MO, CG
quinidine sulfate 200 mg tab	1		MO, CG
quinidine sulfate 300 mg tab	2		MO, CG
sotalol hcl 160 mg tab, 80 mg tab	1		MO, CG
sotalol hcl 240 mg tab	2	BETAPACE	MO, CG
sotalol hcl 120 mg tab	1	BETAPACE AF	MO, CG
sotalol hcl (af) 160 mg tab, 80 mg tab	2		MO, CG
sotalol hcl (af) 120 mg tab	1	BETAPACE AF	MO, CG
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	4		MO
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
acebutolol hcl 200 mg cap, 400 mg cap	2	SECTRAL	MO, CG
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	MO, CG
betaxolol hcl 10 mg tab, 20 mg tab	2		MO, CG
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	MO, CG
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	MO, CG
labetalol hcl 100 mg tab	1	NORMODYNE	MO, CG
labetalol hcl 200 mg tab, 300 mg tab	2	NORMODYNE	MO, CG
metoprolol succinate er 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL	QL(60 / 30), MO, CG
metoprolol succinate er 200 mg tab er 24 hr	2	TOPROL	QL(60 / 30), MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metoprolol succinate er 100 mg tab er 24 hr	2	TOPROL	QL(120 / 30), MO, CG
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		MO, CG
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	MO, CG
pindolol 10 mg tab, 5 mg tab	2	VISKEN	MO, CG
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	2		MO, CG
propranolol hcl 10 mg tab, 20 mg tab	1	INDERAL	MO, CG
propranolol hcl 40 mg tab, 60 mg tab, 80 mg tab	2	INDERAL	MO, CG
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	2	INDERAL LA	MO, CG
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
amlodipine besylate 10 mg tab, 2.5 mg tab	1	NORVASC	QL(30 / 30), MO, CG
amlodipine besylate 5 mg tab	1	NORVASC	QL(60 / 30), MO, CG
diltiazem hcl 30 mg tab	1	CARDIZEM	MO, CG
diltiazem hcl 120 mg tab, 60 mg tab, 90 mg tab	2	CARDIZEM	MO, CG
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	2	CARDIZEM	MO, CG
diltiazem hcl er beads 360 mg cap er 24 hr, 420 mg cap er 24 hr	2	TIAZAC	MO, CG
diltiazem hcl er coated beads 120 mg cap er 24 hr, 240 mg cap er 24 hr	1	CARDIZEM	MO, CG
diltiazem hcl er coated beads 300 mg cap er 24 hr	2	CARDIZEM	MO, CG
diltiazem hcl er coated beads 180 mg cap er 24 hr	2	TIAZAC	MO, CG
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	MO, CG
nifedipine er 30 mg tab er 24 hr	1	ADALAT CC	MO, CG
nifedipine er 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	ADALAT CC	MO, CG
nifedipine er osmotic release 30 mg tab er 24 hr	1	PROCARDIA XL	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nifedipine er osmotic release 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	PROCARDIA XL	MO, CG
nimodipine 30 mg cap	5	NIMOTOP	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	MO, CG
verapamil hcl er 180 mg tab er, 240 mg tab er	1	CALAN	MO, CG
verapamil hcl er 120 mg tab er	2	CALAN	MO, CG
Cardiovascular Agents (combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
ALDACTAZIDE 25-25 mg tab, 50-50 mg tab	4		ST, MO
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	MO, CG
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	6	LOTREL	MO, CG
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	6	EXFORGE	MO, CG
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	6	CADUET	MO, CG
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	6	AZOR	MO, CG
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	6	EXFORGE HCT	MO, CG
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	MO, CG
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	6	LOTENSIN HCT	MO, CG
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	6	ATACAND HCT	MO, CG
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	6	VASERETIC	MO, CG
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	6	MONOPRIL-HCT	MO, CG
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	6	AVALIDE	MO, CG
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ZESTORETIC	MO, CG
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	6	HYZAAR	MO, CG
MAXZIDE 75-50 mg tab	4		MO
MAXZIDE-25 37.5-25 mg tab	4		MO
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	2	LOPRESSOR HCT	MO, CG
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	6	BENICAR HCT	MO, CG
propranolol-hctz 40-25 mg tab, 80-25 mg tab	2	INDERIDE	MO, CG
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ACCURETIC	MO, CG
spironolactone-hctz 25-25 mg tab	2	ALDACTAZIDE	MO, CG
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	4		MO
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	6	MICARDIS-HCT	MO, CG
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	6	TARKA	MO, CG
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	MO, CG
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	MO, CG
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-	6	DIOVAN HCT	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab			
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
aliskiren fumarate 150 mg tab, 300 mg tab	6	TEKTURNA	MO, CG
CORLANOR 5 mg tab, 7.5 mg tab	4		PA, MO
CORLANOR 5 mg/5ml soln	4		PA, MO
digox 125 mcg tab	2	LANOXIN	QL(30 / 30), MO, HR, CG
digox 250 mcg tab	2	LANOXIN	PA, QL(30 / 30), MO, HR, CG
digoxin 0.05 mg/ml soln	2		PA, MO, HR, CG
digoxin 125 mcg tab	2	LANOXIN	QL(30 / 30), MO, HR, CG
digoxin 250 mcg tab	2	LANOXIN	PA, QL(30 / 30), MO, HR, CG
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		PA, MO
metyrosine 250 mg cap	5		
pentoxifylline er 400 mg tab er	1	TRENTAL	MO, CG
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2	RANEXA	MO, CG
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	MO, CG
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	MO, CG
methazolamide 25 mg tab, 50 mg tab	2	NEPTAZANE	MO, CG
Diuretics, Loop [Diuréticos, Asa De Henle]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	MO, CG
bumetanide 0.25 mg/ml inj soln	2	BUMEX	PA(*), HI, CG
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	MO, CG
furosemide 10 mg/ml soln	1	LASIX	MO, CG
furosemide 10 mg/ml inj soln	1	LASIX	PA(*), HI, CG
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	MO, CG
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
amiloride hcl 5 mg tab	2	MIDAMOR	MO, CG
eplerenone 25 mg tab, 50 mg tab	2	INSPRA	ST, MO, CG

[1] Please refer to page 8 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]
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	MO, CG
Diuretics, Thiazide [Diuréticos, Tiazidas]			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	MO, CG
DIURIL 250 mg/5ml susp	4		MO
hydrochlorothiazide 12.5 mg tab	1		MO, CG
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	MO, CG
hydrochlorothiazide 12.5 mg cap	1	MICROZIDE	MO, CG
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	MO, CG
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	MO, CG
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
fenofibrate 54 mg tab	1	TRICOR	MO, CG
fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 48 mg tab	2	TRICOR	MO, CG
fenofibrate micronized 130 mg cap, 43 mg cap	2	ANTARA	MO, CG
fenofibrate micronized 200 mg cap, 67 mg cap	2	TRICOR	MO, CG
fenofibric acid 135 mg cap dr, 45 mg cap dr	2	TRILIPIX	MO, CG
gemfibrozil 600 mg tab	1	LOPID	MO, CG
Dyslipidemics, Hmg Coa Reductase Inhibitors [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa]			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	LIPITOR	MO, CG
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	6	MEVACOR	MO, CG
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	PRAVACHOL	MO, CG
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	CRESTOR	MO, CG
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ZOCOR	MO, CG
simvastatin 80 mg tab	6	ZOCOR	PA, MO, CG
Dyslipidemics, Other [Dislipidémicos, Otros]			
cholestyramine 4 gm pckt	2	QUESTRAN	MO, CG
cholestyramine light 4 gm/dose oral pwdr	2	QUESTRAN LIGHT	MO, CG
colestipol hcl 1 gm tab, 5 gm pckt	2	COLESTID	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ezetimibe 10 mg tab	2	ZETIA	MO, CG
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	5		PA, MO
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	2	NIASPAN	MO, CG
omega-3-acid ethyl esters 1 gm cap	2	LOVAZA	MO, CG
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	4		PA, MO, FQL
REPATHA 140 mg/ml sc soln pfs	3		PA, MO
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	3		PA, MO
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		PA, MO, FQL
VASCEPA 0.5 gm cap, 1 gm cap	4		MO
Vasodilators, Direct-acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	MO, CG
minoxidil 2.5 mg tab	1	LONITEN	MO, CG
minoxidil 10 mg tab	2	LONITEN	MO, CG
Vasodilators, Direct-acting Arterial/venous [Vasodilatadores Arteriovenosos De Acción Directa]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ISORDIL	MO, CG
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	MO, CG
isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	MO, CG
isosorbide mononitrate er 120 mg tab er 24 hr	2	IMDUR	MO, CG
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, CG
NITRO-BID 2 % td oint	4		MO
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	2	NITRO-DUR	MO, CG
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	2	NITROSTAT	MO, CG
RECTIV 0.4 % rect oint	4		QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	2	ADDERALL XR	MO, CG
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	ADDERALL	MO, CG
dextroamphetamine sulfate 10 mg tab, 5 mg tab	2	DEXEDRINE	MO, CG
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	2	DEXEDRINE	MO, CG
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap	2	STRATTERA	QL(30 / 30), ST, MO, CG
atomoxetine hcl 40 mg cap	2	STRATTERA	QL(60 / 30), ST, MO, CG
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap	2	STRATTERA	QL(120 / 30), ST, MO, CG
clonidine hcl er 0.1 mg tab er 12 hr	2	KAPVAY	MO, CG
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	2	METHYLIN	MO, CG
methylphenidate hcl 5 mg tab	1	RITALIN	MO, CG
methylphenidate hcl 10 mg tab, 20 mg tab	2	RITALIN	MO, CG
methylphenidate hcl er 20 mg tab er	2	RITALIN SR	MO, CG
methylphenidate hcl er (cd) 10 mg cap er	2	METADATE CD	MO, CG
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	4		MO
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
NUEDEXTA 20-10 mg cap	4		PA, MO
riluzole 50 mg tab	2	RILUTEK	PA, MO, CG
tetrabenazine 12.5 mg tab, 25 mg tab	5	XENAZINE	LA, MO
XENAZINE 12.5 mg tab, 25 mg tab	5		LA, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Multiple Sclerosis Agents [Agentes Para La Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA, MO, FQL
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA, MO, FQL
BETASERON 0.3 mg sc kit	5		PA, MO, FQL
COPAXONE 20 mg/ml sc soln pfs	5		PA, MO
COPAXONE 40 mg/ml sc soln pfs	5		PA, MO, FQL
dalfampridine er 10 mg tab er 12 hr	2	AMPYRA	PA, MO, CG, FQL
GILENYA 0.25 mg cap, 0.5 mg cap	5		PA, MO, FQL
glatiramer acetate 20 mg/ml sc soln pfs	5	COPAXONE	PA, MO, FQL
OCREVUS 300 mg/10ml iv soln	5		PA^
MAYZENT 0.25 mg tab, 2 mg tab	5		PA, MO
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA, MO
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
TECFIDERA 120 & 240 mg oral misc	5		PA
TECFIDERA 120 mg cap dr, 240 mg cap dr	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]			
cevimeline hcl 30 mg cap	2	EVOXAC	MO, CG
chlorhexidine gluconate 0.12 % m/t soln	1	PERIOGARD	CG
EVOXAC 30 mg cap	4		MO
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	MO, CG
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	CG
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatological Agents [Agentes Dermatológicos]			
acitretin 10 mg cap, 25 mg cap	2	SORIATANE	CG
acitretin 17.5 mg cap	5	SORIATANE	
adapalene 0.1 % crm, 0.3 % gel	2	DIFFERIN	CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ammonium lactate 12 % crm, 12 % lot	2	LAC-HYDRIN	CG
calcipotriene 0.005 % crm	2	DOVONEX	CG
calcipotriene 0.005 % ext soln	2	DOVONEX	CG
CARAC 0.5 % crm	5		
CONDYLOX 0.5 % gel	4		
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA, MO
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA, MO
diclofenac sodium 1 % td gel	2	VOLTAREN	CG
DOVONEX 0.005 % crm	4		
EFUDEX 5 % crm	4		
fluorouracil 0.5 % crm	5	CARAC	
fluorouracil 5 % crm	2	EFUDEX	CG
fluorouracil 2 % ext soln, 5 % ext soln	2	EFUDEX	CG
imiquimod 5 % crm	2	ALDARA	CG
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	CLARAVIS	CG
methoxsalen rapid 10 mg cap	5	OXSORALEN-ULTRA	
ORACEA 40 mg cap dr	4		
OXSORALEN ULTRA 10 mg cap	5		
PICATO 0.015 % gel, 0.05 % gel	5		
pimecrolimus 1 % crm	2	ELIDEL	ST, CG
podofilox 0.5 % ext soln	2	CONDYLOX	CG
PROTOPIC 0.03 % oint, 0.1 % oint	4		ST
SANTYL 250 unit/gm oint	4		
selenium sulfide 2.5 % lot	1	SELSUN	CG
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA, MO
tacrolimus 0.03 % oint, 0.1 % oint	2	PROTOPIC	ST, CG
tazarotene 0.1 % crm	2	TAZORAC	PA, CG
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	4		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	2	RETIN-A	PA, CG
Dermatological Agents (combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
adapalene-benzoyl peroxide 0.1-2.5 % gel	2	EPIDUO	PA, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
benzoyl peroxide-erythromycin 5-3 % gel	2	BENZAMYCIN	CG
clotrimazole-betamethasone 1-0.05 % crm	2	LOTRISONE	CG
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 iv soln	2		PA(*), HI, CG
KLOR-CON M15 15 meq tab er	2		MO, CG
levocarnitine 330 mg tab	2	CARNITOR	MO, CG
levocarnitine 1 gm/10ml soln	2	CARNITOR	MO, CG
magnesium sulfate 50 % inj soln	1		PA(*), HI, CG
PLASMA-LYTE 148 iv soln	2		PA(*), HI, CG
PLASMA-LYTE A iv soln	2		PA(*), HI, CG
potassium chloride 10 meq/100ml iv soln	1		PA(*), HI, CG
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	2		MO, CG
potassium chloride 2 meq/ml iv soln, 20 meq/100ml iv soln, 40 meq/100ml iv soln	2		PA(*), HI, CG
potassium chloride er 20 meq tab er	2	K-TAB	MO, CG
potassium chloride er 8 meq tab er	1	KLOR-CON	MO, CG
potassium chloride er 10 meq tab er	2	KLOR-CON	MO, CG
potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln	2		PA(*), HI, CG
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	CG
PR NATAL 440 EC 30-1 & 440 mg oral misc	2		CG
sodium chloride 0.9 % irrig soln	1		CG
sodium chloride 0.9 % iv soln	1		PA(*), HI, CG
sodium chloride 0.45 % iv soln, 3 % iv soln, 5 % iv soln	2		PA(*), HI, CG
sodium fluoride 2.2 (1 F) mg tab	2		MO, CG

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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, CG
dextrose 10 % iv soln, 5 % iv soln	2		PA(*), HI, CG
dextrose-nacl 5-0.45 % iv soln, 5-0.9 % iv soln	1		PA(*), HI, CG
dextrose-nacl 10-0.2 % iv soln, 10-0.45 % iv soln, 2.5-0.45 % iv soln, 5-0.2 % iv soln	2		PA(*), HI, CG
HEPATAMINE 8 % iv soln	2		PA(*), HI, CG
INTRALIPID 20 % iv emul, 30 % iv emul	4		PA(*), HI
kcl in dextrose-nacl 10-5-0.45 meq/l-%-% iv soln, 20-5-0.2 meq/l-%-% iv soln, 20-5-0.45 meq/l-%-% iv soln, 20-5-0.9 meq/l-%-% iv soln, 30-5-0.45 meq/l-%-% iv soln, 40-5-0.45 meq/l-%-% iv soln	2		PA(*), HI, CG
NEPHRAMINE 5.4 % iv soln	4		PA(*), HI
NORMOSOL-M IN D5W iv soln	2		PA(*), HI, CG
potassium chloride in dextrose 20-5 meq/l-% iv soln	2		PA(*), HI, CG
PREMASOL 10 % iv soln	4		PA(*), HI
PROCALAMINE 3 % iv soln	4		PA(*), HI

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
TPN ELECTROLYTES iv conc	2		PA(*), HI, CG
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		PA, MO
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA, MO
deferiprone 500 mg tab	5		PA, MO
FERRIPROX 1000 mg tab	5		PA, MO
sodium polystyrene sulfonate oral pwdr	2		CG
SPS 15 gm/60ml susp	2		CG
trientine hcl 250 mg cap	5	SYPRINE	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Anti-constipation Agents [Agentes Antiestreñimiento]			
constulose 10 gm/15ml soln	1		MO, CG
enulose 10 gm/15ml soln	1		MO, CG
GAVILYTE-C 240 gm soln	2		CG
GAVILYTE-G 236 gm soln	2		CG
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	2		CG
lactulose 10 gm/15ml soln	1	CONSTULOSE	MO, CG
peg 3350-kcl-na bicarb-nacl 420 gm soln	2	NULYTELY	CG
peg-3350/electrolytes 236 gm soln	2	GOLYTELY	CG
TRILYTE 420 gm soln	2		CG
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	PA, HR, CG
dicyclomine hcl 10 mg/5ml soln	2	BENTYL	PA, HR, CG
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	CG
methscopolamine bromide 2.5 mg tab, 5 mg tab	2		CG
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
cromolyn sodium 100 mg/5ml oral conc	2	GASTROCROM	MO, CG
diphenoxylate-atropine 2.5-0.025 mg tab	2	LOMOTIL	PA, HR, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
GATTEX 5 mg sc kit	5		PA, LA, MO
LOMOTIL 2.5-0.025 mg tab	4		PA, HR
loperamide hcl 2 mg cap	1	IMODIUM	CG
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, CG
ursodiol 250 mg tab, 500 mg tab	2	URSO	MO, CG
Histamine2 (h2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
cimetidine 300 mg tab	1	TAGAMET	MO, CG
cimetidine 200 mg tab	2	TAGAMET	CG
cimetidine 400 mg tab, 800 mg tab	2	TAGAMET	MO, CG
famotidine 20 mg tab, 40 mg tab	1	PEPCID	MO, CG
famotidine 40 mg/5ml susp	2	PEPCID	MO, CG
Irritable Bowel Syndrome Agents [Agentes Para El Síndrome Del Colon Irritable]			
AMITIZA 24 mcg cap, 8 mcg cap	3		MO
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	4		PA, MO
VIBERZI 100 mg tab, 75 mg tab	5		PA, MO
Protectants [Protectores]			
CARAFATE 1 gm/10ml susp	4		MO
CYTOTEC 100 mcg tab, 200 mcg tab	4		MO
misoprostol 100 mcg tab, 200 mcg tab	2	CYTOTEC	MO, CG
sucralfate 1 gm/10ml susp	2		MO, CG
sucralfate 1 gm tab	1	CARAFATE	MO, CG
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
DEXILANT 30 mg cap dr, 60 mg cap dr	4		QL(30 / 30), ST, MO
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	2		QL(30 / 30), ST, MO, CG
lansoprazole 30 mg cap dr	1	PREVACID	ST, MO, CG
lansoprazole 15 mg cap dr	2	PREVACID	ST, MO, CG
omeprazole 40 mg cap dr	1	PRILOSEC	QL(30 / 30), MO, CG
omeprazole 10 mg cap dr, 20 mg cap dr	1	PRILOSEC	QL(60 / 30), MO, CG
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	MO, CG

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000 unit cap dr prt, 6000 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 sol, 500 mg pckt	5		PA, MO
miglustat 100 mg cap	5	ZAVESCA	PA, LA, MO
nitisinone 10 mg cap, 2 mg cap, 5 mg cap	5		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
sodium phenylbutyrate 3 gm/tsp oral pwdr	2	BUPHENYL	PA, MO, CG
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		MO
oxybutynin chloride 5 mg tab	2	DITROPAN	MO, CG
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	2	DITROPAN	MO, CG
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	MO, CG
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL	MO, CG
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		MO
trospium chloride 20 mg tab	2	SANCTURA	MO, CG
trospium chloride er 60 mg cap er 24 hr	2	SANCTURA XR	MO, CG
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			

[1] Please refer to page 8 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]
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	MO, CG
dutasteride 0.5 mg cap	2	AVODART	ST, MO, CG
finasteride 5 mg tab	1	PROSCAR	MO, CG
tamsulosin hcl 0.4 mg cap	1	FLOMAX	MO, CG
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
bethanechol chloride 5 mg tab	1	URECHOLINE	CG
bethanechol chloride 10 mg tab, 25 mg tab, 50 mg tab	2	URECHOLINE	CG
DEPEN TITRATABS 250 mg tab	5		
ELMIRON 100 mg cap	4		
LITHOSTAT 250 mg tab	5		MO
Phosphate Binders [Enlazadores De Fosfato]			
calcium acetate (phos binder) 667 mg cap	2	PHOSLO	MO, CG
FOSRENOL 1000 mg pckt, 750 mg pckt	5		MO
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	5	FOSRENOL	MO
PHOSLYRA 667 mg/5ml soln	4		MO
sevelamer carbonate 800 mg tab	2	RENVELA	MO, CG
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt	5	RENVELA	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)]			
alclometasone dipropionate 0.05 % crm	2	ACLOVATE	CG
betamethasone dipropionate 0.05 % crm, 0.05 % oint	2		CG
betamethasone dipropionate 0.05 % lot	2	DIPROSONE	CG
betamethasone dipropionate aug 0.05 % crm	1	DIPROLENE	CG
betamethasone dipropionate aug 0.05 % lot	2	DIPROLENE	CG
betamethasone valerate 0.1 % crm, 0.1 % oint	2		CG
betamethasone valerate 0.1 % lot	2		CG
clobetasol propionate 0.05 % oint	2	CLOBEX	CG

[1] Please refer to page 8 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]
clobetasol propionate 0.05 % ext soln	2	CLOBEX	CG
clobetasol propionate 0.05 % lot, 0.05 % shampoo	2	CLODAN	CG
clobetasol propionate 0.05 % crm	2	TEMOVATE-E	CG
clobetasol propionate e 0.05 % crm	2		CG
cortisone acetate 25 mg tab	2	CORTONE	CG
desonide 0.05 % crm	2	DESOWEN	CG
desoximetasone 0.05 % gel, 0.25 % crm	2	TOPICORT	CG
dexamethasone 1 mg tab, 2 mg tab	1		CG
dexamethasone 0.5 mg/5ml oral elix	1		CG
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab	1	DECADRON	CG
dexamethasone 6 mg tab	2	DECADRON	CG
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	MO, CG
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	2	SYNALAR	CG
fluocinolone acetonide 0.01 % ext soln	2	SYNALAR	CG
fluocinolone acetonide scalp 0.01 % ext oil	2	DERMA-SMOOTHE/FS	CG
fluocinonide 0.05 % oint	2	LIDEX	CG
fluocinonide 0.05 % ext soln	2	LIDEX	CG
fluocinonide emulsified base 0.05 % crm	2	LIDEX-E	CG
fluticasone propionate 0.05 % crm	1	CUTIVATE	CG
fluticasone propionate 0.005 % oint	2	CUTIVATE	CG
hydrocortisone 1 % oint	1		CG
hydrocortisone 1 % crm	1	ALA-CORT	CG
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	CG
hydrocortisone 100 mg/60ml rect enema	2	CORTENEMA	CG
hydrocortisone 2.5 % oint	1	HYTONE	CG
hydrocortisone 2.5 % crm	2	HYTONE	CG
hydrocortisone butyrate 0.1 % oint	2	LOCOID	CG
hydrocortisone valerate 0.2 % crm	2	WESTCORT	CG
mometasone furoate 0.1 % crm, 0.1 % oint	1	ELOCON	CG
mometasone furoate 0.1 % ext soln	1	ELOCON	CG
ORAPRED ODT 10 mg tab disint	4		

[1] Please refer to page 8 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]
prednisolone 15 mg/5ml soln	1	ORAPRED	CG
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	2	PEDIAPRED	CG
prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg tab, 50 mg tab	1		CG
prednisone 10 mg (21) tab pack, 10 mg (48) tab pack, 5 mg (48) tab pack	2		CG
prednisone 5 mg/5ml soln	2		CG
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint	1	KENALOG	CG
triamcinolone acetonide 0.025 % lot, 0.1 % lot	2	KENALOG	CG
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	CG
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			
desmopressin ace spray refrig 0.01 % nasal soln	2	MINIRIN	QL(10 / 25), MO, CG
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	MO, CG
GENOTROPIN 12 mg sc soln, 5 mg sc soln	5		PA, MO
GENOTROPIN MINIQUICK 0.2 mg sc soln	4		PA, MO
GENOTROPIN MINIQUICK 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
HUMATROPE 5 mg inj soln	5		PA, MO, FQL
INCRELEX 40 mg/4ml sc soln	5		PA, LA, MO
NORDITROPIN FLEXPRO 10 mg/1.5ml sc soln, 15 mg/1.5ml sc soln, 30 mg/3ml sc soln, 5 mg/1.5ml sc soln	5		PA, MO
NUTROPIN AQ NUSPIN 10 10 mg/2ml sc soln	5		PA, MO

[1] Please refer to page 8 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]
NUTROPIN AQ NUSPIN 20 20 mg/2ml sc soln	5		PA, MO
NUTROPIN AQ NUSPIN 5 5 mg/2ml sc soln	5		PA, MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Anabolic Steroids [Esteroides Anabólicos]			
ANADROL-50 50 mg tab	5		PA
oxandrolone 2.5 mg tab	2	OXANDRIN	PA, CG
oxandrolone 10 mg tab	5	OXANDRIN	PA
Androgens [Andrógenos]			
ANDROGEL 40.5 MG/2.5GM (1.62%) td gel	3		PA, QL(150 / 30), MO
ANDROGEL 25 MG/2.5GM (1%) td gel	3		PA, QL(300 / 30), MO
danazol 100 mg cap, 200 mg cap, 50 mg cap	2		CG
testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel	2	ANDROGEL	PA, QL(150 / 30), MO, CG
testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	2	ANDROGEL	PA, QL(300 / 30), MO, CG
testosterone cypionate 100 mg/ml im soln	1	DEPO-TESTOSTERONE	PA, CG
testosterone cypionate 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA, CG
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA, CG
Estrogens [Estrógenos]			
estradiol 0.1 mg/gm vag crm	2	ESTRACE	MO, CG
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	PA, MO, HR, CG
estradiol 10 mcg vag tab	2	VAGIFEM	QL(18 / 30), MO, CG
estradiol valerate 40 mg/ml im oil	2	DELESTROGEN	CG
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)]			

[1] Please refer to page 8 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]
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	MO, CG
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	PA, MO, HR, CG
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	MO, CG
Progestins [Progestinas]			
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	2	DEPO-PROVERA	QL(1 / 90), CG
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	MO, CG
megestrol acetate 40 mg/ml susp	2	MEGACE	PA, HR, CG
megestrol acetate 20 mg tab, 40 mg tab	2	MEGACE	PA, HR, CG
norethindrone 0.35 mg tab	1	NOR-QD	MO, CG
norethindrone acetate 5 mg tab	2	AYGESTIN	MO, CG
progesterone micronized 100 mg cap, 200 mg cap	2	PROMETRIUM	MO, CG
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
DUAVEE 0.45-20 mg tab	3		PA, QL(30 / 30), MO, HR
raloxifene hcl 60 mg tab	2	EVISTA	MO, CG
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
levothyroxine sodium 25 mcg tab	1	SYNTHROID	MO, CG
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2	SYNTHROID	MO, CG
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		MO
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	2	CYTOMEL	MO, CG
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg	3		MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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			
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)]			
cabergoline 0.5 mg tab	2	DOSTINEX	CG
ELIGARD 7.5 mg sc kit	4		PA(*), QL(1 / 28)
ELIGARD 22.5 mg sc kit	4		PA(*), QL(1 / 84)
ELIGARD 30 mg sc kit	4		PA(*), QL(1 / 120)
ELIGARD 45 mg sc kit	4		PA(*), QL(1 / 180)
leuprolide acetate 1 mg/0.2ml inj kit	2	LUPRON	PA(*), CG
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)
octreotide acetate 100 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln	2	SANDOSTATIN	PA^, MO, CG
octreotide acetate 1000 mcg/ml inj soln, 500 mcg/ml inj soln	5	SANDOSTATIN	PA^, MO
SANDOSTATIN 50 mcg/ml inj soln	4		PA^, MO
SANDOSTATIN 100 mcg/ml inj soln, 500 mcg/ml inj soln	5		PA^, MO
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA^, MO
SOMATULINE DEPOT 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA^
SOMATULINE DEPOT 120 mg/0.5ml sc soln	5		PA^

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA^, LA, MO
SYNAREL 2 mg/ml nasal soln	5		
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	MO, CG
propylthiouracil 50 mg tab	2		MO, CG
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Angioedema Agents [Agentes De La Angioedema]			
CINRYZE 500 unit iv soln	5		PA(*), HI
icatibant acetate 30 mg/3ml sc soln	5		PA
Immune Suppressants [Inmunosupresores]			
AFINITOR DISPERZ 5 mg tab sol	5		PA, QL(120 / 30)
AFINITOR DISPERZ 3 mg tab sol	5		PA, QL(180 / 30)
AFINITOR DISPERZ 2 mg tab sol	5		PA, QL(300 / 30)
AZASAN 100 mg tab, 75 mg tab	4		PA^, MO
azathioprine 50 mg tab	2	IMURAN	PA^, MO, CG
CELLCEPT 200 mg/ml susp	5		PA^, MO
cyclosporine 100 mg cap, 25 mg cap	2	SANDIMMUNE	PA^, MO, CG
cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap	2	NEORAL	PA^, MO, CG
cyclosporine modified 100 mg/ml soln	2	NEORAL	PA^, MO, CG
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
everolimus 0.25 mg tab	2		PA^, MO, CG
everolimus 0.5 mg tab, 0.75 mg tab	5		PA^, MO
GENGRAF 100 mg cap, 25 mg cap	2		PA^, MO, CG
GENGRAF 100 mg/ml soln	2		PA^, MO, CG
HUMIRA 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit	5		PA, QL(2 / 28), MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HUMIRA 10 mg/0.1ml sc pfs kit, 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 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-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit, 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA, MO
IMURAN 50 mg tab	4		PA^, MO
methotrexate 2.5 mg tab	2		CG
methotrexate sodium 50 mg/2ml inj soln	2		PA(*), CG
methotrexate sodium (pf) 50 mg/2ml inj soln	1		PA(*), CG
methotrexate sodium (pf) 200 mg/8ml inj soln	2		PA(*), CG
mycophenolate mofetil 250 mg cap	1	CELLCEPT	PA^, MO, CG
mycophenolate mofetil 500 mg tab	2	CELLCEPT	PA^, MO, CG
mycophenolate mofetil 200 mg/ml susp	2	CELLCEPT	PA^, MO, CG
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	2	MYFORTIC	PA^, MO, CG
MYFORTIC 180 mg tab dr	4		PA^, MO
MYFORTIC 360 mg tab dr	5		PA^, MO
NEORAL 100 mg cap, 25 mg cap	4		PA^, MO
NEORAL 100 mg/ml soln	4		PA^, MO
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA, MO, FQL
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA, MO
PROGRAF 0.2 mg pckt, 0.5 mg cap, 1 mg cap, 1 mg pckt	4		PA^, MO
PROGRAF 5 mg cap	5		PA^, MO
RAPAMUNE 0.5 mg tab	4		PA^, MO

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RAPAMUNE 1 mg tab, 2 mg tab	5		PA^, MO
RAPAMUNE 1 mg/ml soln	5		PA^, MO
RINVOQ 15 mg tab er 24 hr	5		PA, MO, FQL
SANDIMMUNE 100 mg cap, 25 mg cap	4		PA^, MO
SANDIMMUNE 100 mg/ml soln	4		PA^, MO
sirolimus 0.5 mg tab, 1 mg tab	2	RAPAMUNE	PA^, MO, CG
sirolimus 2 mg tab	5	RAPAMUNE	PA^, MO
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	5		PA, MO
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	2	PROGRAF	PA^, MO, CG
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
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA^, MO
leflunomide 10 mg tab, 20 mg tab	2	ARAVA	MO, CG
RIDAURA 3 mg cap	5		MO
Vaccines [Vacunas]			
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		
bcg vaccine inj	2		CG
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
DAPTACEL 23-15-5 im susp	3		
diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp	2		PA(*), CG
ENGERIX-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		
IPOL inj	3		
IXIARO im susp	4		
KINRIX im susp	3		
MENACTRA 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		
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]			

[1] Please refer to page 8 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]
balsalazide disodium 750 mg cap	2	COLAZAL	CG
mesalamine 400 mg cap dr	2		MO, CG
mesalamine 1000 mg rect supp	2	CANASA	CG
mesalamine 4 gm rect enema	2	ROWASA	CG
PENTASA 250 mg cap er	4		MO
PENTASA 500 mg cap er	5		MO
sulfasalazine 500 mg tab	1	AZULFIDINE	MO, CG
sulfasalazine 500 mg tab dr	2	AZULFIDINE	MO, CG
Glucocorticoids [Glucocorticoides]			
budesonide 3 mg cap dr prt	2	ENTOCORT	CG
budesonide er 9 mg tab er 24 hr	5		
ENTOCORT EC 3 mg cap dr prt	5		
methylprednisolone 32 mg tab, 4 mg tab, 4 mg tab pack	1	MEDROL	CG
methylprednisolone 16 mg tab, 8 mg tab	2	MEDROL	CG
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
alendronate sodium 10 mg tab	1	FOSAMAX	MO, CG
alendronate sodium 35 mg tab, 70 mg tab	1	FOSAMAX	QL(4 / 28), MO, CG
alendronate sodium 70 mg/75ml soln	2	FOSAMAX	MO, CG
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	QL(3.7 / 30), MO, CG
calcitriol 0.25 mcg cap	1	ROCALTROL	MO, CG
calcitriol 0.5 mcg cap	2	ROCALTROL	MO, CG
calcitriol 1 mcg/ml soln	2	ROCALTROL	MO, CG
cinacalcet hcl 30 mg tab	2		PA(*), MO, CG
cinacalcet hcl 60 mg tab, 90 mg tab	5		PA(*), MO
FORTEO 600 mcg/2.4ml sc soln pen-inj	5		PA, MO
ibandronate sodium 150 mg tab	1	BONIVA	QL(1 / 28), ST, MO, CG
NATPARA 100 mcg sc cart, 25 mcg sc cart, 50 mcg sc cart, 75 mcg sc cart	5		PA, LA, MO
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	2	ZEMPLAR	PA, MO, CG
PROLIA 60 mg/ml sc soln pfs	4		PA(*), QL(1 / 180)

[1] Please refer to page 8 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]
risedronate sodium 150 mg tab, 35 mg tab	2	ACTONEL	ST, MO, CG
teriparatide (recombinant) 620 mcg/2.48ml sc soln pen-inj	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)]			
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1		CG
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	CG
COMBIGAN 0.2-0.5 % ophth soln	3		QL(5 / 25), MO
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	1		QL(10 / 30), MO, CG
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	CG
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	2	MAXITROL	CG
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	2	MAXITROL	CG
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	CG
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	2		CG
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	CG
SIMBRINZA 1-0.2 % ophth susp	3		MO
sulfacetamide-prednisolone 10-0.23 % ophth soln	2	VASOCIDIN	CG
TOBRADEX ST 0.3-0.05 % ophth susp	4		
tobramycin-dexamethasone 0.3-0.1 % ophth susp	2	TOBRADEX	CG
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
atropine sulfate 1 % ophth soln	2		QL(15 / 15), MO, CG
CYSTARAN 0.44 % ophth soln	5		PA, MO
proparacaine hcl 0.5 % ophth soln	1	ALCAINE	CG
RESTASIS 0.05 % ophth emul	4		PA, QL(60 / 30), MO
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			

[1] Please refer to page 8 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]
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	CG
cromolyn sodium 4 % ophth soln	1	OPTICROM	CG
olopatadine hcl 0.2 % ophth soln	2	PATADAY	ST, CG
olopatadine hcl 0.1 % ophth soln	2	PATANOL	ST, CG
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
ALPHAGAN P 0.1 % ophth soln	3		MO
AZOPT 1 % ophth susp	3		MO
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	2	ALPHAGAN	MO, CG
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	QL(10 / 30), MO, CG
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	MO, CG
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTOCARPINE	MO, CG
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1		MO, CG
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	CG
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	CG
DUREZOL 0.05 % ophth emul	3		
fluorometholone 0.1 % ophth susp	2	FML	CG
flurbiprofen sodium 0.03 % ophth soln	1	OCUFEN	CG
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	CG
ketorolac tromethamine 0.4 % ophth soln	2	ACULAR	CG
loteprednol etabonate 0.5 % ophth susp	2		CG
NEVANAC 0.1 % ophth susp	4		QL(3 / 30)
prednisolone acetate 1 % ophth susp	2	PRED FORTE	CG
prednisolone sodium phosphate 1 % ophth soln	2		CG
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
bimatoprost 0.03 % ophth soln	2	LUMIGAN	QL(5 / 25), MO, CG
latanoprost 0.005 % ophth soln	1	XALATAN	QL(2.5 / 25), MO, CG
LUMIGAN 0.01 % ophth soln	3		QL(2.5 / 25), MO
travoprost (bak free) 0.004 % ophth soln	2	TRAVATAN Z	QL(2.5 / 25), MO, CG
OTIC AGENTS [AGENTES ÓTICOS]			

[1] Please refer to page 8 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]
Otic Agents [Agentes Óticos]			
fluocinolone acetonide 0.01 % otic oil	2	DERMOTIC	CG
Otic Agents (combination Product) [Agentes Óticos (Productos En Combinación)]			
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	2		CG
hydrocortisone-acetic acid 1-2 % otic soln	2	ACETASOL HC	CG
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	CG
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Antihistamines [Antihistamínicos]			
azelastine hcl 0.1 % nasal soln	2	ASTELIN	QL(30 / 25), CG
azelastine hcl 0.15 % nasal soln	2	ASTEPRO	QL(30 / 25), CG
cetirizine hcl 1 mg/ml soln	1	ZYRTEC	CG
cyproheptadine hcl 4 mg tab	2	PERIACTIN	PA, HR, CG
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	PA, HR, CG
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	2	CLARINEX	ST, CG
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	CG
levocetirizine dihydrochloride 2.5 mg/5ml soln	2	XYZAL	ST, CG
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
budesonide 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	2	PULMICORT	PA(*), MO, CG
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act	3		QL(120 / 30), MO
FLOVENT DISKUS 50 mcg/blist inh aer pwdr br act	3		QL(240 / 30), MO
FLOVENT HFA 44 mcg/act inh aer	3		QL(21.2 / 30), MO
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(24 / 30), MO
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30), CG
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(21.2 / 30), MO
Antileukotrienes [Antileucotrienos]			

[1] Please refer to page 8 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]
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	MO, CG
montelukast sodium 4 mg pckt	2	SINGULAIR	MO, CG
zafirlukast 10 mg tab, 20 mg tab	2	ACCOLATE	MO, CG
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
ipratropium bromide 0.02 % inh soln	1	ATROVENT	PA(*), MO, CG
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	2	ATROVENT	QL(30 / 25), MO, CG
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30), MO
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30), MO
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	ACCUNEB	PA(*), QL(360 / 30), MO, CG
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	MO, CG
albuterol sulfate 2.5 mg/0.5ml inh neb soln	2	PROVENTIL	PA(*), QL(60 / 30), MO, CG
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	VENTOLIN	PA(*), QL(360 / 30), MO, CG
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(36 / 30), MO, CG
epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	2	ADRENACLICK	QL(2 / 30), CG
epinephrine 0.15 mg/0.3ml inj soln auto-inj	2	EPIPEN JR	QL(2 / 30), CG
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
terbutaline sulfate 2.5 mg tab, 5 mg tab	2	BRETHINE	MO, CG
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

[1] Please refer to page 8 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]
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
TOBI 300 mg/5ml inh neb soln	5		PA(*), MO
TOBI PODHALER 28 mg inh cap	5		PA, MO
tobramycin 300 mg/5ml inh neb soln	5	TOBI	PA(*), MO
Mast Cell Stabilizers [Estabilizadores De Los Mastocitos]			
cromolyn sodium 20 mg/2ml inh neb soln	2	INTAL	PA(*), QL(240 / 30), MO, CG
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
DALIRESP 250 mcg tab, 500 mcg tab	4		MO
theophylline er 300 mg tab er 12 hr, 400 mg tab er 24 hr, 600 mg tab er 24 hr	2		MO, CG
Pulmonary Antihypertensives [Antihipertensivos Pulmonares]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA, LA, MO, FQL
ambrisentan 10 mg tab, 5 mg tab	5		PA, LA, MO
bosentan 125 mg tab, 62.5 mg tab	5		PA, LA, MO, FQL
OPSUMIT 10 mg tab	5		PA, LA, MO, FQL
sildenafil citrate 20 mg tab	2	REVATIO	PA, MO, CG
tadalafil (pah) 20 mg tab	5		PA, MO, FQL
TRACLEER 125 mg tab, 62.5 mg tab	5		PA, LA, 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]			

[1] Please refer to page 8 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]
acetylcysteine 20 % inh soln	1	MUCOMYST	PA(*), CG
acetylcysteine 10 % inh soln	2	MUCOMYST	PA(*), CG
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
fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act	2	AIRDUO	QL(1 / 30), MO, CG
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	PA(*), MO, CG
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
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(6 / 28)
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		ST
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos]			

[1] Please refer to page 8 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]
cyclobenzaprine hcl 7.5 mg tab	2	FEXMID	PA, HR, CG
cyclobenzaprine hcl 10 mg tab, 5 mg tab	2	FLEXERIL	PA, HR, CG
tizanidine hcl 2 mg tab, 4 mg tab	1	ZANAFLEX	CG
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	CG
temazepam 15 mg cap, 30 mg cap	2	RESTORIL	CG
zaleplon 10 mg cap, 5 mg cap	2		QL(30 / 30), HR, CG
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
HETLIOZ 20 mg cap	5		PA, QL(30 / 30), MO
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	PA, MO, CG
PROVIGIL 100 mg tab, 200 mg tab	5		PA, MO
ramelteon 8 mg tab	2		CG
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		PA, HR, CG
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	2		PA, HR, CG

[1] Please refer to page 8 for a list of abbreviations for requirements / limits

List of Additional Covered Medications

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

[1] Please refer to page 8 for a list of abbreviations for requirements / limits

Over the Counter (OTC) Covered Drug List

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

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