Lista de Medicamentos de 2021

(Actualizado en abril 2021)

Esta es una versión de la lista comprensiva de medicamentos. Durante el año pueden ocurrir cambios y las exclusiones del plan pueden anular esta lista. Los diseños de beneficios pueden variar con respecto a la cobertura de medicamentos, límites en cantidad, terapia escalonada, días de suplido y pre-autorizaciones.

Usted puede aprovechar al máximo su plan de beneficios de farmacia y controlar los costos de sus medicamentos recetados si utiliza los Medicamentos Preferidos. Recuerde mostrar esta lista a su doctor para seleccionar los medicamentos más económicos que sean clínicamente adecuados para el tratamiento de su condición o para conservar su salud.

Como utilizar esta guía:

Las categorías terapéuticas aparecen en orden alfabético en MAYUSCULA en los cuadros negros. Las clases terapéuticas en cada categoría están escritas en casillas grises.
Le siguen los tipos de medicamentos en cada clase.
Algunos medicamentos se usan para el tratamiento de más de una condición. Revise las diferentes categorías de su medicamento.
Algunos medicamentos o clases terapéuticas requieren autorización previa antes de que sean cubiertos por su plan. En algunos casos, un límite en la edad o de la cantidad puede ser requerido. Estos medicamentos o clases se indican con una abreviatura:

PA = requiere pre autorización QL= Tiene cantidad limitada ST= requiere de Terapia Escalonada AL=Tiene límite en edad

Comprensión de los copagos por niveles:

Su plan de beneficios de farmacia ofrece diferentes niveles de medicamentos que determinan los copagos:

Primer Nivel: Medicamentos Genéricos – Bioequivalente
Segundo Nivel: Medicamentos de Marca Preferidos.
Tercer Nivel: Medicamentos de Marca No Preferidos.

Nota: Los anticonceptivos genéricos y aquellos productos de marca que no tienen genérico se cubren con cero ($0) copago. Aquellos anticonceptivos de marca que tienen genérico disponible en el mercado se cubrirán con el copago correspondiente a su beneficio de farmacia. Esto está sujeto a cambio según disponibilidad en el mercado.

Todos los medicamentos incluidos en esta lista de medicamentos preferidos han sido aprobados por la Administración de Drogas y Alimentos (FDA).

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]

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THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
BAC 50-325-40 mg tab	Generic		QL(90 / 30)
BUPAP 50-300 mg tab	Brand Non Preferred		QL(90 / 30)
butalbital-acetaminophen 50-300 mg tab	Generic	BUPAP	QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	Generic	TENCON	QL(90 / 30)
butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab	Generic	ESGIC	QL(90 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	Generic	FIORICET	QL(90 / 30)
butalbital-aspirin-caffeine 50-325-40 mg tab	Generic		QL(90 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	Generic	FIORINAL	QL(90 / 30)
duraxin 300-200-20 mg cap	Generic		
TENCON 50-325 mg tab	Brand Non Preferred		QL(90 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	Brand Non Preferred		QL(1350 / 30)
VANATOL S 50-325-40 mg/15ml soln	Brand Non Preferred		QL(1350 / 30)
ZEBUTAL 50-325-40 mg cap	Brand Non Preferred		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin regimen 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 600 mg rect supp, 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin 81 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin adult 325 mg tab	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aspirin adult low dose 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin adult low strength 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin childrens 81 mg tab chew	Generic		QL(30 / 30), AL
aspirin ec 325 mg tab dr, 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin ec adult low strength 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin ec low dose 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin ec low strength 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin low dose 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
aspirin low strength 81 mg tab chew	Generic		QL(30 / 30), AL
BAYER ADVANCED ASPIRIN REG ST 325 mg tab	Generic		QL(30 / 30), AL
BAYER ASPIRIN 325 mg tab, 325 mg tab dr	Generic		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	Generic		QL(30 / 30), AL
BAYER ASPIRIN REGIMEN 325 mg tab dr	Generic		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
CAMBIA 50 mg pckt	Brand Non Preferred		
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	Generic	CELEBREX	ST
childrens aspirin 81 mg tab chew	Generic		QL(30 / 30), AL
childrens aspirin low strength 81 mg tab chew	Generic		QL(30 / 30), AL
cvs aspirin 325 mg tab, 81 mg tab dr	Generic		QL(30 / 30), AL
cvs aspirin adult low dose 81 mg tab chew	Generic		QL(30 / 30), AL
cvs aspirin adult low strength 81 mg tab dr	Generic		QL(30 / 30), AL
cvs aspirin ec 325 mg tab dr, 81 mg tab dr	Generic		QL(30 / 30), AL
cvs aspirin low dose 81 mg tab dr	Generic		QL(30 / 30), AL
cvs aspirin low strength 81 mg tab dr	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diclofenac epolamine 1.3 % patch	Generic	FLECTOR	
diclofenac potassium 50 mg tab	Generic	CATAFLAM	
diclofenac sodium 1.5 % ext soln	Generic	PENNSAID	
diclofenac sodium 3 % gel	Generic	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	Generic	VOLTAREN	
diclofenac sodium 1 % gel	Generic	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	Generic	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	Generic	ARTHROTEC	
diflunisal 500 mg tab	Generic	DOLOBID	
DUEXIS 800-26.6 mg tab	Brand Non Preferred		
ECOTRIN 325 mg tab dr	Generic		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	Generic		QL(30 / 30), AL
ECPIRIN 325 mg tab dr	Generic		QL(30 / 30), AL
eq aspirin 325 mg tab, 325 mg tab dr	Generic		QL(30 / 30), AL
eq aspirin adult low dose 81 mg tab dr	Generic		QL(30 / 30), AL
eq aspirin low dose 81 mg tab chew	Generic		QL(30 / 30), AL
eql aspirin 325 mg tab	Generic		QL(30 / 30), AL
eql aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
eql aspirin low dose 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	Generic	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	Generic	LODINE XL	
fenoprofen calcium 600 mg tab	Generic	NALFON	
fenoprofen calcium 400 mg cap	Generic	NALFON	
FENORTHO 200 mg cap	Brand Non Preferred		
flurbiprofen 100 mg tab, 50 mg tab	Generic	ANSAID	
gnp adult aspirin low strength 81 mg tab chew	Generic		QL(30 / 30), AL
gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
gnp aspirin low dose 81 mg tab dr	Generic		QL(30 / 30), AL
goodsense aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew	Generic		QL(30 / 30), AL
goodsense aspirin adult low st 81 mg tab chew	Generic		QL(30 / 30), AL
goodsense aspirin low dose 81 mg tab dr	Generic		QL(30 / 30), AL
h-e-b aspirin 81 mg tab dr	Generic		QL(30 / 30), AL
hm adult aspirin 325 mg tab	Generic		QL(30 / 30), AL
hm aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew	Generic		QL(30 / 30), AL
hm aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
hm aspirin ec low dose 81 mg tab dr	Generic		QL(30 / 30), AL
IBU 600 mg tab	Generic		
IBU 800 mg tab	Brand Non Preferred		
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	Generic	MOTRIN	
INDOCIN 50 mg rect supp	Brand Non Preferred		
INDOCIN 25 mg/5ml susp	Brand Non Preferred		
indomethacin 25 mg cap, 50 mg cap	Generic	INDOCIN	
indomethacin er 75 mg cap er	Generic	INDOCIN	
ketoprofen 75 mg cap	Generic	ORUDIS	
ketoprofen er 200 mg cap er 24 hr	Generic	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	Generic		QL(20 / 25)
ketorolac tromethamine 30 mg/ml inj soln	Generic	TORADOL	QL(20 / 25)
ketorolac tromethamine 10 mg tab	Generic	TORADOL	QL(20 / 30)
ketorolac tromethamine 15 mg/ml inj soln	Generic	TORADOL	QL(40 / 25)
kls aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
kls aspirin low dose 81 mg tab dr	Generic		QL(30 / 30), AL
kp aspirin 81 mg tab dr	Generic		QL(30 / 30), AL
meclofenamate sodium 100 mg cap, 50 mg cap	Generic	MECLOMEN	
mefenamic acid 250 mg cap	Generic	PONSTEL	
meijer aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
meloxicam 15 mg tab, 7.5 mg tab	Generic	MOBIC	
MINIPRIN LOW DOSE 81 mg tab dr	Generic		QL(30 / 30), AL
nabumetone 500 mg tab, 750 mg tab	Generic	RELAFEN	
NALFON 400 mg cap	Brand Non Preferred		
NAPRELAN 750 mg tab er 24 hr	Brand Non Preferred		
napro 15 % crm	Generic		
naproxen 375 mg tab dr, 500 mg tab dr	Generic	NAPROSYN	
naproxen 250 mg tab, 375 mg tab, 500 mg tab	Generic	NAPROSYN	
naproxen 125 mg/5ml susp	Generic	NAPROSYN	
naproxen sodium 275 mg tab	Generic	ANAPROX	
naproxen sodium 550 mg tab	Generic	ANAPROX DS	
naproxen sodium er 500 mg tab er 24 hr	Generic	NAPRELAN	
NORWICH ASPIRIN 325 mg tab	Generic		QL(30 / 30), AL
oxaprozin 600 mg tab	Generic	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	Generic	FELDENE	
px aspirin 325 mg tab, 81 mg tab chew	Generic		QL(30 / 30), AL
px enteric aspirin 325 mg tab dr, 81 mg tab dr	Generic		QL(30 / 30), AL
qc aspirin 325 mg tab, 325 mg tab dr	Generic		QL(30 / 30), AL
qc aspirin low dose 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
qc childrens aspirin 81 mg tab chew	Generic		QL(30 / 30), AL
qc enteric aspirin 325 mg tab dr	Generic		QL(30 / 30), AL
ra aspirin 325 mg tab	Generic		QL(30 / 30), AL
ra aspirin adult low dose 81 mg tab chew	Generic		QL(30 / 30), AL
ra aspirin adult low strength 81 mg tab chew	Generic		QL(30 / 30), AL
ra aspirin childrens 81 mg tab chew	Generic		QL(30 / 30), AL
ra aspirin ec 325 mg tab dr, 81 mg tab dr	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ra aspirin ec adult low st 81 mg tab dr	Generic		QL(30 / 30), AL
ra pain relief aspirin 325 mg tab	Generic		QL(30 / 30), AL
salsalate 500 mg tab, 750 mg tab	Generic		
sb aspirin 325 mg tab, 81 mg tab dr	Generic		QL(30 / 30), AL
sb aspirin adult low strength 81 mg tab dr	Generic		QL(30 / 30), AL
sb aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
sb childrens aspirin 81 mg tab chew	Generic		QL(30 / 30), AL
sb low dose asa ec 81 mg tab dr	Generic		QL(30 / 30), AL
sm aspirin 325 mg tab	Generic		QL(30 / 30), AL
sm aspirin adult low strength 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
sm aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
sm aspirin ec low strength 81 mg tab dr	Generic		QL(30 / 30), AL
sm aspirin low dose 81 mg tab chew	Generic		QL(30 / 30), AL
sm childrens aspirin 81 mg tab chew	Generic		QL(30 / 30), AL
SPRIX 15.75 mg/spray nasal soln	Brand Non Preferred		
ST JOSEPH ASPIRIN 81 mg tab dr	Generic		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
sulindac 150 mg tab, 200 mg tab	Generic	CLINORIL	
tgt aspirin 325 mg tab, 81 mg tab chew, 81 mg tab dr	Generic		QL(30 / 30), AL
tgt aspirin ec 325 mg tab dr	Generic		QL(30 / 30), AL
tgt aspirin low dose 81 mg tab dr	Generic		QL(30 / 30), AL
tgt childrens aspirin 81 mg tab chew	Generic		QL(30 / 30), AL
tolmetin sodium 400 mg cap, 600 mg tab	Generic	TOLECTIN	
ZIPSOR 25 mg cap	Brand Non Preferred		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch	Generic	BUTRANS	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	Brand Non Preferred		PA
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	Generic	DURAGESIC	PA
KADIAN 200 mg cap er 24 hr	Brand Non Preferred		PA
levorphanol tartrate 2 mg tab	Generic		PA
morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	Generic	KADIAN	PA
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	Generic	MS CONTIN	PA
morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr	Generic	AVINZA	PA
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	Brand Preferred		PA
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, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	Generic	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr	Brand Preferred		PA
oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr	Generic	OPANA ER	
tramadol hcl er 150 mg cap er 24 hr	Generic		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	Generic	ULTRAM ER	PA
tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	Generic	RYZOLT	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
ABSTRAL 400 mcg tab subl, 600 mcg tab subl, 800 mcg tab subl	Brand Non Preferred		
acetaminophen-codeine 300-15 mg tab, 300-60 mg tab	Generic	TYLENOL WITH CODEINE	
acetaminophen-codeine 120-12 mg/5ml soln	Generic	TYLENOL WITH CODEINE	
acetaminophen-codeine #2 300-15 mg tab	Generic	TYLENOL WITH CODEINE	
acetaminophen-codeine #3 300-30 mg tab	Generic	TYLENOL WITH CODEINE	
acetaminophen-codeine #4 300-60 mg tab	Generic	TYLENOL WITH CODEINE	
ASCOMP-CODEINE 50-325-40-30 mg cap	Brand Non Preferred		
butalbital-apap-caff-cod 50-300-40-30 mg cap	Generic	FIORICET WITH CODEINE	
butalbital-apap-caff-cod 50-325-40-30 mg cap	Generic	FIORICET WITH CODEINE	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	Generic	FIORINAL WITH CODEINE	
butorphanol tartrate 10 mg/ml nasal soln	Generic	STADOL	QL(2.5 / 30)
carisoprodol-aspirin-codeine 200-325-16 mg tab	Generic	SOMA COMPOUND WITH CODEINE	
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	Generic		
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln, 75 mg/1.5ml inj soln, 75 mg/ml inj soln	Brand Non Preferred		
ENDOCET 2.5-325 mg tab	Brand Non Preferred		
endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	Generic	PERCOCET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	Generic	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	Brand Non Preferred		
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	Generic	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	Generic	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	Generic	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	Generic	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	Generic	VICOPROFEN	
hydromorphone hcl 2 mg tab, 8 mg tab	Generic	DILAUDID	
hydromorphone hcl 4 mg tab	Generic	DILAUDID	
hydromorphone hcl 1 mg/ml liq	Generic	DILAUDID	
hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr	Generic		PA
LAZANDA 100 mcg/act nasal soln, 300 mcg/act nasal soln, 400 mcg/act nasal soln	Brand Non Preferred		
LORCET 5-325 mg tab	Brand Non Preferred		
LORCET HD 10-325 mg tab	Brand Non Preferred		
LORCET PLUS 7.5-325 mg tab	Brand Non Preferred		
LORTAB 10-300 mg/15ml oral elix	Brand Non Preferred		
meperidine hcl 50 mg tab	Generic	DEMEROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln	Generic	DEMEROL	
morphine sulfate 15 mg tab, 30 mg tab	Generic		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	Brand Preferred		
OXAYDO 5 mg tab, 7.5 mg tab	Brand Non Preferred		
oxycodone hcl 10 mg tab, 20 mg tab, 5 mg cap	Generic		
oxycodone hcl 15 mg tab, 30 mg tab, 5 mg tab	Generic	ROXICODONE	
oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln	Generic	ROXICODONE	
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	Generic	PERCOCET	
oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	Generic	PERCOCET	
oxycodone-aspirin 4.8355-325 mg tab	Generic	PERCODAN	
oxycodone-ibuprofen 5-400 mg tab	Generic	COMBUNOX	
oxymorphone hcl 10 mg tab, 5 mg tab	Generic	OPANA	
pentazocine-naloxone hcl 50-0.5 mg tab	Generic		
PRIMLEV 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	Brand Non Preferred		
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	Brand Non Preferred		
tramadol hcl 50 mg tab	Generic	ULTRAM	
tramadol-acetaminophen 37.5-325 mg tab	Generic	ULTRACET	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ANACAINE 10 % oint	Brand Non Preferred		
ethyl chloride ext aer	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
GEBAUERS PAIN EASE ext aer	Brand Non Preferred		
GEBAUERS SPRAY AND STRETCH ext aer	Brand Non Preferred		
GLYDO 2 % External Prefilled Syringe	Brand Non Preferred		
lidocaine 5 % oint	Generic		
lidocaine 5 % patch	Generic	LIDODERM	
lidocaine hcl 3 % lot	Generic		
lidocaine hcl 3 % crm	Generic		
lidocaine hcl 4 % ext soln	Generic	XYLOCAINE	
lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe	Generic		
lidocaine hcl urethral/mucosal 2 % gel	Generic	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % ext kit	Generic		
lidocaine-prilocaine 2.5-2.5 % crm	Generic	EMLA	
lidopin 3 % crm	Generic		
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	Brand Non Preferred		
PRAMOX 1 % gel	Brand Non Preferred		
premium lidocaine 5 % oint	Generic		
SYNERA 70-70 mg patch	Brand Non Preferred		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
acamprosate calcium 333 mg tab dr	Generic	CAMPRAL	PA
disulfiram 250 mg tab, 500 mg tab	Generic	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	Generic	SUBUTEX	PA
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film	Generic	SUBOXONE	PA

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 tab subl, 8-2 mg tab subl	Generic	SUBOXONE	PA
naltrexone hcl 50 mg tab	Generic	REVIA	PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
bupropion hcl er (smoking det) 150 mg tab er 12 hr	Generic	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	Brand Non Preferred		PA, QL(120 / 365)
CHANTIX 1 mg tab	Brand Non Preferred		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	Brand Non Preferred		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	Brand Non Preferred		PA, QL(106 / 365)
cvs nicotine 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
cvs nicotine 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
cvs nicotine 2 mg m/t lozg	Generic		PA, QL(2772 / 365)
cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
eq nicotine 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
eq nicotine step 3 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
eql nicotine polacrilex 2 mg m/t gum	Generic		PA, QL(2772 / 365)
eql nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
gnp nicotine 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
gnp nicotine 14 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
gnp nicotine 21 mg/24hr td patch 24hr	Brand Non Preferred		PA, QL(84 / 365)
gnp nicotine 2 mg m/t gum, 4 mg m/t gum	Brand Non Preferred		PA, QL(2772 / 365)
gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
goodsense nicotine 4 mg m/t gum	Generic		PA, QL(2772 / 365)
goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
goodsense nicotine 2 mg m/t gum	Brand Non Preferred		PA, QL(2772 / 365)
HABITROL 21 mg/24hr td patch 24hr	Brand Non Preferred		PA, QL(84 / 365)
hm nicotine 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
hm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg	Brand Non Preferred		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg	Brand Non Preferred		PA, QL(2772 / 365)
NICODERM CQ 7 mg/24hr td patch 24hr	Brand Non Preferred		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Brand Non Preferred		PA, QL(84 / 365)
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	Brand Non Preferred		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	Brand Non Preferred		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	Brand Non Preferred		PA, QL(2772 / 365)
nicotine 21-14-7 mg/24hr td kit	Generic		QL(112 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nicotine 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
nicotine step 3 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
NICOTROL 10 mg inhaler	Brand Non Preferred		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	Brand Non Preferred		PA, QL(160 / 365)
px stop smoking aid 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
ra nicotine 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
ra nicotine gum 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
sm nicotine 4 mg m/t gum	Generic		PA, QL(2772 / 365)
sm nicotine 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
sm nicotine 2 mg m/t lozg	Generic		PA, QL(2772 / 365)
sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
tgt nicotine 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
tgt nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	Generic		PA, QL(2772 / 365)
tgt nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	Generic		PA, QL(2772 / 365)
tgt nicotine step one 21 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
tgt nicotine step three 7 mg/24hr td patch 24hr	Generic		PA, QL(28 / 365)
tgt nicotine step two 14 mg/24hr td patch 24hr	Generic		PA, QL(84 / 365)
THRIVE 2 mg m/t gum	Brand Non Preferred		PA, QL(2772 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
gentamicin sulfate 0.1 % crm, 0.1 % oint	Generic	GARAMYCIN	
neomycin sulfate 500 mg tab	Generic		
paromomycin sulfate 250 mg cap	Generic	HUMATIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ALTABAX 1 % oint	Brand Non Preferred		
baciim 50000 unit im soln	Generic	BACI-IM	
bacitracin 50000 unit im soln	Generic	BACI-IM	
BETADINE OPHTHALMIC PREP 5 % ophth soln	Brand Non Preferred		
CENTANY 2 % oint	Brand Non Preferred		
CENTANY AT 2 % ext kit	Brand Non Preferred		
CLEOCIN 100 mg vag supp	Brand Non Preferred		
CLINDACIN ETZ 1 % swab	Brand Non Preferred		
CLINDACIN-P 1 % swab	Brand Non Preferred		
CLINDAGEL 1 % gel	Brand Non Preferred		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	Generic	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	Generic	CLEOCIN	
clindamycin phosphate 2 % vag crm	Generic	CLEOCIN	
clindamycin phosphate 1 % swab	Generic	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % lot	Generic	CLEOCIN-T	
clindamycin phosphate 1 % gel	Brand Non Preferred	CLEOCIN-T	ST
clindamycin phosphate 1 % gel	Brand Non Preferred	CLEOCIN-T	ST
clindamycin phosphate 1 % foam	Generic	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	Brand Non Preferred		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	Brand Non Preferred		PA
linezolid 600 mg tab	Generic	ZYVOX	PA
linezolid 100 mg/5ml susp	Generic	ZYVOX	PA
mafenide acetate 5 % ext pckt	Generic	SULFAMYLON	
methenamine hippurate 1 gm tab	Generic	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	Generic		
metronidazole 250 mg tab, 500 mg tab	Generic	FLAGYL	
metronidazole 375 mg cap	Generic	FLAGYL	
metronidazole 0.75 % vag gel	Generic	METROGEL	
MONUROL 3 gm pckt	Brand Non Preferred		
mupirocin 2 % oint	Generic	BACTROBAN	
mupirocin calcium 2 % crm	Generic	BACTROBAN	
nitrofurantoin 25 mg/5ml susp	Generic	FURADANTIN	
nitrofurantoin macrocrystal 50 mg cap	Generic	MACRODANTIN	
nitrofurantoin macrocrystal 100 mg cap	Generic	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	Generic	MACROBID	
PRIMSOL 50 mg/5ml soln	Brand Non Preferred		
silver sulfadiazine 1 % crm	Generic	SILVADENE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SSD 1 % crm	Brand Non Preferred		
SULFAMYLON 85 mg/gm crm	Brand Non Preferred		
trimethoprim 100 mg tab	Generic	PROLOPRIM	
vancomycin hcl 125 mg cap, 250 mg cap	Generic	VANCOCIN	
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap	Generic	CECLOR	
cefaclor 500 mg cap	Generic	CECLOR	
cefaclor er 500 mg tab er 12 hr	Generic	CECLOR CD	
cefadroxil 500 mg cap	Generic	DURICEF	
cefadroxil 1 gm tab	Generic	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	Generic	DURICEF	
cefdinir 300 mg cap	Generic	OMNICEF	
cefdinir 125 mg/5ml susp	Generic	OMNICEF	
cefdinir 250 mg/5ml susp	Generic	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	Generic	SPECTRACEF	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	Generic	SUPRAX	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	Generic	VANTIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	Generic	VANTIN	
cefprozil 250 mg tab, 500 mg tab	Generic	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	Generic	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	Generic	ROCEPHIN	
cefuroxime axetil 250 mg tab	Generic	CEFTIN	
cefuroxime axetil 500 mg tab	Generic	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	Generic		
cephalexin 250 mg cap, 500 mg cap	Generic	KEFLEX	
cephalexin 750 mg cap	Generic	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	Generic	KEFLEX	
SUPRAX 100 mg tab chew, 200 mg tab chew	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SUPRAX 500 mg/5ml susp	Brand Non Preferred		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab	Generic	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	Generic	AMOXIL	
amoxicillin 250 mg tab chew	Generic	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	Generic	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	Generic	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	Generic	AUGMENTIN XR	
ampicillin 500 mg cap	Generic		
AUGMENTIN 125-31.25 mg/5ml susp	Brand Non Preferred		
BICILLIN C-R 1200000 unit/2ml im susp	Brand Non Preferred		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	Brand Non Preferred		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	Brand Non Preferred		
dicloxacillin sodium 250 mg cap, 500 mg cap	Generic	DYCILL	
penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln	Generic	PFIZERPEN	
penicillin g procaine 600000 unit/ml im susp	Generic		
penicillin g sodium 5000000 unit inj soln	Generic		
penicillin v potassium 500 mg tab	Generic	PEN-VEE K	
penicillin v potassium 250 mg tab	Generic	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	Generic	VEETIDS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 250 mg tab, 500 mg tab	Generic	ZITHROMAX	
azithromycin 1 gm pckt, 600 mg tab	Generic	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	Generic	ZITHROMAX	
clarithromycin 250 mg tab	Generic	BIAXIN	
clarithromycin 500 mg tab	Generic	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	Generic	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	Generic	BIAXIN XL	
DIFICID 200 mg tab	Brand Non Preferred		
E.E.S. 400 400 mg tab	Brand Non Preferred		
ery 2 % pad	Generic		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	Brand Non Preferred		
ERYTHROCIN STEARATE 250 mg tab	Brand Non Preferred		
erythromycin 2 % ext soln	Generic	ERYDERM	
erythromycin 2 % gel	Generic	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	Generic		
erythromycin base 500 mg tab	Generic	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	Generic	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	Generic	ERYPED	
ZITHROMAX 1 gm pckt	Brand Non Preferred		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	Brand Non Preferred		
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	Generic	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	Generic	LEVAQUIN	
levofloxacin 25 mg/ml soln	Generic	LEVAQUIN	
moxifloxacin hcl 400 mg tab	Generic	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	Generic	FLOXIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	Generic	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	Generic	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	Generic	KLARON	
sulfadiazine 500 mg tab	Generic		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	Generic	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	Generic	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	Generic		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
avidoxy 100 mg tab	Generic	ADOXA	
AVIDOXY DK 100 mg cmb kit	Brand Non Preferred		
demeclocycline hcl 150 mg tab, 300 mg tab	Generic	DECLOMYCIN	
doxycycline hyclate 200 mg tab dr, 50 mg tab dr	Generic	DORYX	
doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 75 mg tab dr	Generic	DORYX	
doxycycline hyclate 20 mg tab	Generic	PERIOSTAT	
doxycycline hyclate 100 mg tab	Generic	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	Generic	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	Generic	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	Generic	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	Generic	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	Generic	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	Generic	MINOCIN	
minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr	Generic	SOLODYN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr	Generic	SOLODYN	
MONDOXYNE NL 100 mg cap, 75 mg cap	Brand Non Preferred		
MORGIDOX 1 x 100 mg cmb kit, 100 mg cap, 2 x 100 mg cmb kit	Brand Non Preferred		
NUTRIDOX 75 mg oral kit	Brand Non Preferred		
OKEBO 75 mg cap	Brand Non Preferred		
tetracycline hcl 250 mg cap, 500 mg cap	Generic		
VIBRAMYCIN 50 mg/5ml syr	Brand Non Preferred		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	Brand Non Preferred		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	Generic	KEPPRA	
levetiracetam 100 mg/ml soln	Generic	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	Generic	KEPPRA XR	
ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab	Brand Non Preferred		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	Brand Non Preferred		
ethosuximide 250 mg cap	Generic	ZARONTIN	
ethosuximide 250 mg/5ml soln	Generic	ZARONTIN	
zonisamide 100 mg cap, 50 mg cap	Generic	ZONEGRAN	
zonisamide 25 mg cap	Generic	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
clobazam 2.5 mg/ml susp	Generic	ONFI	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clobazam 10 mg tab, 20 mg tab	Generic	ONFI	
clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint	Generic	KLONOPIN	
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint	Generic	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	Brand Non Preferred		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	Brand Non Preferred		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	Brand Non Preferred		
DIASTAT ACUDIAL 20 mg rect gel	Brand Non Preferred		
diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln	Generic		
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	Generic	DIASTAT	
divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	Generic	DEPAKOTE	
divalproex sodium 125 mg cap dr sprinkle	Generic	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	Generic	DEPAKOTE ER	
gabapentin 800 mg tab	Generic	NEURONTIN	QL(120 / 30)
gabapentin 600 mg tab	Generic	NEURONTIN	QL(180 / 30)
gabapentin 400 mg cap	Generic	NEURONTIN	QL(270 / 30)
gabapentin 300 mg cap	Generic	NEURONTIN	QL(360 / 30)
gabapentin 300 mg/6ml soln	Generic	NEURONTIN	QL(420 / 30)
gabapentin 100 mg cap	Generic	NEURONTIN	QL(1080 / 30)
gabapentin 250 mg/5ml soln	Generic	NEURONTIN	QL(420 / 30)
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	Generic		
phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln	Generic		
primidone 50 mg tab	Generic	MYSOLINE	
primidone 250 mg tab	Generic	MYSOLINE	
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	Generic	GABITRIL	
valproic acid 250 mg cap	Generic	DEPAKENE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
valproic acid 250 mg/5ml soln	Generic	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
felbamate 400 mg tab, 600 mg tab	Generic	FELBATOL	
felbamate 600 mg/5ml susp	Generic	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	Brand Non Preferred		
lamotrigine 25 & 50 & 100 mg oral kit	Generic		
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew	Generic	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint	Generic	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	Generic	LAMICTAL	
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	Generic	TOPAMAX	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	Generic	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	Brand Non Preferred		
BANZEL 40 mg/ml susp	Brand Non Preferred		
carbamazepine 100 mg tab chew, 200 mg tab	Generic	TEGRETOL	
carbamazepine 100 mg/5ml susp	Generic	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	Generic	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	Generic	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
DILANTIN 100 mg cap, 30 mg cap	Brand Non Preferred		
DILANTIN 125 mg/5ml susp	Brand Non Preferred		
DILANTIN INFATABS 50 mg tab chew	Brand Non Preferred		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	Brand Non Preferred		
fosphenytoin sodium 500 mg pe/10ml inj soln	Generic		
fosphenytoin sodium 100 mg pe/2ml inj soln	Generic	CEREBYX	
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	Generic	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	Generic	TRILEPTAL	
PEGANONE 250 mg tab	Brand Non Preferred		
PHENYTEK 200 mg cap, 300 mg cap	Brand Non Preferred		
phenytoin 50 mg tab chew	Generic	DILANTIN	
phenytoin 125 mg/5ml susp	Generic	DILANTIN	
phenytoin sodium 50 mg/ml inj soln	Generic	DILANTIN	
phenytoin sodium extended 200 mg cap, 300 mg cap	Generic	DILANTIN	
phenytoin sodium extended 100 mg cap	Generic	DILANTIN	
TEGRETOL 200 mg tab	Brand Non Preferred		
TEGRETOL 100 mg/5ml susp	Brand Non Preferred		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	Brand Non Preferred		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	Brand Preferred		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	Brand Preferred		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ergoloid mesylates 1 mg tab	Generic	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	Generic	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	Generic	ARICEPT ODT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	Generic	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	Generic	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	Generic	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	Generic	EXELON	
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	Generic	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl 10 mg tab, 5 mg tab	Generic	NAMENDA	
memantine hcl 28 x 5 MG & 21 x 10 mg tab	Generic	NAMENDA	
memantine hcl 2 mg/ml soln	Generic	NAMENDA	
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	Generic	NAMENDA XR	
NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 mg cap er 24 hr	Brand Non Preferred		
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	Brand Non Preferred		
bupropion hcl 100 mg tab, 75 mg tab	Generic	WELLBUTRIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	Generic	WELLBUTRIN SR	
bupropion hcl er (sr) 200 mg tab er 12 hr	Generic	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg tab er 24 hr	Generic	FORFIVO XL	
bupropion hcl er (xl) 150 mg tab er 24 hr	Generic	WELLBUTRIN XL	
bupropion hcl er (xl) 300 mg tab er 24 hr	Generic	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	Brand Non Preferred		
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	Generic	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	Brand Non Preferred		
MARPLAN 10 mg tab	Brand Non Preferred		
phenelzine sulfate 15 mg tab	Generic	NARDIL	
tranylcypromine sulfate 10 mg tab	Generic	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	Generic	CELEXA	
citalopram hydrobromide 10 mg/5ml soln	Generic	CELEXA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	Generic	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	Generic	CYMBALTA	PA
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	Generic	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	Generic	LEXAPRO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	Generic	PROZAC	
fluoxetine hcl 20 mg/5ml soln	Generic	PROZAC	
fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr	Generic	PROZAC	
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	Generic	SARAFEM	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	Generic	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	Generic	LUVOX CR	
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	Generic	LUDIOMIL	
nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab	Generic	SERZONE	
nefazodone hcl 100 mg tab, 150 mg tab	Generic	SERZONE	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	Generic	SYMBYAX	
paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab	Generic	PAXIL	
paroxetine hcl 30 mg tab	Generic	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	Generic	PAXIL CR	
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	Brand Non Preferred		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	Generic	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	Generic	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	Generic	DESYREL	
trazodone hcl 300 mg tab	Generic	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	Generic	EFFEXOR	
venlafaxine hcl er 225 mg tab er 24 hr	Generic		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	Generic	EFFEXOR XR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	Brand Non Preferred		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab	Generic	ELAVIL	
amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab	Generic	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	Generic	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab	Generic	LIMBITROL	
chlordiazepoxide-amitriptyline 5-12.5 mg tab	Generic	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	Generic	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	Generic	NORPRAMIN	
doxepin hcl 10 mg cap	Generic	SINEQUAN	
doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	Generic	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	Generic	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	Generic	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic	PAMELOR	
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	Generic	TRIAVIL	
protriptyline hcl 10 mg tab, 5 mg tab	Generic	VIVACTIL	
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	Generic	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
dimenhydrinate 50 mg/ml inj soln	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
doxylamine-pyridoxine 10-10 mg tab dr	Generic	DICLEGIS	
meclizine hcl 12.5 mg tab, 25 mg tab	Generic	ANTIVERT	
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	Brand Non Preferred		
promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	Generic	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr	Generic	PHENERGAN	
promethazine hcl 12.5 mg rect supp, 25 mg rect supp	Generic	PHENERGAN	
promethazine hcl 50 mg/ml inj soln	Generic	PHENERGAN	
PROMETHEGAN 50 mg rect supp	Brand Non Preferred		
scopolamine 1 mg/3days td patch 72 hr	Generic	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	Generic	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap	Generic	EMEND	
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	Generic	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	Brand Preferred		
granisetron hcl 1 mg tab	Generic	KYTRIL	QL(6 / 30)
ondansetron 4 mg tab disint, 8 mg tab disint	Generic	ZOFRAN ODT	QL(9 / 30)
ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln	Generic	ZOFRAN	
ondansetron hcl 24 mg tab	Generic	ZOFRAN	QL(1 / 30)
ondansetron hcl 4 mg tab, 8 mg tab	Generic	ZOFRAN	QL(9 / 30)
SANCUSO 3.1 mg/24hr td patch	Brand Non Preferred		
ZUPLENZ 4 mg oral film, 8 mg oral film	Brand Non Preferred		QL(9 / 30)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ALA-QUIN 3-0.5 % crm	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
bio-statin 1000000 unit cap, 500000 unit cap	Generic		
CICLODAN 8 % ext soln	Brand Non Preferred		PA
ciclopirox 0.77 % gel	Generic	LOPROX	
ciclopirox 1 % shampoo	Generic	LOPROX	
ciclopirox 8 % ext soln	Generic	PENLAC	
ciclopirox olamine 0.77 % crm	Generic	LOPROX	
ciclopirox olamine 0.77 % ext susp	Generic	LOPROX	
ciclopirox treatment 8 % ext kit	Generic	PENLAC	
clotrimazole 10 mg m/t troche	Generic	MYCELEX	
clotrimazole 1 % ext soln	Generic	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	Generic	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % lot	Generic	LOTRISONE	
CRESEMBA 186 mg cap	Brand Non Preferred		PA
DERMAZENE 1-1 % crm	Brand Non Preferred		
econazole nitrate 1 % crm	Generic	SPECTAZOLE	
ERTACZO 2 % crm	Brand Non Preferred		
EXELDERM 1 % crm	Brand Non Preferred		
EXELDERM 1 % ext soln	Brand Non Preferred		
EXODERM 25-1 % lot	Brand Non Preferred		
fluconazole 100 mg tab, 200 mg tab, 50 mg tab	Generic	DIFLUCAN	
fluconazole 150 mg tab	Generic	DIFLUCAN	QL(2 / 28)
fluconazole 10 mg/ml susp, 40 mg/ml susp	Generic	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	Generic	ANCOBON	
griseofulvin microsize 500 mg tab	Generic		
griseofulvin microsize 125 mg/5ml susp	Generic	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	Generic	GRIS-PEG	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydrocortisone-iodoquinol 1-1 % crm	Generic		
iodoquinol-hc-aloe polysacch 1-2-1 % gel	Generic		
itraconazole 10 mg/ml soln	Generic		PA
itraconazole 100 mg cap	Generic	SPORANOX	PA
ketoconazole 2 % foam	Generic	EXTINA	
ketoconazole 200 mg tab	Generic	NIZORAL	
ketoconazole 2 % crm	Generic	NIZORAL	
ketoconazole 2 % shampoo	Generic	NIZORAL	
LOPROX 0.77 % ext kit	Brand Non Preferred		
MENTAX 1 % crm	Brand Non Preferred		
miconazole 3 200 mg vag supp	Generic	MONISTAT	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	Generic		
naftifine hcl 1 % gel	Generic		
naftifine hcl 2 % crm	Generic	NAFTIN	
NATACYN 5 % ophth susp	Brand Non Preferred		
NOXAFIL 40 mg/ml susp	Brand Non Preferred		
NYAMYC 100000 unit/gm ext pwdr	Brand Non Preferred		
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	Generic	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	Generic	MYCOSTATIN	
nystatin 500000 unit tab	Generic	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	Generic	MYCOLOG	
ORAVIG 50 mg bucc tab	Brand Non Preferred		
oxiconazole nitrate 1 % crm	Generic	OXISTAT	
OXISTAT 1 % lot	Brand Non Preferred		
QUINJA 1.25-1 % gel	Brand Non Preferred		
terbinafine hcl 250 mg tab	Generic	LAMISIL	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
terconazole 0.4 % vag crm, 0.8 % vag crm	Generic	TERAZOL	
terconazole 80 mg vag supp	Generic	TERAZOL 3	
VUSION 0.25-15-81.35 % oint	Brand Non Preferred		
XOLEGEL 2 % gel	Brand Non Preferred		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	Brand Non Preferred		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	Brand Non Preferred		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
allopurinol 100 mg tab, 300 mg tab	Generic	ZYLOPRIM	
colchicine 0.6 mg tab	Generic	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	Generic	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	Generic	ULORIC	
probenecid 500 mg tab	Generic	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
anucort-hc 25 mg rect supp	Generic		
EPIFOAM 1-1 % foam	Brand Non Preferred		
hydrocortisone (perianal) 2.5 % crm	Generic	ANUSOL HC	
hydrocortisone (perianal) 1 % crm	Generic	PROCTOCORT	
hydrocortisone ace-pramoxine 2.5-1 % crm	Generic		
hydrocortisone acetate 25 mg rect supp, 30 mg rect supp	Generic		
mezparox-hc 1-2.5 % crm	Generic		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	Brand Non Preferred		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	Brand Non Preferred		
PROCTO-MED HC 2.5 % crm	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PROCTO-PAK 1 % crm	Brand Non Preferred		
PROCTOSOL HC 2.5 % crm	Brand Non Preferred		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
dihydroergotamine mesylate 1 mg/ml inj soln	Generic		QL(24 / 30)
dihydroergotamine mesylate 4 mg/ml nasal soln	Generic	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	Brand Non Preferred		
ergotamine-caffeine 1-100 mg tab	Generic	CAFERGOT	
MIGERGOT 2-100 mg rect supp	Brand Non Preferred		
MIGRANAL 4 mg/ml nasal soln	Brand Non Preferred		QL(8 / 30)
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
almotriptan malate 12.5 mg tab, 6.25 mg tab	Generic	AXERT	QL(6 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	Generic	RELPAX	QL(6 / 30)
frovatriptan succinate 2.5 mg tab	Generic	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	Generic	AMERGE	QL(9 / 30)
rizatriptan benzoate 10 mg tab, 5 mg tab	Generic	MAXALT	QL(9 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	Generic	MAXALT MLT	QL(9 / 30)
sumatriptan 20 mg/act nasal soln	Generic	IMITREX	QL(6 / 30)
sumatriptan 5 mg/act nasal soln	Generic	IMITREX	QL(12 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj	Generic	IMITREX	QL(2 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	Generic	IMITREX	QL(9 / 30)
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	Generic	IMITREX STATDOSE	QL(2 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	Generic	TREXIMET	QL(9 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SUMAVEL DOSEPRO 6 mg/0.5ml sc soln jet-inj	Brand Non Preferred		QL(3 / 30)
TOSYMRA 10 mg/act nasal soln	Brand Preferred		
zolmitriptan 5 mg tab, 5 mg tab disint	Generic	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint	Generic	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	Brand Preferred		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
guanidine hcl 125 mg tab	Generic		
pyridostigmine bromide 60 mg tab	Generic	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	Generic	MESTINON	
pyridostigmine bromide er 180 mg tab er	Generic	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	Generic		
rifabutin 150 mg cap	Generic	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	Generic		
ethambutol hcl 100 mg tab, 400 mg tab	Generic	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	Generic		
isoniazid 100 mg/ml inj soln, 50 mg/5ml syr	Generic		
PASER 4 gm pckt	Brand Non Preferred		
PRIFTIN 150 mg tab	Brand Non Preferred		
pyrazinamide 500 mg tab	Generic		
rifampin 150 mg cap, 300 mg cap	Generic	RIFADIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RIFATER 50-120-300 mg tab	Brand Non Preferred		
TRECATOR 250 mg tab	Brand Non Preferred		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
cyclophosphamide 1 gm inj soln	Generic		PA
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	Brand Non Preferred		
FLUOROPLEX 1 % crm	Brand Non Preferred		
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
doxorubicin hcl 2 mg/ml iv soln	Generic	ADRIAMYCIN	PA
TICE BCG 50 mg i-vesic susp	Brand Non Preferred		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
albendazole 200 mg tab	Generic	ALBENZA	
ivermectin 3 mg tab	Generic	STROMECTOL	
praziquantel 600 mg tab	Generic	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	Brand Non Preferred		
ALINIA 100 mg/5ml susp	Brand Non Preferred		QL(60 / 3)
atovaquone 750 mg/5ml susp	Generic	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	Generic	MALARONE	
chloroquine phosphate 250 mg tab, 500 mg tab	Generic		ST
COARTEM 20-120 mg tab	Brand Non Preferred		
hydroxychloroquine sulfate 200 mg tab	Generic	PLAQUENIL	ST
mefloquine hcl 250 mg tab	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
primaquine phosphate 26.3 mg tab	Generic		
pyrimethamine 25 mg tab	Generic	DARAPRIM	
quinine sulfate 324 mg cap	Generic	QUALAQUIN	
tinidazole 250 mg tab, 500 mg tab	Generic	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	Brand Non Preferred		PA
lindane 1 % shampoo	Generic		PA
malathion 0.5 % lot	Generic	OVIDE	PA
NATROBA 0.9 % ext susp	Brand Non Preferred		PA
permethrin 5 % crm	Generic	ELIMITE	PA
SKLICE 0.5 % lot	Brand Non Preferred		PA
spinosad 0.9 % ext susp	Generic		PA
sulfurated lime ext soln	Generic		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	COGENTIN	
benztropine mesylate 1 mg/ml inj soln	Generic	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	Generic		
trihexyphenidyl hcl 2 mg tab	Generic	ARTANE	
trihexyphenidyl hcl 5 mg tab	Generic	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 100 mg cap, 100 mg tab	Generic	SYMMETREL	
amantadine hcl 50 mg/5ml syr	Generic	SYMMETREL	
entacapone 200 mg tab	Generic	COMTAN	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	Generic	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr			
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	Generic	MIRAPEX	
pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	Generic	MIRAPEX ER	
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	Generic	REQUIP	
ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr	Generic	REQUIP XL	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa 25 mg tab	Generic	LODOSYN	
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	Generic	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	Generic	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	Generic	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab	Generic	STALEVO	
STALEVO 125 31.25-125-200 mg tab	Brand Non Preferred		
STALEVO 150 37.5-150-200 mg tab	Brand Non Preferred		
STALEVO 200 50-200-200 mg tab	Brand Non Preferred		
STALEVO 50 12.5-50-200 mg tab	Brand Non Preferred		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prochlorperazine edisylate 10 mg/2ml inj soln, 50 mg/10ml inj soln	Generic		
prochlorperazine maleate 10 mg tab, 5 mg tab	Generic	COMPAZINE	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	Generic	MELLARIL	
thiothixene 1 mg cap	Generic	NAVANE	
thiothixene 10 mg cap, 2 mg cap, 5 mg cap	Generic	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	Generic	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	Generic	ABILIFY	
aripiprazole 1 mg/ml soln	Generic	ABILIFY	
aripiprazole 10 mg tab disint, 15 mg tab disint	Generic	ABILIFY DISCMELT	
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	Brand Non Preferred		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	Brand Non Preferred		
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	Brand Non Preferred		
olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	Generic	ZYPREXA	
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	Generic	ZYPREXA ZYDIS	
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	Generic	INVEGA	
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	Generic	SEROQUEL	
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	Generic	SEROQUEL XR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint	Generic	RISPERDAL	
risperidone 1 mg/ml soln	Generic	RISPERDAL	
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	Brand Preferred		
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	Generic	GEODON	
ziprasidone mesylate 20 mg im soln	Generic	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	Brand Non Preferred		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	Generic	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	Generic	FAZACLO	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
baclofen 10 mg tab, 20 mg tab	Generic	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap	Generic	DANTRIUM	
dantrolene sodium 50 mg cap	Generic	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	Generic	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	Generic	VALCYTE	
valganciclovir hcl 50 mg/ml soln	Generic	VALCYTE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZIRGAN 0.15 % ophth gel	Brand Non Preferred		
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
entecavir 0.5 mg tab, 1 mg tab	Generic	BARACLUDE	PA
lamivudine 100 mg tab	Generic	EPIVIR HBV	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	Generic	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	Generic	ZOVIRAX	
acyclovir 200 mg/5ml susp	Generic	ZOVIRAX	
DENAVIR 1 % crm	Brand Non Preferred		
trifluridine 1 % ophth soln	Generic	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	Generic	VALTREX	
XERESE 5-1 % crm	Brand Non Preferred		
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
fosamprenavir calcium 700 mg tab	Generic	LEXIVA	PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	Generic	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	Generic	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	Generic	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	Brand Non Preferred		QL(20 / 180)
rimantadine hcl 100 mg tab	Generic	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	Brand Preferred		
XOFLUZA (80 MG DOSE) 2 x 40 mg tab pack	Brand Preferred		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	Generic	BUSPAR	
droperidol 2.5 mg/ml inj soln	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	Generic	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	Generic		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	Generic	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	XANAX	
alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	Generic	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	Brand Non Preferred		
alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	Generic	XANAX XR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	Generic	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	Generic	TRANXENE	
diazepam 5 mg/ml oral conc	Generic		
diazepam 10 mg tab, 2 mg tab, 5 mg tab	Generic	VALIUM	
diazepam 5 mg/5ml soln	Generic	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	Brand Non Preferred		
DORAL 15 mg tab	Brand Non Preferred		
estazolam 1 mg tab, 2 mg tab	Generic	PROSOM	
lorazepam 2 mg/ml inj soln, 2 mg/ml oral conc, 4 mg/ml inj soln	Generic		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	ATIVAN	
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	Generic	SERAX	
quazepam 15 mg tab	Generic		
triazolam 0.125 mg tab, 0.25 mg tab	Generic	HALCION	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
lithium 8 meq/5ml soln	Generic		
lithium carbonate 150 mg cap, 600 mg cap	Generic		
lithium carbonate 300 mg cap	Generic	ESKALITH	
lithium carbonate 300 mg tab	Generic	LITHOBID	
lithium carbonate er 450 mg tab er	Generic	ESKALITH CR	
lithium carbonate er 300 mg tab er	Generic	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	Generic	PRECOSE	
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	Brand Non Preferred		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	Brand Non Preferred		ST
alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab	Brand Non Preferred	NESINA	ST
alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab	Brand Non Preferred	KAZANO	ST
alogliptin-pioglitazone 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	Brand Non Preferred	OSENI	ST
BYDUREON 2 mg sc pen-inj	Brand Preferred		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	Brand Preferred		
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	Brand Preferred		
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	Brand Preferred		
CYCLOSET 0.8 mg tab	Brand Non Preferred		
FARXIGA 10 mg tab, 5 mg tab	Brand Preferred		
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	Generic	AMARYL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
glipizide 10 mg tab, 5 mg tab	Generic	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	Generic	GLUCOTROL XL	
glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	Generic	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr	Generic	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	Generic	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	Generic	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	Generic	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	Generic	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	Brand Preferred		
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	Brand Non Preferred		ST
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	Brand Non Preferred		ST
INVOKANA 100 mg tab, 300 mg tab	Brand Non Preferred		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	Brand Preferred		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	Brand Preferred		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	Brand Preferred		
JARDIANCE 10 mg tab, 25 mg tab	Brand Preferred		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	Brand Preferred		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	Brand Preferred		
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	Brand Non Preferred		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	Brand Non Preferred		ST
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	Generic	GLUCOPHAGE	
metformin hcl 500 mg/5ml soln	Generic	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	Generic	GLUCOPHAGE XR	
nateglinide 120 mg tab, 60 mg tab	Generic	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	Brand Non Preferred		ST
ONGLYZA 2.5 mg tab, 5 mg tab	Brand Non Preferred		ST
OSENI 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	Brand Non Preferred		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	Brand Preferred		
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	Brand Preferred		
QTERN 10-5 mg tab, 5-5 mg tab	Brand Non Preferred		ST
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	Brand Preferred		
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	Brand Non Preferred		ST
STEGLATRO 15 mg tab, 5 mg tab	Brand Non Preferred		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	Brand Non Preferred		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	Brand Preferred		
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	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TANZEUM 30 mg sc pen-inj	Brand Non Preferred		ST
tolbutamide 500 mg tab	Generic	ORINASE	
TRADJENTA 5 mg tab	Brand Preferred		
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	Brand Preferred		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	Brand Preferred		
VICTOZA 18 mg/3ml sc soln pen-inj	Brand Preferred		
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	Brand Preferred		
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	Brand Preferred		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	Brand Preferred		
diazoxide 50 mg/ml susp	Generic	PROGLYCEM	
glucagon emergency 1 mg inj kit	Brand Non Preferred		
KORLYM 300 mg tab	Brand Non Preferred		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	Generic		
1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	Generic		
ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	Generic		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc	Generic		
aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc	Generic		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	Brand Non Preferred		QL(15 / 30), ST
BD AUTOSHIELD 29G X 5MM misc, 29G X 8MM misc	Generic		
BD AUTOSHIELD DUO 30G X 5 MM misc	Generic		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
BD INSULIN SYRINGE 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc, 26G X 1/2" 1 ml misc, 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	Generic		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	Generic		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc	Generic		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	Generic		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	Generic		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	Generic		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	Generic		
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc	Generic		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	Generic		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	Generic		
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ml misc	Generic		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	Generic		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc			
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	Generic		
careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
careone unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	Generic		
careone unifine pentips 31G X 8 MM misc	Generic		
careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	Generic		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc	Generic		
CARETOUCH PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc	Generic		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	Generic		
clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2"	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	Generic		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	Generic		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	Generic		
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	Generic		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc,	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	Generic		
dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc	Generic		
drug mart unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
drug mart unifine pentips plus 32G X 4 MM misc	Generic		
easy comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	Generic		
easy comfort pen needles 31G X 8 MM misc	Generic		
easy glide pen needles 33G X 4 MM misc	Generic		
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	Generic		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	Generic		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	Generic		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	Generic		
elite-thin insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 28G X 5/16" 0.5 ml misc, 28G X 5/16" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 29G X 5/16" 0.5 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
eql insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	Generic		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	Generic		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
freds pharmacy unifine pentip+ 31G X 5 MM misc, 31G X 8 MM misc	Generic		
freds pharmacy unifine pentips 32G X 4 MM misc	Generic		
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	Generic		
global ease inject pen needles 32G X 4 MM misc	Generic		
global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	Generic		
global easy glide pen needles 32G X 4 MM misc	Generic		
global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc			
global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc	Generic		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc	Generic		
gnp insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc	Generic		
gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc	Generic		
gnp ultra com insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
goodsense clickfine pen needle 31G X 5 MM misc	Generic		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	Generic		
healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
healthwise micron pen needles 32G X 4 MM misc	Generic		
healthwise mini pen needles 31G X 6 MM misc	Generic		
healthwise pen needles 29G X 12MM misc	Generic		
healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc	Generic		
healthwise unifine pentips 32G X 4 MM misc	Generic		
healthy accents unifine pentip 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	Generic		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	Generic		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	Generic		
HUMALOG 100 unit/ml sc soln	Brand Preferred		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	Brand Preferred		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	Brand Preferred		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	Brand Preferred		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	Brand Preferred		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	Brand Preferred		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	Brand Preferred		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	Brand Preferred		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	Brand Preferred		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	Brand Preferred		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	Brand Preferred		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	Brand Preferred		QL(6 / 30)
insulin syringe 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	Generic		
insulin syringe-needle u-100 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	Generic		
INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc	Generic		
INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc	Generic		
kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc	Generic		
kroger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
kroger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	Generic		
kroger pen needles 31G X 5 MM misc, 32G X 4 MM misc	Generic		
LANTUS 100 unit/ml sc soln	Brand Preferred		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	Generic		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
LEVEMIR 100 unit/ml sc soln	Brand Preferred		QL(20 / 30)
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
longs insulin syringe 31G X 5/16" 0.5 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	Generic		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	Generic		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	Generic		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	Generic		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	Generic		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	Generic		
medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc	Generic		
medicine shoppe pen needles 29G X 12MM misc	Generic		
medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc	Generic		
meijer pen needles 29G X 12MM misc, 31G X 6 MM misc	Generic		
meijer pen needles 31G X 8 MM misc	Generic		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	Generic		
mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	Generic		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
NOVOFINE 32G X 6 MM misc	Generic		
NOVOFINE AUTOCOVER 30G X 8 MM misc	Generic		
NOVOFINE PLUS 32G X 4 MM misc	Generic		
NOVOTWIST 32G X 5 MM misc	Generic		
pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	Generic		
pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pen needles 1/2" 29G X 12MM misc	Generic		
pen needles 3/16" 31G X 5 MM misc	Generic		
pen needles 5/16" 30G X 8 MM misc	Generic		
pen needles 5/16" 31G X 8 MM misc	Generic		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc	Generic		
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 3/8" 0.5 ml misc, 30G X 5/16" 0.3 ml misc	Generic		
preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	Generic		
preferred plus unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	Generic		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	Generic		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	Generic		
pure comfort pen needle 32G X 4 MM misc	Generic		
px extra short pen needles 31G X 6 MM misc	Generic		
px insulin syringe 30G X 1/2" 0.5 ml misc	Generic		
px mini pen needles 31G X 5 MM misc	Generic		
px pen needle 29G X 12MM misc, 31G X 8 MM misc	Generic		
px shortlength pen needles 31G X 8 MM misc	Generic		
qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
qc unifine pentips 32G X 4 MM misc	Generic		
ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	Generic		
ra pen needles 31G X 5 MM misc, 31G X 8 MM misc	Generic		
reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RELION MINI PEN NEEDLES 31G X 6 MM misc	Generic		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	Generic		
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc	Generic		
safety insulin syringes 27G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	Generic		
sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	Generic		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	Generic		
SHOPKO UNIFINE PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc	Generic		
sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc	Generic		
sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
SURE-FINE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc	Generic		
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
techlite insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MM misc, 32G X 6 MM misc, 32G X 8 MM misc			
todays health mini pen needles 31G X 6 MM misc	Generic		
todays health pen needles 29G X 12MM misc	Generic		
todays health short pen needle 31G X 8 MM misc	Generic		
topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc	Generic		
topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	Brand Preferred		QL(15 / 30)
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	Brand Preferred		QL(15 / 30)
true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	Generic		
true comfort pro insulin syr 31G X 5/16" 1 ml misc	Generic		
true comfort pro insulin syr 31G X 5/16" 0.5 ml misc	Generic		
true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	Generic		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	Generic		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	Generic		
ultiguard safepack pen needle 32G X 6 MM misc	Generic		
ultiguard safepack pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ml misc	Generic		
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc	Generic		
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc	Generic		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	Generic		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	Generic		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	Generic		
ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	Generic		
ultra-comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	Generic		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc	Generic		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	Generic		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	Generic		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	Generic		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	Generic		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	Generic		
value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	Generic		
valumark pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	Generic		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
vp insulin syringe 29G X 1/2" 0.3 ml misc	Generic		
wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	Generic		
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
ELIQUIS 2.5 mg tab, 5 mg tab	Brand Preferred		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	Brand Preferred		
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	Brand Preferred		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	Brand Non Preferred		
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	Generic	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	Brand Preferred		
XARELTO STARTER PACK 15 & 20 mg tab pack	Brand Preferred		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	Generic	AGRYLIN	
NPLATE 250 mcg sc soln, 500 mcg sc soln	Brand Non Preferred		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
aminocaproic acid 500 mg tab	Generic	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aspirin-dipyridamole er 25-200 mg cap er 12 hr	Generic	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	Brand Preferred		
cilostazol 100 mg tab, 50 mg tab	Generic	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	Generic	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	Generic	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	Generic	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	Generic	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	Generic	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	Generic	TENEX	
methyldopa 250 mg tab	Generic	ALDOMET	
methyldopa 500 mg tab	Generic	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	Generic	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
phenoxybenzamine hcl 10 mg cap	Generic	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	Generic		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	Generic	MINIPRESS	
Angiotensin Ii Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina Ii - Medicamentos Para La Presión Sanguínea]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	Generic	ATACAND	
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	Generic	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	Generic	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	Generic	BENICAR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	Generic	MICARDIS	
valsartan 80 mg tab	Generic	DIOVAN	
valsartan 160 mg tab, 320 mg tab, 40 mg tab	Generic	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	Generic	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	Generic	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	Generic	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	Generic	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	Generic	ZESTRIL	
moexipril hcl 15 mg tab	Generic	UNIVASC	
moexipril hcl 7.5 mg tab	Generic	UNIVASC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	Generic	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	Generic	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	Generic	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	Generic	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 200 mg tab	Generic	CORDARONE	
amiodarone hcl 100 mg tab, 400 mg tab	Generic	PACERONE	
disopyramide phosphate 100 mg cap, 150 mg cap	Generic	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	Generic	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	Generic	TAMBOCOR	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	Generic	MEXITIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MULTAQ 400 mg tab	Brand Preferred		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	Brand Non Preferred		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	Brand Non Preferred		
propafenone hcl 150 mg tab	Generic	RYTHMOL	
propafenone hcl 225 mg tab, 300 mg tab	Generic	RYTHMOL	
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	Generic	RYTHMOL SR	
quinidine gluconate er 324 mg tab er	Generic		
quinidine sulfate 200 mg tab, 300 mg tab	Generic		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	Brand Non Preferred		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	Generic	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	Generic	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	Generic	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	Generic	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	Generic	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	Generic	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	Brand Non Preferred		
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	Generic	COREG	
carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	Generic	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	Brand Non Preferred		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
labetalol hcl 100 mg tab	Generic	NORMODYNE	
labetalol hcl 200 mg tab, 300 mg tab	Generic	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	Generic	TOPROL	
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	Generic	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	Generic	CORGARD	
pindolol 10 mg tab, 5 mg tab	Generic	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	Generic	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	Generic	INDERAL	
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	Generic	INDERAL LA	
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	Generic	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	Generic	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	Brand Non Preferred		
diltiazem hcl 30 mg tab, 60 mg tab	Generic	CARDIZEM	
diltiazem hcl 120 mg tab, 90 mg tab	Generic	CARDIZEM	
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	Generic	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 240 mg cap er 24 hr	Generic	DILACOR XR	
diltiazem hcl er 180 mg cap er 24 hr	Generic	TIAZAC	
diltiazem hcl er beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	Generic	CARDIZEM	
diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	Generic	TIAZAC	

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BIDIL 20-37.5 mg tab	Brand Non Preferred		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	Generic	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	Generic	ATACAND HCT	
captopril-hydrochlorothiazide 50-15 mg tab	Generic	CAPOZIDE	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab	Generic	CAPOZIDE	
DEMSER 250 mg cap	Brand Non Preferred		
DIGITEK 250 mcg tab	Brand Preferred		
digox 125 mcg tab, 250 mcg tab	Generic	LANOXIN	
digoxin 125 mcg tab, 250 mcg tab	Generic	LANOXIN	
digoxin 0.05 mg/ml soln	Generic	LANOXIN	
DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr	Brand Non Preferred		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	Generic	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	Brand Preferred		
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	Generic	MONOPRIL-HCT	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	Generic	AVALIDE	
isoxsuprine hcl 10 mg tab	Generic		
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	Generic	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	Generic	HYZAAR	
methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab	Generic	ALDORIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	Generic	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	Generic	BENICAR HCT	
olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	Generic	TRIBENZOR	
pentoxifylline er 400 mg tab er	Generic	TRENTAL	
propranolol-hctz 40-25 mg tab, 80-25 mg tab	Generic	INDERIDE	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	Generic	ACCURETIC	
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	Generic	RANEXA	
spironolactone-hctz 25-25 mg tab	Generic	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	Brand Preferred		
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	Generic	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	Generic	MICARDIS-HCT	
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	Generic	TARKA	
triamterene-hctz 37.5-25 mg cap	Generic	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	Generic	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	Generic	DIOVAN HCT	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	BUMEX	
ethacrynic acid 25 mg tab	Generic	EDECRIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
furosemide 20 mg tab, 40 mg tab, 80 mg tab	Generic	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	Generic	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	Generic	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	Generic	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	Generic	INSPRA	
spironolactone 25 mg tab, 50 mg tab	Generic	ALDACTONE	
spironolactone 100 mg tab	Generic	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	Generic	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorthalidone 25 mg tab, 50 mg tab	Generic	HYGROTON	
DIURIL 250 mg/5ml susp	Brand Non Preferred		
hydrochlorothiazide 25 mg tab, 50 mg tab	Generic	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	Generic	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	Generic	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	Generic	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 mg cap, 90 mg cap	Brand Non Preferred		
fenofibrate 120 mg tab, 40 mg tab	Generic	FENOGLIDE	
fenofibrate 150 mg cap, 50 mg cap	Generic	LIPOFEN	
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	Generic	TRICOR	
fenofibrate micronized 130 mg cap, 43 mg cap	Generic	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	Generic	TRICOR	
fenofibric acid 105 mg tab, 35 mg tab	Generic	FIBRICOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fenofibric acid 135 mg cap dr, 45 mg cap dr	Generic	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	Brand Non Preferred		
gemfibrozil 600 mg tab	Generic	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	Brand Preferred		
TRIGLIDE 160 mg tab	Brand Non Preferred		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	Brand Non Preferred		
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Generic	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	Generic	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	Brand Non Preferred		
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	Generic	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Generic	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	Generic	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	Generic	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	Generic	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	Generic	QUESTRAN	
cholestyramine light 4 gm pckt	Generic	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	Generic	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	Generic	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	Generic	COLESTID	
colestipol hcl 5 gm oral gr	Generic	COLESTID	
ezetimibe 10 mg tab	Generic	ZETIA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	Generic	VYTORIN	
niacin (antihyperlipidemic) 500 mg tab	Generic	NIACOR	
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	Generic	NIASPAN	
NIACOR 500 mg tab	Brand Non Preferred		
omega-3-acid ethyl esters 1 gm cap	Generic	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	Brand Non Preferred		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	Generic	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	Generic	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
DILATRATE-SR 40 mg cap er	Brand Non Preferred		
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	Generic	ISORDIL	
isosorbide mononitrate 10 mg tab, 20 mg tab	Generic	MONOKET	
isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr	Generic	IMDUR	
isosorbide mononitrate er 120 mg tab er 24 hr	Generic	IMDUR	
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	Brand Non Preferred		
NITRO-BID 2 % td oint	Brand Non Preferred		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	Brand Non Preferred		
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4	Generic	NITRO-DUR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr			
nitroglycerin 0.4 mg/spray tl soln	Generic	NITROLINGUAL	
nitroglycerin 0.6 mg tab subl	Generic	NITROSTAT	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl	Generic	NITROSTAT	
NITROMIST 400 mcg/spray tl aer soln	Brand Non Preferred		
NITRO-TIME 9 mg cap er	Brand Non Preferred		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
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	Generic	ADDERALL XR	
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	Generic	ADDERALL	
dextroamphetamine sulfate 5 mg/5ml soln	Generic		
dextroamphetamine sulfate 10 mg tab, 5 mg tab	Generic	DEXEDRINE	
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	Generic	DEXEDRINE	
methamphetamine hcl 5 mg tab	Generic	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	Brand Preferred		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	Generic	STRATTERA	
clonidine hcl er 0.1 mg tab er 12 hr	Generic	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	Brand Preferred		
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	Generic	FOCALIN	
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	Generic	FOCALIN XR	
guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	Generic	INTUNIV	
methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew	Generic	METHYLIN	
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	Generic	METHYLIN	
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	Generic	RITALIN	
methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr	Generic		
methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	Generic	CONCERTA	
methylphenidate hcl er 10 mg tab er	Generic	METADATE	
methylphenidate hcl er 20 mg tab er	Generic	RITALIN SR	
methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er	Generic	METADATE	
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er	Generic	METADATE CD	
methylphenidate hcl er (la) 30 mg cap er 24 hr	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr	Generic	RITALIN LA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	Brand Non Preferred		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	Brand Non Preferred		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
GRALISE 300 mg tab, 600 mg tab	Brand Non Preferred		
HORIZANT 300 mg tab er, 600 mg tab er	Brand Non Preferred		
NUEDEXTA 20-10 mg cap	Brand Non Preferred		
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	Brand Preferred		PA, QL(30 / 30)
pregabalin 20 mg/ml soln	Generic	LYRICA	PA
pregabalin 225 mg cap, 300 mg cap	Generic	LYRICA	PA, QL(60 / 30)
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic	LYRICA	PA, QL(90 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	Brand Non Preferred		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	Brand Non Preferred		
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	Brand Non Preferred		
BOCASAL m/t pckt	Brand Non Preferred		
CAPHOSOL m/t soln	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cevimeline hcl 30 mg cap	Generic	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	Brand Non Preferred		
lidocaine hcl 4 % m/t soln	Generic		
lidocaine viscous hcl 2 % m/t soln	Generic	XYLOCAINE	
NEUTRASAL m/t pckt	Brand Non Preferred		
NUMOISYN m/t liq	Brand Non Preferred		
ORALONE 0.1 % m/t paste	Brand Non Preferred		
pilocarpine hcl 5 mg tab, 7.5 mg tab	Generic	SALAGEN	
SALIVAMAX m/t pckt	Brand Non Preferred		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	Brand Non Preferred		
triamcinolone acetonide 0.1 % m/t paste	Generic	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	Brand Non Preferred		ST
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	Generic	DIFFERIN	
adapalene-benzoyl peroxide 0.1-2.5 % gel	Generic	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	Brand Non Preferred		
AVAR CLEANSER 10-5 % ext emul	Brand Non Preferred		
AVAR-E EMOLLIENT 10-5 % crm	Brand Non Preferred		
AVAR-E GREEN 10-5 % crm	Brand Non Preferred		
AVITA 0.025 % crm, 0.025 % gel	Brand Non Preferred		PA
AZELEX 20 % crm	Brand Non Preferred		
BENZACLIN 1-5 % gel	Brand Non Preferred		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
BENZACLIN WITH PUMP 1-5 % gel	Brand Non Preferred		ST
BENZAMYCIN 5-3 % gel	Brand Non Preferred		ST
benzoyl peroxide 5.3 % foam, 8 % gel	Generic		
benzoyl peroxide-erythromycin 5-3 % gel	Generic	BENZAMYCIN	
BIONECT 0.2 % gel	Brand Non Preferred		
bp 10-1 10-1 % ext emul	Generic		
bp cleansing wash 10-4 % ext emul	Generic		
bp wash 2.5 % ext liq	Generic		
bp wash 7 % ext liq	Generic		
bpo foaming cloths 6 % ext misc	Generic		
calcipotriene 0.005 % crm, 0.005 % oint	Generic	DOVONEX	
calcipotriene 0.005 % ext soln	Generic	DOVONEX	
calcipotriene-betameth diprop 0.005-0.064 % oint	Generic	TACLONEX	
CALCITRENE 0.005 % oint	Brand Non Preferred		
calcitriol 3 mcg/gm oint	Generic	VECTICAL	
CLINDACIN ETZ 1 % ext kit	Brand Non Preferred		
CLINDACIN PAC 1 % ext kit	Brand Non Preferred		
clindamycin phos-benzoyl perox 1.2-2.5 % gel	Generic	ACANYA	
clindamycin phos-benzoyl perox 1-5 % gel	Generic	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % gel	Generic	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	Generic	ZIANA	
CONDYLOX 0.5 % gel	Brand Non Preferred		
CORTANE-B 10-10-1 mg/ml lot	Brand Non Preferred		
dapsone 5 % gel, 7.5 % gel	Generic	ACZONE	
doxycycline 40 mg cap dr	Generic	ORACEA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
DRITHO-CREME HP 1 % crm	Brand Non Preferred		
EPIDUO 0.1-2.5 % gel	Brand Preferred		
EPIDUO FORTE 0.3-2.5 % gel	Brand Preferred		
hydrocortisone ace-pramoxine 1-1 % crm	Generic		
hydrocort-pramoxine (perianal) 2.5-1 % crm	Generic		
imiquimod 5 % crm	Generic	ALDARA	
imiquimod pump 3.75 % crm	Generic	ZYCLARA	PA
IODOSORB 0.9 % gel	Brand Non Preferred		
LEVULAN KERASTICK 20 % ext soln	Brand Non Preferred		
lidocaine-hydrocort (perianal) 3-0.5 % crm	Generic		
lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	Generic		
lidocaine-hydrocortisone ace 2.8-0.55 % rect gel	Generic		
metronidazole 0.75 % crm	Generic	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	Generic	METROGEL	
metronidazole 0.75 % lot	Generic	METROLOTION	
NEUAC 1.2-5 % gel	Brand Non Preferred		
NORITATE 1 % crm	Brand Non Preferred		
ONEXTON 1.2-3.75 % gel	Brand Preferred		
OVACE PLUS 10 % crm	Brand Non Preferred		
PICATO 0.015 % gel, 0.05 % gel	Brand Non Preferred		
pimecrolimus 1 % crm	Generic	ELIDEL	
podofilox 0.5 % ext soln	Generic	CONDYLOX	
PROCORT 1.85-1.15 % crm	Brand Non Preferred		
PROCTOFOAM HC 1-1 % foam	Brand Non Preferred		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PROMISEB crm	Brand Non Preferred		
PRUDOXIN 5 % crm	Brand Non Preferred		
RECTIV 0.4 % rect oint	Brand Non Preferred		
REGRANEX 0.01 % gel	Brand Non Preferred		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	Brand Non Preferred		PA
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	Brand Non Preferred		
ROSADAN 0.75 % crm, 0.75 % gel	Brand Non Preferred		
SANTYL 250 unit/gm oint	Brand Non Preferred		
SCALACORT DK 2 & 2-2 % ext kit	Brand Non Preferred		
selenium sulfide 2.25 % shampoo	Generic		
selenium sulfide 2.5 % lot	Generic	SELSUN	
sodium sulfacetamide 10 % shampoo	Generic		
SORILUX 0.005 % foam	Brand Non Preferred		
sss 10-5 10-5 % crm, 10-5 % foam	Generic		
sulfacetamide sodium 10 % (cleans) gel, 10 % ext liq	Generic		
sulfacetamide sodium-sulfur 10-4 % pad	Generic		
sulfacetamide sodium-sulfur 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot, 9-4.5 % ext liq	Generic		
sulfacetamide sodium-sulfur 8-4 % ext susp, 9-4 % ext liq	Generic		
sulfacetamide sod-sulfur wash 9-4.5 % ext kit	Generic		
sulfacetamide-sulfur in urea 10-5 % ext emul	Generic		
SYNALAR TS 0.01 % ext kit	Brand Non Preferred		
TACLONEX 0.005-0.064 % ext susp	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tacrolimus 0.03 % oint, 0.1 % oint	Generic	PROTOPIC	PA
tazarotene 0.1 % crm	Generic	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	Brand Preferred		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	Generic	RETIN-A	PA
tretinoin microsphere 0.04 % gel, 0.1 % gel	Generic	RETIN-A	PA
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	Generic	RETIN-A	PA
VECTICAL 3 mcg/gm oint	Brand Non Preferred		
VELTIN 1.2-0.025 % gel	Brand Non Preferred		ST
VEREGEN 15 % oint	Brand Non Preferred		
virti-sulf 10-5 % crm	Generic		
zaclir cleansing 8 % lot	Generic		
ZIANA 1.2-0.025 % gel	Brand Non Preferred		ST
ZITHRANOL 1 % shampoo	Brand Non Preferred		
ZONALON 5 % crm	Brand Non Preferred		
ZYCLARA 3.75 % crm	Brand Non Preferred		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	Brand Non Preferred		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos 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	Brand Preferred		
CYSTAGON 150 mg cap, 50 mg cap	Brand Non Preferred		
PANCREAZE 10500 unit cap dr prt, 16800 unit cap dr prt, 21000 unit	Brand Non Preferred		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cap dr prt, 2600 unit cap dr prt, 4200 unit cap dr prt			
PERTZYE 16000 unit cap dr prt, 24000-86250 unit cap dr prt, 4000 unit cap dr prt, 8000 unit cap dr prt	Brand Non Preferred		ST
VIOKACE 10440 unit tab, 20880 unit tab	Brand Non Preferred		ST
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-14000 unit cap dr prt, 5000-24000 unit cap dr prt	Brand Preferred		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	Brand Non Preferred		
chlordiazepoxide-clidinium 5-2.5 mg cap	Generic		
dicyclomine hcl 10 mg cap, 20 mg tab	Generic	BENTYL	
dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln	Generic	BENTYL	
ed-spaz 0.125 mg tab disint	Generic		
glycopyrrolate 1 mg tab, 2 mg tab	Generic	ROBINUL	
hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl	Generic		
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	Generic		
hyoscyamine sulfate er 0.375 mg tab er 12 hr	Generic		
hyoscyamine sulfate sl 0.125 mg tab subl	Generic		
hyosyne 0.125 mg/5ml oral elix	Generic		
hyosyne 0.125 mg/ml soln	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methscopolamine bromide 2.5 mg tab, 5 mg tab	Generic	PAMINE	
NULEV 0.125 mg tab disint	Brand Non Preferred		
oscimin 0.125 mg tab	Generic		
oscimin 0.125 mg tab subl	Generic		
oscimin sr 0.375 mg tab er 12 hr	Generic		
propantheline bromide 15 mg tab	Generic	PRO-BANTHINE	
SYMAX DUOTAB 0.375 mg tab er	Brand Non Preferred		
SYMAX-SR 0.375 mg tab er 12 hr	Brand Non Preferred		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
amoxicill-clarithro-lansopraz oral misc	Generic	PREVPAC	QL(336 / 365)
CHENODAL 250 mg tab	Brand Non Preferred		
cromolyn sodium 100 mg/5ml oral conc	Generic	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	Generic	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	Generic	LOMOTIL	
ENTEREG 12 mg cap	Brand Non Preferred		
metoclopramide hcl 5 mg tab disint	Generic	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	Generic	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln	Generic	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	Brand Non Preferred		ST
MOTOFEN 1-0.025 mg tab	Brand Non Preferred		
MOVANTIK 12.5 mg tab, 25 mg tab	Brand Preferred		ST
PYLERA 140-125-125 mg cap	Brand Non Preferred		QL(360 / 365)
RELISTOR 150 mg tab	Brand Non Preferred		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	Brand Non Preferred		ST
SYMPROIC 0.2 mg tab	Brand Preferred		ST
TRULANCE 3 mg tab	Brand Non Preferred		ST
ursodiol 300 mg cap	Generic	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	Generic	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	Generic	TAGAMET	
cimetidine hcl 300 mg/5ml soln	Generic	TAGAMET	
famotidine 20 mg tab, 40 mg tab	Generic	PEPCID	
famotidine 40 mg/5ml susp	Generic	PEPCID	
nizatidine 150 mg cap, 300 mg cap	Generic	AXID	
nizatidine 15 mg/ml soln	Generic	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	Generic	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	Brand Non Preferred		ST
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	Brand Preferred		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	Generic	CONSTULOSE	
enulose 10 gm/15ml soln	Generic	CONSTULOSE	
generlac 10 gm/15ml soln	Generic	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	Brand Non Preferred		
lactulose 10 gm/15ml soln, 20 gm/30ml soln	Generic	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	Generic	CONSTULOSE	
peg 3350-kcl-na bicarb-nacl 420 gm soln	Generic	NULYTELY	
peg-3350/electrolytes 236 gm soln	Generic	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	Brand Preferred		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
misoprostol 100 mcg tab, 200 mcg tab	Generic	CYTOTEC	
sucralfate 1 gm/10ml susp	Generic	CARAFATE	
sucralfate 1 gm tab	Generic	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	Brand Preferred		ST
esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	Generic	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	Brand Non Preferred		
FIRST-OMEPRAZOLE 2 mg/ml susp	Brand Non Preferred		
lansoprazole 15 mg cap dr, 30 mg cap dr	Generic	PREVACID	
lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	Generic	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	Brand Non Preferred		ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	Generic	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	Brand Non Preferred		
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	Generic	ZEGERID	QL(90 / 365)
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	Generic	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	Brand Non Preferred		ST
PROTONIX 40 mg pckt	Brand Non Preferred		ST
rabeprazole sodium 20 mg tab dr	Generic	ACIPHEX	ST
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	Generic	ENABLEX	
flavoxate hcl 100 mg tab	Generic		
GELNIQUE 10 % td gel	Brand Non Preferred		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	Brand Non Preferred		
oxybutynin chloride 5 mg tab	Generic	DITROPAN	
oxybutynin chloride 5 mg/5ml syr	Generic	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	Generic	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	Brand Non Preferred		
solifenacin succinate 10 mg tab, 5 mg tab	Generic	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	Generic	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	Generic	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	Brand Preferred		
trospium chloride 20 mg tab	Generic	SANCTURA	
trospium chloride er 60 mg cap er 24 hr	Generic	SANCTURA XR	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	Generic	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	Brand Non Preferred		
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	Generic	CARDURA	
dutasteride 0.5 mg cap	Generic	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	Generic	JALYN	
finasteride 5 mg tab	Generic	PROSCAR	PA
silodosin 4 mg cap, 8 mg cap	Generic	RAPAFLO	
tamsulosin hcl 0.4 mg cap	Generic	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	Generic	HYTRIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	Generic	URECHOLINE	
ELMIRON 100 mg cap	Brand Non Preferred		
ENCARE 100 mg vag supp	Brand Non Preferred		
HYOPHEN 81.6 mg tab	Brand Non Preferred		
LITHOSTAT 250 mg tab	Brand Non Preferred		
OPTIONS CONCEPTROL 4 % vag gel	Brand Non Preferred		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	Brand Non Preferred		
PHENAZO 200 mg tab	Brand Non Preferred		
phenazopyridine hcl 100 mg tab, 200 mg tab	Generic		
PHOSPHASAL 81.6 mg tab	Brand Non Preferred		
RIMSO-50 50 % i-vesic soln	Brand Non Preferred		
SHUR-SEAL CONTRACEPTIVE 2 % vag gel	Brand Non Preferred		
THIOLA 100 mg tab	Brand Non Preferred		
TODAY SPONGE 1000 mg vag misc	Brand Non Preferred		
URELLE 81 mg tab	Brand Non Preferred		
URIMAR-T 120 mg tab	Brand Non Preferred		
urin ds 81.6 mg tab	Generic		
uro-458 81 mg tab	Generic		
uro-mp 118 mg cap	Generic		
URYL 81.6 mg tab	Brand Non Preferred		
USTELL 120 mg cap	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
UTIRA-C 81.6 mg tab	Brand Non Preferred		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	Brand Non Preferred		
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam, 4 % vag gel	Brand Non Preferred		
VILAMIT MB 118 mg cap	Brand Non Preferred		
VILEVEV MB 81 mg tab	Brand Non Preferred		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
calcium acetate (phos binder) 667 mg tab	Generic		
calcium acetate (phos binder) 667 mg cap	Generic	PHOSLO	
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	Generic	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	Brand Non Preferred		
sevelamer carbonate 800 mg tab	Generic	RENVELA	
sevelamer hcl 800 mg tab	Generic	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALA SCALP 2 % lot	Brand Non Preferred		
ala-cort 1 % crm	Generic	ALA-CORT	
ala-cort 2.5 % crm	Generic	HYTONE	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	Generic	ACLOVATE	
amcinonide 0.1 % crm, 0.1 % oint	Generic	CYCLOCORT	
amcinonide 0.1 % lot	Generic	CYCLOCORT	
APEXICON E 0.05 % crm	Brand Non Preferred		
betamethasone dipropionate 0.05 % crm, 0.05 % oint	Generic	DIPROSONE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
betamethasone dipropionate 0.05 % lot	Generic	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm	Generic	DIPROLENE	
betamethasone dipropionate aug 0.05 % gel, 0.05 % oint	Generic	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	Generic	DIPROLENE	
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	Generic		
betamethasone valerate 0.1 % crm, 0.1 % oint	Generic	BETA-VAL	
betamethasone valerate 0.1 % lot	Generic	BETA-VAL	
betamethasone valerate 0.12 % foam	Generic	LUXIQ	
CAPEX 0.01 % shampoo	Brand Non Preferred		
clobetasol prop emollient base 0.05 % crm	Generic	TEMOVATE-E	
clobetasol propionate 0.05 % oint	Generic	CLOBEX	
clobetasol propionate 0.05 % ext soln	Generic	CLOBEX	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	Generic	CLODAN	
clobetasol propionate 0.05 % foam	Generic	OLUX	
clobetasol propionate 0.05 % gel	Generic	TEMOVATE	
clobetasol propionate 0.05 % crm	Generic	TEMOVATE-E	
clobetasol propionate e 0.05 % crm	Generic	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % foam	Generic		
clocortolone pivalate 0.1 % crm	Generic		
CLODAN 0.05 % shampoo	Brand Non Preferred		
CLODERM 0.1 % crm	Brand Non Preferred		
CORDRAN 4 mcg/sqcm tape	Brand Non Preferred		
cortisone acetate 25 mg tab	Generic	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	Brand Non Preferred		
DESONATE 0.05 % gel	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
desonide 0.05 % crm, 0.05 % oint	Generic	DESOWEN	
desonide 0.05 % lot	Generic	DESOWEN	
desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	Generic	TOPICORT	
dexamethasone 1 mg tab, 2 mg tab	Generic		
dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 1.5 mg (51) tab pack	Generic		
dexamethasone 0.5 mg/5ml soln	Generic		
dexamethasone 0.5 mg/5ml oral elix	Generic	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	Generic	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	Brand Non Preferred		
dexamethasone sod phosphate pf 10 mg/ml inj soln	Generic		
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln	Generic		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln	Generic		
dexamethasone sodium phosphate 10 mg/ml inj soln	Generic	HEXADROL	
DEXPAK 10 DAY 1.5 mg (35) tab pack	Brand Non Preferred		
DEXPAK 13 DAY 1.5 mg (51) tab pack	Brand Non Preferred		
DEXPAK 6 DAY 1.5 mg (21) tab pack	Brand Non Preferred		
diflorasone diacetate 0.05 % crm, 0.05 % oint	Generic	PSORCON	
fludrocortisone acetate 0.1 mg tab	Generic	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	Generic	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	Generic	SYNALAR	
fluocinolone acetonide body 0.01 % ext oil	Generic	DERMA-SMOOTHE/FS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluocinolone acetonide scalp 0.01 % ext oil	Generic	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	Generic	LIDEX	
fluocinonide 0.05 % ext soln	Generic	LIDEX	
fluocinonide 0.1 % crm	Generic	VANOS	
fluocinonide emulsified base 0.05 % crm	Generic	LIDEX-E	
flurandrenolide 0.05 % crm	Generic	CORDRAN	
flurandrenolide 0.05 % lot	Generic	CORDRAN	
fluticasone propionate 0.05 % crm	Generic	CUTIVATE	
fluticasone propionate 0.005 % oint	Generic	CUTIVATE	
fluticasone propionate 0.05 % lot	Generic	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	Generic	ULTRAVATE	
HALOG 0.1 % oint	Brand Non Preferred		
HALOG 0.1 % ext soln	Brand Non Preferred		
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	Generic	CORTEF	
hydrocortisone 2.5 % crm, 2.5 % oint	Generic	HYTONE	
hydrocortisone 2.5 % lot	Generic	HYTONE	
hydrocortisone butyr lipo base 0.1 % crm	Generic	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	Generic	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	Generic	LOCOID	
hydrocortisone valerate 0.2 % crm, 0.2 % oint	Generic	WESTCORT	
KENALOG 10 mg/ml inj susp	Brand Non Preferred		
MEDROL 2 mg tab	Brand Non Preferred		
methylprednisolone 4 mg tab, 4 mg tab pack	Generic	MEDROL	
methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab	Generic	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	Generic	DEPO-MEDROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln	Generic	SOLU-MEDROL	
MILLIPRED 5 mg tab	Brand Non Preferred		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	Brand Non Preferred		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	Brand Non Preferred		
mometasone furoate 0.1 % oint	Generic	ELOCON	
mometasone furoate 0.1 % crm	Generic	ELOCON	
mometasone furoate 0.1 % ext soln	Generic	ELOCON	
NOLIX 0.05 % lot	Brand Non Preferred		
PANDEL 0.1 % crm	Brand Non Preferred		
prednicarbate 0.1 % crm, 0.1 % oint	Generic	DERMATOP	
prednisolone 15 mg/5ml soln	Generic	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	Generic		
prednisolone sodium phosphate 10 mg/5ml soln	Generic	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	Generic	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	Generic	ORAPRED	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	Generic	PEDIAPRED	
prednisolone sodium phosphate 20 mg/5ml soln	Generic	VERIPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	Generic		
prednisone 10 mg (48) tab pack	Generic		
prednisone 5 mg/5ml soln	Generic		
PREDNISONE INTENSOL 5 mg/ml oral conc	Brand Non Preferred		
psorcon 0.05 % crm	Generic	PSORCON	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	Brand Non Preferred		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	Brand Non Preferred		
SOLU-MEDROL 2 gm inj soln	Brand Non Preferred		
TEXACORT 2.5 % ext soln	Brand Non Preferred		
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint	Generic	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	Generic	KENALOG	
triamcinolone acetonide 0.05 % oint	Generic	TRIANEX	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	Generic	TRIDERM	
TRIANEX 0.05 % oint	Brand Non Preferred		
TRIDERM 0.1 % crm	Brand Non Preferred		
VERDESO 0.05 % foam	Brand Non Preferred		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
desmopressin ace spray refrig 0.01 % nasal soln	Generic	MINIRIN	PA
desmopressin acetate 0.1 mg tab, 0.2 mg tab	Generic	DDAVP	PA
desmopressin acetate spray 0.01 % nasal soln	Generic	DDVAP	PA
STIMATE 1.5 mg/ml nasal soln	Brand Non Preferred		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	Generic	DANOCRINE	
testosterone 40.5 MG/2.5GM (1.62%) td gel	Generic		PA
testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	Generic	ANDROGEL	PA
testosterone 30 mg/act td soln	Generic	AXIRON	PA
testosterone 12.5 MG/ACT (1%) td gel	Generic	VOGELXO	PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	Generic	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	Generic	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	Brand Preferred		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	Brand Preferred		PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	Brand Non Preferred		
alyacen 1/35 1-35 mg-mcg tab	Generic		QL(28 / 28)
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	Generic		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	Brand Non Preferred		
AMETHIA 0.15-0.03 &0.01 mg tab	Brand Non Preferred		QL(91 / 91)
AMETHIA LO 0.1-0.02 & 0.01 mg tab	Brand Non Preferred		QL(91 / 91)
AMETHYST 90-20 mcg tab	Brand Non Preferred		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ARANELLE 0.5/1/0.5-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	Brand Non Preferred		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
BEKYREE 0.15-0.02/0.01 mg (21/5) tab	Brand Non Preferred		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
briellyn 0.4-35 mg-mcg tab	Generic		QL(28 / 28)
CAMRESE 0.15-0.03 &0.01 mg tab	Brand Non Preferred		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	Brand Non Preferred		QL(91 / 91)
CAZIANT 0.1/0.125/0.15 -0.025 mg tab	Brand Non Preferred		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	Brand Non Preferred		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	Brand Non Preferred		
COVARYX 1.25-2.5 mg tab	Brand Non Preferred		
COVARYX HS 0.625-1.25 mg tab	Brand Non Preferred		
CYCLAFEM 1/35 1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
DAYSEE 0.15-0.03 &0.01 mg tab	Brand Non Preferred		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	Brand Non Preferred		
DELYLA 0.1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	Brand Non Preferred		
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	Generic		QL(28 / 28)
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	Generic	BEKYREE 28 DAY	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	Brand Non Preferred		
DIVIGEL 1 mg/gm td gel	Brand Non Preferred		
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	Generic	BEYAZ	QL(28 / 28)
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	Generic	SAFYRAL	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.03 mg tab	Generic	OCELLA 28 DAY	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.02 mg tab	Generic	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	Brand Non Preferred		
ELINEST 0.3-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
est estrogens-methyltest 1.25-2.5 mg tab	Generic		
est estrogens-methyltest ds 1.25-2.5 mg tab	Generic		
est estrogens-methyltest hs 0.625-1.25 mg tab	Generic		
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	Generic	CLIMARA	
estradiol 0.1 mg/gm vag crm	Generic	ESTRACE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	Generic	ESTRACE	
estradiol 10 mcg vag tab	Generic	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	Generic	VIVELLE-DOT	
estradiol valerate 40 mg/ml im oil	Generic	DELESTROGEN	
estradiol valerate 20 mg/ml im oil	Generic	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	Generic	ACTIVELLA	
ESTRING 2 mg vag ring	Brand Non Preferred		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	Brand Non Preferred		
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	Generic	ZOVIA 1/35E	QL(28 / 28)
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	Generic	ZOVIA 1/50E	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	Generic	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	Brand Non Preferred		
FALMINA 0.1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	Brand Non Preferred		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	Brand Non Preferred		
FEMYNOR 0.25-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	Brand Non Preferred		
GIANVI 3-0.02 mg tab	Brand Non Preferred		QL(28 / 28)
INTROVALE 0.15-0.03 mg tab	Brand Non Preferred		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
JOLESSA 0.15-0.03 mg tab	Brand Non Preferred		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	Brand Non Preferred		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	Brand Non Preferred		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	Brand Non Preferred		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	Brand Non Preferred		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	Generic	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	Generic		QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Generic	AMETHIA 91 DAY	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	Generic	SEASONALE	QL(91 / 91)
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	Generic		QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg tab	Generic	AMETHYST 28 DAY	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	Generic	AVIANE	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	Generic	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LILLOW 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	Brand Non Preferred		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	Brand Non Preferred		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
marlissa 0.15-30 mg-mcg tab	Generic		QL(28 / 28)
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	Brand Non Preferred		QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	Brand Non Preferred		
MENOSTAR 14 mcg/24hr tdwk patch	Brand Non Preferred		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	Brand Non Preferred		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	Brand Non Preferred		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MONO-LINYAH 0.25-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	Brand Preferred		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
NIKKI 3-0.02 mg tab	Brand Non Preferred		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	Generic		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab	Generic	BLISOVI 24 FE 1/20 28 DAY	QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew	Generic	MINASTRIN 24 FE	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg tab	Generic	LOESTRIN 1/20	QL(28 / 28)
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	Generic	FEMHRT 0.5/2.5 28 DAY	
norethindrone-eth estradiol 1-5 mg-mcg tab	Generic	FYAVOLV	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	Generic	FEMCOM FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	Generic	GENERESS FE 28	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	Generic		QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Generic	ORTHO TRI-CYCLEN	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	Generic	ORTHO TRI-CYCLEN LO	QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	Brand Non Preferred		QL(1 / 28)
OGESTREL 0.5-50 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	Brand Non Preferred		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PIRMELLA 1/35 1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	Brand Non Preferred		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	Brand Preferred		
PREMARIN 0.625 mg/gm vag crm	Brand Preferred		
PREMPHASE 0.625-5 mg tab	Brand Preferred		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	Brand Preferred		
QUARTETTE 42-21-21-7 days tab	Brand Non Preferred		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	Brand Non Preferred		QL(91 / 91)
SEASONIQUE 0.15-0.03 &0.01 mg tab	Brand Non Preferred		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	Brand Non Preferred		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	Brand Non Preferred		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	Brand Non Preferred		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	Brand Non Preferred		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	Brand Non Preferred		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	Brand Non Preferred		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	Brand Non Preferred		QL(28 / 28)
VESTURA 3-0.02 mg tab	Brand Non Preferred		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
viorele 0.15-0.02/0.01 mg (21/5) tab	Generic	BEKYREE 28 DAY	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	Brand Non Preferred		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	Brand Non Preferred		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	Brand Non Preferred		QL(3 / 28)
YUVAFEM 10 mcg vag tab	Brand Preferred		
ZARAH 3-0.03 mg tab	Brand Non Preferred		QL(28 / 28)
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	Brand Non Preferred		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	Brand Non Preferred		
CAMILA 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
CRINONE 4 % vag gel	Brand Non Preferred		PA
DEBLITANE 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	Brand Non Preferred		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	Brand Non Preferred		QL(1 / 90)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ECONTRA EZ 1.5 mg tab	Brand Non Preferred		
ECONTRA ONE-STEP 1.5 mg tab	Brand Non Preferred		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	Brand Non Preferred		PA
JENCYCLA 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
levonorgestrel 1.5 mg tab	Generic		
LYZA 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	Generic	DEPO-PROVERA	QL(1 / 90)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	Generic	PROVERA	
megestrol acetate 625 mg/5ml susp	Generic	MEGACE	PA
MY CHOICE 1.5 mg tab	Brand Non Preferred		
MY WAY 1.5 mg tab	Brand Non Preferred		
NEW DAY 1.5 mg tab	Brand Non Preferred		
NEXPLANON 68 mg sc implant	Brand Non Preferred		
norethindrone 0.35 mg tab	Generic	NOR-QD	QL(28 / 28)
norethindrone acetate 5 mg tab	Generic	AYGESTIN	
NORLYROC 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	Brand Non Preferred		
OPTION 2 1.5 mg tab	Brand Non Preferred		
PLAN B ONE-STEP 1.5 mg tab	Brand Non Preferred		
PREVENTEZA 1.5 mg tab	Brand Non Preferred		
progesterone 100 mg cap, 200 mg cap	Generic		PA
progesterone 50 mg/ml im oil	Generic		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
REACT 1.5 mg tab	Brand Non Preferred		
SHAROBEL 0.35 mg tab	Brand Non Preferred		QL(28 / 28)
TAKE ACTION 1.5 mg tab	Brand Non Preferred		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
raloxifene hcl 60 mg tab	Generic	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	Brand Non Preferred		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	Brand Non Preferred		
levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab	Generic	SYNTHROID	
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab	Generic	SYNTHROID	
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	Brand Non Preferred		
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	Generic	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab			
np thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	Brand Non Preferred		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	Brand Preferred		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	Brand Non Preferred		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 50 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	Brand Non Preferred		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	Brand Non Preferred		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	Brand Non Preferred		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	Generic	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cabergoline 0.5 mg tab	Generic	DOSTINEX	
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
methimazole 10 mg tab, 5 mg tab	Generic	TAPAZOLE	
propylthiouracil 50 mg tab	Generic		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AZASAN 100 mg tab, 75 mg tab	Brand Non Preferred		PA
azathioprine 50 mg tab	Generic	IMURAN	PA
methotrexate 2.5 mg tab	Generic		
methotrexate sodium 2.5 mg tab	Generic		
SANDIMMUNE 100 mg/ml soln	Brand Non Preferred		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ILARIS 150 mg/ml sc soln	Brand Non Preferred		PA
leflunomide 10 mg tab, 20 mg tab	Generic	ARAVA	
RIDAURA 3 mg cap	Brand Non Preferred		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
mesalamine 800 mg tab dr	Generic	ASACOL HD	
mesalamine 1000 mg rect supp	Generic	CANASA	
mesalamine 400 mg cap dr	Generic	DELZICOL	
mesalamine 1.2 gm tab dr	Generic	LIALDA	
mesalamine 4 gm rect enema	Generic	ROWASA	
mesalamine-cleanser 4 gm rect kit	Generic	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SFROWASA 4 gm/60ml rect enema	Brand Non Preferred		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 3 mg cap dr prt	Generic	ENTOCORT	PA
CORTIFOAM 10 % foam	Brand Non Preferred		
hydrocortisone 100 mg/60ml rect enema	Generic	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfasalazine 500 mg tab, 500 mg tab dr	Generic	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	Generic	FOSAMAX	
BINOSTO 70 mg tab eff	Brand Non Preferred		ST
calcitonin (salmon) 200 unit/act nasal soln	Generic	MIACALCIN	
calcitriol 0.25 mcg cap, 0.5 mcg cap	Generic	ROCALTROL	
calcitriol 1 mcg/ml soln	Generic	ROCALTROL	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	Generic	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	Brand Non Preferred		
ibandronate sodium 150 mg tab	Generic	BONIVA	
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	Generic	ZEMPLAR	PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	Generic	ACTONEL	ST
risedronate sodium 35 mg tab dr	Generic	ATELVIA	ST
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	Generic		
aimsco lubricated misc	Generic		QL(12 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CAYA vag diaph	Brand Non Preferred		
condoms misc	Generic		QL(12 / 30)
DUREX EXTRA SENSITIVE dev	Brand Non Preferred		QL(12 / 30)
DUREX REALFEEL dev	Brand Non Preferred		QL(12 / 30)
FANTASY LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	Brand Non Preferred		QL(12 / 30)
FC FEMALE CONDOM misc	Brand Non Preferred		
FC2 FEMALE CONDOM misc	Brand Non Preferred		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	Brand Non Preferred		
g-levocarnitine s/f 1 gm/10ml soln	Generic		
KAMELEON LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
kimono misc	Generic		QL(12 / 30)
KIMONO COLORS dev	Brand Non Preferred		QL(12 / 30)
kimono micro thin misc	Generic		QL(12 / 30)
kimono micro thin plus misc	Generic		QL(12 / 30)
kimono plus misc	Generic		QL(12 / 30)
kimono ps misc	Generic		QL(12 / 30)
kimono ps plus misc	Generic		QL(12 / 30)
kimono sensation misc	Generic		QL(12 / 30)
kimono sensation plus misc	Generic		QL(12 / 30)
KIMONO SPECIAL dev	Brand Non Preferred		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	Brand Non Preferred		QL(12 / 30)
K-Y ME & YOU INTENSE dev	Brand Non Preferred		QL(12 / 30)
levocarnitine 330 mg tab	Generic	CARNITOR	
levocarnitine 1 gm/10ml soln	Generic	CARNITOR	
levocarnitine (dietary) 1 gm/10ml soln	Generic		
levocarnitine l-tartrate 330 mg tab	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
LIFESTYLES ASSORTED COLORS misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES EXTRA STRENGTH misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES FORM FITTING misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES RIBBED misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES SKYN ORIGINAL misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES SPERMICIDAL LUBE misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES STUDDED misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES ULTRA SENSITIVE misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES VIBRA-RIBBED misc	Brand Non Preferred		QL(12 / 30)
LIFESTYLES XTRA PLEASURE misc	Brand Non Preferred		QL(12 / 30)
maxx misc	Generic		QL(12 / 30)
maxx plus misc	Generic		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	Brand Non Preferred		
OMNIFLEX DIAPHRAGM vag diaph	Brand Non Preferred		
premium condoms lubricated misc	Generic		QL(12 / 30)
REALITY LATEX CONDOMS misc	Brand Non Preferred		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	Brand Non Preferred		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	Brand Non Preferred		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDED misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	Brand Non Preferred		QL(12 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TRUSTEX LUB/SPERMICIDE XL misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	Brand Non Preferred		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	Brand Non Preferred		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	Brand Non Preferred		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	Brand Non Preferred		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
AKTEN 3.5 % ophth gel	Brand Non Preferred		
ALTACAINE 0.5 % ophth soln	Brand Non Preferred		
ALTACAINE 0.5 % ophth soln	Brand Non Preferred		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	Brand Non Preferred		
atropine sulfate 1 % ophth oint	Generic		
atropine sulfate 1 % ophth soln	Generic		
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	Generic	POLYSPORIN	
bimatoprost 0.03 % ext soln	Generic		
cyclopentolate hcl 2 % ophth soln	Generic		
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln	Generic		
HOMATROPAIRE 5 % ophth soln	Brand Non Preferred		
MIOCHOL-E 20 mg i-ocul soln	Brand Non Preferred		PA
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	Generic	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	Generic	NEOSPORIN	
phenylephrine hcl 10 % ophth soln	Generic		
phenylephrine hcl 2.5 % ophth soln	Generic		
POLYCIN 500-10000 unit/gm ophth oint	Generic		
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	Generic	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	Generic	ALCAINE	
RESTASIS 0.05 % ophth emul	Brand Non Preferred		
RESTASIS MULTIDOSE 0.05 % ophth emul	Brand Non Preferred		
RESTASIS MULTIDOSE 0.05 % ophth emul	Brand Non Preferred		
tetracaine hcl 0.5 % ophth soln	Generic		
tropicamide 0.5 % ophth soln	Generic		
tropicamide 1 % ophth soln	Generic		
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ALOCRIL 2 % ophth soln	Brand Non Preferred		
azelastine hcl 0.05 % ophth soln	Generic	OPTIVAR	
BEPREVE 1.5 % ophth soln	Brand Non Preferred		
cromolyn sodium 4 % ophth soln	Generic	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	Brand Non Preferred		
epinastine hcl 0.05 % ophth soln	Generic	ELESTAT	
LASTACAFT 0.25 % ophth soln	Brand Preferred		
olopatadine hcl 0.2 % ophth soln	Generic	PATADAY	
olopatadine hcl 0.1 % ophth soln	Generic	PATANOL	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	Brand Non Preferred		
bacitracin 500 unit/gm ophth oint	Generic	BACI-IM	
BESIVANCE 0.6 % ophth susp	Brand Non Preferred		
CILOXAN 0.3 % ophth oint	Brand Non Preferred		
ciprofloxacin hcl 0.3 % ophth soln	Generic	CILOXAN	
erythromycin 5 mg/gm ophth oint	Generic	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	Generic	ZYMAXID	
GENTAK 0.3 % ophth oint	Brand Non Preferred		
gentamicin sulfate 0.3 % ophth soln	Generic	GARAMYCIN	
levofloxacin 0.5 % ophth soln	Generic	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	Generic	VIGAMOX	
ofloxacin 0.3 % ophth soln	Generic	OCUFLOX	
tobramycin 0.3 % ophth soln	Generic	TOBREX	
TOBREX 0.3 % ophth oint	Brand Non Preferred		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	Generic	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	Generic	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
apraclonidine hcl 0.5 % ophth soln	Generic	IOPIDINE	
AZOPT 1 % ophth susp	Brand Preferred		
betaxolol hcl 0.5 % ophth soln	Generic	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	Brand Non Preferred		
BETOPTIC-S 0.25 % ophth susp	Brand Non Preferred		
brimonidine tartrate 0.2 % ophth soln	Generic	ALPHAGAN	
brimonidine tartrate 0.15 % ophth soln	Generic	ALPHAGAN P	
carteolol hcl 1 % ophth soln	Generic	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	Brand Preferred		
dexamethasone sodium phosphate 0.1 % ophth soln	Generic	MAXIDEX	
dorzolamide hcl 2 % ophth soln	Generic	TRUSOPT	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	Generic	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	Generic	COSOPT PF	
DUREZOL 0.05 % ophth emul	Brand Preferred		
IOPIDINE 1 % ophth soln	Brand Non Preferred		
levobunolol hcl 0.5 % ophth soln	Generic	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	Generic	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	Brand Non Preferred		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	Brand Non Preferred		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	Generic	ISOPTOCARPINE	
RETISERT 0.59 mg Intravitreal Implant	Brand Non Preferred		
timolol maleate 0.5 % (daily) ophth soln	Generic	ISTALOL	
timolol maleate 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln	Generic	TIMOPTIC	
timolol maleate 0.25 % ophth gfs	Generic	TIMOPTIC XE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	Brand Preferred		
ALOMIDE 0.1 % ophth soln	Brand Non Preferred		
ALREX 0.2 % ophth susp	Brand Non Preferred		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	Generic	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	Brand Non Preferred		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	Brand Non Preferred		
bromfenac sodium (once-daily) 0.09 % ophth soln	Generic		
diclofenac sodium 0.1 % ophth soln	Generic	VOLTAREN	
FLAREX 0.1 % ophth susp	Brand Non Preferred		
fluorometholone 0.1 % ophth susp	Generic	FML	
flurbiprofen sodium 0.03 % ophth soln	Generic	OCUFEN	
FML 0.1 % ophth oint	Brand Non Preferred		
FML FORTE 0.25 % ophth susp	Brand Non Preferred		
ketorolac tromethamine 0.5 % ophth soln	Generic	ACULAR	
ketorolac tromethamine 0.4 % ophth soln	Generic	ACULAR LS	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	Brand Non Preferred		
LOTEMAX SM 0.38 % ophth gel	Brand Non Preferred		
loteprednol etabonate 0.5 % ophth susp	Generic	LOTEMAX	
MAXIDEX 0.1 % ophth susp	Brand Non Preferred		
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	Generic	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	Generic	MAXITROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	Generic	CORTISPORIN	
NEVANAC 0.1 % ophth susp	Brand Non Preferred		
PRED MILD 0.12 % ophth susp	Brand Non Preferred		
PRED-G 0.3-1 % ophth susp	Brand Non Preferred		
PRED-G S.O.P. 0.3-0.6 % ophth oint	Brand Non Preferred		
prednisolone acetate 1 % ophth susp	Generic	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	Generic		
PROLENSA 0.07 % ophth soln	Brand Non Preferred		
sulfacetamide-prednisolone 10-0.23 % ophth soln	Generic	VASOCIDIN	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	Generic	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	Brand Non Preferred		PA
ZYLET 0.5-0.3 % ophth susp	Brand Non Preferred		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	Generic	LUMIGAN	
latanoprost 0.005 % ophth soln	Generic	XALATAN	
LUMIGAN 0.01 % ophth soln	Brand Preferred		
travoprost (bak free) 0.004 % ophth soln	Generic	TRAVATAN Z	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
acetic acid 2 % otic soln	Generic	VOSOL	
CIPRO HC 0.2-1 % otic susp	Brand Non Preferred		
CIPRODEX 0.3-0.1 % otic susp	Brand Preferred		
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	Generic	CIPRODEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
CORTIC-ND 10-10-1 mg/ml otic soln	Brand Non Preferred		
exotic-hc 10-10-1 mg/ml otic soln	Generic		
fluocinolone acetonide 0.01 % otic oil	Generic	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	Generic	ACETASOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	Generic	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	Brand Non Preferred		
ciprofloxacin hcl 0.2 % otic soln	Generic		
ofloxacin 0.3 % otic soln	Generic	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	Generic	ASTELIN	QL(30 / 30)
azelastine hcl 0.15 % nasal soln	Generic	ASTEPRO	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	Generic	DYMISTA	
carbinoxamine maleate 4 mg tab	Generic	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	Generic	CLISTIN	
cetirizine hcl 1 mg/ml soln	Generic	ZYRTEC	
clemastine fumarate 2.68 mg tab	Generic	TAVIST	
cyproheptadine hcl 4 mg tab	Generic	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	Generic	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	Generic	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	Generic	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	Generic	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	Generic	ATARAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydroxyzine pamoate 25 mg cap, 50 mg cap	Generic	VISTARIL	
hydroxyzine pamoate 100 mg cap	Generic	VISTARIL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	Generic	XYZAL	
olopatadine hcl 0.6 % nasal soln	Generic	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	Brand Non Preferred		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	Brand Preferred		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	Brand Preferred		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/inh inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/inh inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/inh inh aer pwdr br act, 220 mcg/inh inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/inh inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
ASMANEX (7 METERED DOSES) 110 mcg/inh inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	Brand Non Preferred		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	Brand Non Preferred		QL(25 / 25)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	Generic	PULMICORT	QL(60 / 30), AL
budesonide 32 mcg/act nasal susp	Generic	RHINOCORT	QL(17.2 / 30)
cvs budesonide 32 mcg/act nasal susp	Generic	RHINOCORT	QL(17.2 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
eq budesonide nasal 32 mcg/act nasal susp	Generic	RHINOCORT	QL(17.2 / 30)
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act	Brand Preferred		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	Brand Preferred		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	Brand Preferred		QL(12 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	Generic	NASALIDE	QL(25 / 25)
fluticasone propionate 50 mcg/act nasal susp	Generic	FLONASE	QL(16 / 30)
gnp budesonide nasal spray 32 mcg/act nasal susp	Generic	RHINOCORT	QL(17.2 / 30)
mometasone furoate 50 mcg/act nasal susp	Generic	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	Brand Non Preferred		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	Brand Preferred		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	Brand Preferred		
QNASL CHILDRENS 40 mcg/act nasal aer soln	Brand Preferred		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	Brand Preferred		QL(10.6 / 30)
ra budesonide 32 mcg/act nasal susp	Generic	RHINOCORT	QL(17.2 / 30)
ZETONNA 37 mcg/act nasal aer soln	Brand Non Preferred		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	Generic	SINGULAIR	
montelukast sodium 4 mg pckt	Generic	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	Generic	ACCOLATE	
zileuton er 600 mg tab er 12 hr	Generic	ZYFLO CR	
ZYFLO 600 mg tab	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	Brand Non Preferred		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	Brand Preferred		QL(4 / 25)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	Brand Preferred		QL(28 / 30)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	Brand Preferred		QL(30 / 30)
ipratropium bromide 0.02 % inh soln	Generic	ATROVENT	QL(250 / 25)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	Generic	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	Generic	DUONEB	QL(360 / 30)
SEEBRI NEOHALER 15.6 mcg inh cap	Brand Non Preferred		QL(60 / 30), ST
SPIRIVA HANDIHALER 18 mcg inh cap	Brand Preferred		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	Brand Preferred		QL(4 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	Brand Non Preferred		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln	Generic	ACCUNEB	QL(300 / 25)
albuterol sulfate 1.25 mg/3ml inh neb soln	Generic	ACCUNEB	QL(300 / 25), AL
albuterol sulfate 2 mg/5ml syr	Generic	PROVENTIL	
albuterol sulfate 2 mg tab, 4 mg tab	Generic	PROVENTIL	
albuterol sulfate 2.5 mg/0.5ml inh neb soln	Generic	PROVENTIL	QL(60 / 30)
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	Generic	PROVENTIL	QL(60 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	Generic	VENTOLIN	QL(300 / 25)
albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr	Generic	VOSPIRE ER	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	Generic	PROAIR HFA	QL(36 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	Generic	PROAIR HFA	QL(36 / 30), ST
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	Brand Non Preferred	PROAIR HFA	QL(36 / 30), ST
ARCAPTA NEOHALER 75 mcg inh cap	Brand Preferred		QL(30 / 30)
BROVANA 15 mcg/2ml inh neb soln	Brand Non Preferred		QL(60 / 30)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	Generic	XOPENEX	QL(30 / 15)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	Generic	XOPENEX	QL(216 / 15)
levalbuterol tartrate 45 mcg/act inh aer	Brand Non Preferred	XOPENEX HFA	QL(30 / 30), ST
PERFOROMIST 20 mcg/2ml inh neb soln	Brand Non Preferred		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	Brand Preferred		QL(17 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	Brand Preferred		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	Brand Non Preferred		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	Brand Non Preferred		QL(56 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	Brand Non Preferred		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	Brand Non Preferred		QL(4 / 30)
terbutaline sulfate 2.5 mg tab, 5 mg tab	Generic	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	Brand Preferred		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	Brand Non Preferred		QL(30 / 30), ST
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	Generic	INTAL	QL(240 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	Brand Non Preferred		
DIFIL-G FORTE 100-100 mg/5ml liq	Generic		
ELIXOPHYLLIN 80 mg/15ml oral elix	Brand Non Preferred		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	Brand Non Preferred		
theophylline 80 mg/15ml soln	Generic		
theophylline er 450 mg tab er 12 hr	Generic	THEO-DUR	
theophylline er 300 mg tab er 12 hr	Generic	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	Generic	UNIPHYL	
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	Generic	MUCOMYST	
ADRENALIN 0.1 % nasal soln	Brand Non Preferred		
ADVAIR DISKUS 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	Brand Preferred		QL(28 / 30)
ADVAIR DISKUS 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	Brand Preferred		QL(60 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	Brand Preferred		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	Brand Preferred		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	Brand Non Preferred		QL(1 / 30), ST
benzonatate 100 mg cap, 200 mg cap	Generic		
benzonatate 150 mg cap	Generic		
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	Brand Preferred		QL(10.7 / 30)
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	Brand Preferred		QL(11.8 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	Brand Preferred		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	Brand Preferred		QL(60 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	Brand Non Preferred		QL(13 / 30), ST
fluticasone-salmeterol 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	Generic	ADVAIR DISKUS	QL(60 / 30)
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	Generic	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	Brand Non Preferred		
GILTUSS TR 10-28-388 mg tab	Brand Non Preferred		
hydrocod polst-cpm polst er 10-8 mg/5ml susp er	Generic	TUSSIONEX PENNKINETIC EXT	
hydrocodone-homatropine 5-1.5 mg tab	Generic		
hydrocodone-homatropine 5-1.5 mg/5ml syr	Generic		
hydromet 5-1.5 mg/5ml syr	Generic		
HYPERSAL 3.5 % inh neb soln	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NEBUSAL 6 % inh neb soln	Brand Non Preferred		
phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr	Generic		
promethazine vc/codeine 6.25-5-10 mg/5ml syr	Generic		
promethazine-codeine 6.25-10 mg/5ml soln	Generic		
promethazine-dm 6.25-15 mg/5ml syr	Generic		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	Generic		
PULMOSAL 7 % inh neb soln	Brand Non Preferred		
sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln	Generic		
sodium chloride 7 % inh neb soln	Generic		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	Brand Preferred		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	Brand Preferred		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	Brand Preferred		QL(13.8 / 30)
TUSSICAPS 10-8 mg cap er 12 hr	Brand Non Preferred		
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	Generic		QL(60 / 30)
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	Brand Non Preferred		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	Brand Non Preferred		
promethazine-phenylephrine 6.25-5 mg/5ml syr	Generic	PHENERGAN VC	
SEMPREX-D 8-60 mg cap	Brand Non Preferred		
TUSNEL 60-30-400 mg tab	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
carisoprodol 350 mg tab	Generic	SOMA	
carisoprodol 250 mg tab	Generic	SOMA	
carisoprodol-aspirin 200-325 mg tab	Generic	SOMA	
chlorzoxazone 500 mg tab	Generic	PARAFON	
cyclobenzaprine hcl 7.5 mg tab	Generic	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	Generic	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	Brand Non Preferred		
enovarx-cyclobenzaprine hcl 20 mg/gm td crm	Generic		
LORZONE 375 mg tab, 750 mg tab	Brand Non Preferred		
methocarbamol 500 mg tab, 750 mg tab	Generic	ROBAXIN	
methocarbamol 1000 mg/10ml inj soln	Generic	ROBAXIN	
orphenadrine citrate 30 mg/ml inj soln	Generic	NORFLEX	
orphenadrine citrate er 100 mg tab er 12 hr	Generic	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
EDLUAR 10 mg tab subl, 5 mg tab subl	Brand Non Preferred		
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	Generic	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	Generic	DALMANE	
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	Generic	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	Generic	SONATA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
zolpidem tartrate 10 mg tab, 5 mg tab	Generic	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	Generic	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	Generic	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	Brand Non Preferred		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	Generic	NUVIGIL	
modafinil 100 mg tab, 200 mg tab	Generic	PROVIGIL	
ramelteon 8 mg tab	Generic	ROZEREM	
SECONAL 100 mg cap	Brand Non Preferred		
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	Brand Non Preferred		AL
animal shapes/iron 18 mg tab chew	Generic		AL
ATABEX EC 29-1 mg tab dr	Brand Non Preferred		
BAL-CARE DHA 27-1 & 430 mg oral misc	Brand Non Preferred		
bite-a-mins/iron 15 mg tab chew	Generic		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	Brand Non Preferred		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	Generic		AL
CALCIFOL 1342-1.6 mg oral wafer	Brand Non Preferred		
calcium-folic acid plus d 1342-1 mg oral wafer	Generic		
CARBAGLU 200 mg tab	Brand Non Preferred		
CEROVITE JR 18 mg tab chew	Generic		AL
child chewable vitamins/iron tab chew	Generic		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
childrens animal shapes 18 mg tab chew	Generic		AL
childrens multivitamin/iron 15 mg tab chew	Generic		AL
childrens vitamins/iron 15 mg tab chew	Generic		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	Brand Non Preferred		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	Brand Non Preferred		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	Brand Non Preferred		
CITRANATAL DHA 27-1 & 250 mg oral misc	Brand Non Preferred		
CITRANATAL RX 27-1 mg tab	Brand Non Preferred		
c-nate dha 28-1-200 mg cap	Generic		
complete natal dha 29-1-200 & 250 mg oral misc	Generic		
completenate 29-1 mg tab chew	Generic		
CO-NATAL FA tab	Brand Non Preferred		
CONCEPT DHA 53.5-38-1 mg cap	Brand Non Preferred		
CONCEPT OB 130-92.4-1 mg cap	Brand Non Preferred		
cvs chewable childrens vitamin 18 mg tab chew	Generic		AL
cvs childrens complete 18 mg tab chew	Generic		AL
cvs folic acid 800 mcg tab	Generic		QL(30 / 30), AL
cytra k crystals 3300-1002 mg pckt	Generic		
DUET DHA 400 25-1 & 400 mg oral misc	Brand Non Preferred		
DUET DHA BALANCED 25-1 & 267 mg oral misc	Brand Non Preferred		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	Brand Non Preferred		
ELITE-OB 50-1.25 mg tab	Brand Non Preferred		
eq complete multivitamin child 18 mg tab chew	Generic		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
eql child multivit/minerals 18 mg tab chew	Generic		AL
FA-8 0.8 mg cap, 800 mcg tab	Generic		QL(30 / 30), AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	Brand Non Preferred		AL
ferrous sulfate 220 (44 Fe) mg/5ml liq, 220 (44 Fe) mg/5ml oral elix, 300 (60 Fe) mg/5ml syr, 75 (15 Fe) mg/ml soln	Generic		AL
fe-vite iron 75 (15 Fe) mg/ml soln	Brand Non Preferred		AL
FLINTSTONES COMPLETE 18 mg tab chew	Generic		AL
FLINTSTONES W/IRON 18 mg tab chew	Generic		AL
fluoritab 0.275 (0.125 F) mg/drop soln	Generic		AL
FLURA-DROPS 0.55 (0.25 F) mg/drop soln	Generic		AL
folate 400 mcg tab	Generic		QL(30 / 30), AL
folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab	Generic		QL(30 / 30), AL
FOLIVANE-OB 130-92.4-1 mg cap	Brand Non Preferred		
fruity chews/iron tab chew	Generic		AL
GALZIN 25 mg cap, 50 mg cap	Brand Non Preferred		
gnp childrens chewables/iron 15 mg tab chew	Generic		AL
gnp folic acid 400 mcg tab	Generic		QL(30 / 30), AL
hm animal shapes 18 mg tab chew	Generic		AL
hm folic acid 400 mcg tab	Generic		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	Generic		AL
INATAL GT tab	Brand Non Preferred		
IROFOL 100-1000-15 mg-mcg/5ml liq	Brand Non Preferred		AL
iron supplement 220 (44 Fe) mg/5ml oral elix	Generic		AL
iron supplement childrens 75 (15 Fe) mg/ml soln	Generic		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
IRON UP 15 mg/0.5ml liq	Brand Non Preferred		AL
KLOR-CON 20 meq pckt	Brand Preferred		
KLOR-CON M10 10 meq tab er	Brand Preferred		
KLOR-CON M15 15 meq tab er	Brand Preferred		
KLOR-CON SPRINKLE 8 meq cap er	Brand Non Preferred		
KLOR-CON/EF 25 meq tab eff	Brand Preferred		
kp folic acid 800 mcg tab	Generic		QL(30 / 30), AL
kp niacin 500 mg tab	Generic		
K-PHOS 500 mg tab	Brand Non Preferred		
K-PHOS NO 2 305-700 mg tab	Brand Non Preferred		
K-PRIME 25 meq tab eff	Brand Non Preferred		
K-TAB 8 meq tab er	Brand Preferred		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	Generic		AL
little animals plus iron 15 mg tab chew	Generic		AL
MAGNEBIND 400 400-200-1 mg tab	Brand Non Preferred		
MARNATAL-F 60-1 mg cap	Brand Non Preferred		
multi-vit/iron/fluoride 0.25-10 mg/ml soln	Generic		AL
multi-vitamin drops/fe soln	Generic		AL
multi-vitamin/fluoride/iron 0.25-10 mg/ml soln	Generic		AL
multivitamins plus iron child 18 mg tab chew	Generic		AL
MYNATAL cap, 90-1 mg tab	Brand Non Preferred		
MYNATAL ADVANCE tab	Brand Non Preferred		
mynatal plus tab	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mynatal-z tab	Generic		
mynate 90 plus tab er	Generic		
NATACHEW 28-1 mg tab chew	Brand Non Preferred		
NATALVIT tab	Brand Non Preferred		
NEEVO DHA 27-1.13 mg cap	Brand Non Preferred		
NESTABS 32-1 mg tab	Brand Non Preferred		
NESTABS DHA 32-1 mg oral misc	Brand Non Preferred		
niacin 500 mg tab	Generic		
NIVA-PLUS 27-1 mg tab	Brand Non Preferred		
NOVAFERRUM 125 125-100 mg-unt/5ml liq	Brand Non Preferred		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	Brand Non Preferred		AL
OB COMPLETE 50-1.25 mg tab	Brand Non Preferred		
OB COMPLETE ONE 50-1-476 mg cap	Brand Non Preferred		
OB COMPLETE PETITE 35-5-1-200 mg cap	Brand Non Preferred		
OB COMPLETE PREMIER 30-20-1 mg tab	Brand Non Preferred		
OB COMPLETE/DHA 30-10-1-200 mg cap	Brand Non Preferred		
OBSTETRIX DHA 29-1 & 387 mg oral misc	Brand Non Preferred		
OBSTETRIX EC 29-1 mg tab	Brand Non Preferred		
O-CAL PRENATAL tab	Brand Non Preferred		
ORACIT 490-640 mg/5ml soln	Brand Non Preferred		
pc pediatric iron drops 15 mg/ml soln	Brand Non Preferred		AL
pc pediatric poly-vita/fe drop 10 mg/ml soln	Generic		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	Brand Non Preferred		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	Brand Non Preferred		
plain niacin 500 mg tab	Generic		
pnv tabs 29-1 29-1 mg tab	Generic		
pnv-dha 27-0.6-0.4-300 mg cap	Generic		
pnv-dha plus 27-1.13-0.4 mg cap	Generic		
pnv-dha+docusate 27-1.25-300 mg cap	Generic		
pnv-omega 28-0.6-0.4-340 mg cap	Generic		
pnv-select 27-0.6-0.4 mg tab	Generic		
poly-vita/iron 10 mg/ml soln	Generic		AL
polyvitamin/iron 18 mg tab chew	Generic		AL
potassium chloride 20 meq pckt	Generic		
potassium chloride 40 MEQ/15ML (20%) soln	Generic	K-SOL	
potassium chloride 20 MEQ/15ML (10%) soln	Generic	K-SOL	
potassium chloride crys er 10 meq tab er	Generic		
potassium chloride crys er 20 meq tab er	Generic	KLOR-CON	
potassium chloride er 20 meq tab er	Generic	K-TAB	
potassium chloride er 10 meq tab er	Generic	KLOR-CON	
potassium chloride er 8 meq tab er	Generic	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	Generic	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	Generic	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	Generic		
PR NATAL 400 29-1-200 & 400 mg oral misc	Brand Non Preferred		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	Brand Non Preferred		
PR NATAL 430 29-1-200 & 430 mg oral misc	Brand Non Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	Brand Non Preferred		
prenaissance 29-1.25-325 mg cap	Generic		
prenaissance plus 28-1-250 mg cap	Generic		
PRENATABS RX 29-1 mg tab	Brand Non Preferred		
prenatal 27-1 mg tab	Generic		
prenatal 19 tab chew, 29-1 mg tab chew	Generic		
prenatal 19 tab, 29-1 mg tab	Generic		
prenatal plus iron 29-1 mg tab	Generic		
prenatal vitamin plus low iron 27-1 mg tab	Generic		
PRENATAL-U 106.5-1 mg cap	Brand Non Preferred		
preplus 27-1 mg tab	Generic		
pretab 29-1 mg tab	Generic		
PX CHILDRENS VITAMIN 18 mg tab chew	Generic		AL
px folic acid 400 mcg tab	Generic		QL(30 / 30), AL
qc childrens complete 18 mg tab chew	Generic		AL
qc childrens vitamins/iron 15 mg tab chew	Generic		AL
qc folic acid 800 mcg tab	Generic		QL(30 / 30), AL
ra folic acid 400 mcg tab, 800 mcg tab	Generic		QL(30 / 30), AL
ra niacin 500 mg tab	Generic		
ra no flush niacin 500 mg tab	Generic		
ra vitamins complete childrens 18 mg tab chew	Generic		AL
SELECT-OB 29-1 mg tab chew	Brand Non Preferred		
SELECT-OB+DHA 29-1 & 250 mg oral misc	Brand Non Preferred		
se-natal 19 29-1 mg tab, 29-1 mg tab chew	Generic		
sm animal shapes complete 18 mg tab chew	Generic		AL
sm folic acid 400 mcg tab	Generic		QL(30 / 30), AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sod citrate-citric acid 500-334 mg/5ml soln	Generic		
sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab, 1.1 (0.5 F) mg tab chew	Generic		AL
sodium fluoride 0.275 (0.125 F) mg/drop soln, 1.1 (0.5 F) mg/ml soln	Generic		AL
TARON-C DHA 53.5-38-1 mg cap	Brand Non Preferred		
TARON-CRYSTALS 3300-1002 mg pckt	Brand Non Preferred		
TARON-PREX 30-1.2-265 mg cap	Brand Non Preferred		
thrivite 19 1 mg tab	Generic		
thrivite rx 29-1 mg tab	Generic		
TRICARE tab	Brand Non Preferred		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	Brand Non Preferred		
tricitrates 550-500-334 mg/5ml soln	Generic		
trinatal rx 1 60-1 mg tab	Generic		
TRINATE tab	Brand Non Preferred		
tri-tabs dha 32-1 mg oral misc	Generic		
TRIVEEN-DUO DHA 29-1-200 & 400 mg oral misc	Brand Non Preferred		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	Generic		AL
VINATE DHA RF 27-1.13 mg cap	Brand Non Preferred		
VINATE II 29-1 mg tab	Brand Non Preferred		
VINATE ONE 60-1 mg tab	Brand Non Preferred		
virt-c dha 53.5-38-1 mg cap	Generic		
virt-nate dha 28-1-200 mg cap	Generic		
virt-phos 250 neutral 155-852-130 mg tab	Generic		
virt-pn dha 27-0.6-0.4-300 mg cap	Generic		
virt-pn plus 28-0.6-0.4-340 mg cap	Generic		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VITAFOL-OB tab	Brand Non Preferred		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	Brand Non Preferred		
VITAFOL-ONE 29-1-200 mg cap	Brand Non Preferred		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	Brand Non Preferred		
VIVA DHA 28-1-200 mg cap	Brand Non Preferred		
vol-plus 27-1 mg tab	Generic		
vol-tab rx 29-1 mg tab	Generic		
vp-pnv-dha 28-1-215.8 mg cap	Generic		
wee care 15 mg/1.25ml susp	Generic		AL
yl folic acid 400 mcg tab	Generic		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	Brand Non Preferred		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	Brand Non Preferred		
zoo friends plus iron 15 mg tab chew	Generic		AL
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	Brand Non Preferred		PA
sodium polystyrene sulfonate oral pwdr	Generic	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	Generic	SPS	
SPS 15 gm/60ml susp	Brand Non Preferred		

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