



Lista de Medicamentos de 2023

(Actualizado en noviembre 2023)

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 Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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Nota: Los anticonceptivos genéricos y aquellos productos de marca que no tienen genérico se cubren con cero (\$) 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).

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
A.A.G.C. KIT IN TERODERM 8-4-10-4 % crm	4		
<i>acetaminophen 10 mg/ml iv soln</i>	1	OFIRMEV	
ALLZITAL 25-325 mg tab	4		
BAC 50-325-40 mg tab	2		QL(90 / 30)
BUPAP 50-300 mg tab	4		QL(90 / 30)
<i>butalbital-acetaminophen 50-300 mg cap</i>	1		
<i>butalbital-acetaminophen 50-300 mg tab</i>	2	ORBIVAN CF	QL(90 / 30)
<i>butalbital-acetaminophen 25-325 mg tab</i>	1	PHRENILIN	
<i>butalbital-acetaminophen 50-325 mg tab</i>	2	PHRENILIN	QL(90 / 30)
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	2	ESGIC	QL(90 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	2	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	FIORINAL	QL(90 / 30)
<i>enovarx-tramadol 5 % crm</i>	4		
ESGIC 50-325-40 mg cap, 50-325-40 mg tab	4		QL(90 / 30)
FIORICET 50-300-40 mg cap	4		QL(90 / 30)
<i>levatio 0.03-5 % patch</i>	4		
NEURAPTINE 10 % crm	4		
QUTENZA 8 % ext kit	6		PA
QUTENZA (2 PATCH) 8 % ext kit	6		PA
QUTENZA (4 PATCH) 8 % ext kit	5		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
<i>turpentine External Spirit</i>	1		
ZEBUTAL 50-325-40 mg cap	4		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>adult aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
ALEVE ARTHRITIS PAIN 1 % gel	4		
ANAPROX DS 550 mg tab	4		
ANJESO 30 mg/ml iv inj	6		
<i>arthritis pain reliever 1 % gel</i>	4	VOLTAREN	
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	4		
ASPERCREME ARTHRITIS PAIN 1 % gel	4		
<i>aspirin 300 mg rect supp, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
BAYER ASPIRIN 325 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
CALDOLOR 800 mg/200ml iv soln, 800 mg/8ml iv soln	4		
CAMBIA 50 mg pckt	4		
<i>capsinac 0.025-1.5 % ext pack</i>	4		
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	4		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	2	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs diclofenac sodium 1 % gel</i>	4	VOLTAREN	
DAYPRO 600 mg tab	4		
DERMACINRX LEXITRAL PHARMAPAK 1.5 & 0.025 % ext pack	4		
<i>dfs dr/ms/menth/cap pak 75 mg cmb kit</i>	4		
<i>dfs/ms/menth/cap pak 1.5 % ext kit</i>	4		
<i>diclofenac 35 mg cap</i>	1	ZORVOLEX	
<i>diclofenac epolamine 1.3 % patch</i>	2	FLECTOR	
<i>diclofenac potassium 25 mg tab</i>	1		
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	2	ZIPSOR	
<i>diclofenac sodium 1.5 % ext soln</i>	2	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	2	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
DICLOFONO 1.6 % gel	4		
<i>diclopr 1 & 10-30 % ext kit</i>	4		
<i>diclostream 1.5-10 % ext pack</i>	4		
DICLOTREX 1.5 & 4-10 % ext pack	4		
<i>diclovix 1.5 & 2-2.5-4 % ext kit</i>	4		
<i>diclovix m 1.5-8 % ext pack</i>	4		
<i>diflunisal 500 mg tab</i>	2	DOLOBID	
<i>dimencho 1.5 & 10 % ext pack</i>	4		
<i>dual complex formula 1 kit crm</i>	4		
DUEXIS 800-26.6 mg tab	4		
EC-NAPROSYN 375 mg tab dr, 500 mg tab dr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ec-naproxen 375 mg tab dr, 500 mg tab dr</i>	4	NAPROSYN	
ECOTRIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN ARTHRTIS PAIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	1		QL(30 / 30), AL
<i>enovarx-diclofenac sodium 2.5 % crm</i>	4		
<i>enovarx-ibuprofen 10 % crm</i>	4		
<i>enovarx-naproxen 10 % crm</i>	4		
<i>eq arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>eq arthritis pain reliever 1 % gel</i>	4	VOLTAREN	
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	2	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	LODINE XL	
<i>fbl kit 15-4-5 % crm</i>	4		
FELDENE 10 mg cap, 20 mg cap	4		
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	2	NALFON	
FLECTOR 1.3 % patch	4		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
FROTEK 10 % crm	4		
<i>ft arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30)
<i>gnp arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>gnp aspirin 81 mg tab dr</i>	1		QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gnp aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>gnp diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>goodsense arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>goodsense aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>goodsense aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30)
<i>hm aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>hm aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30)
IBU 600 mg tab	1		
IBU 400 mg tab, 800 mg tab	4		
IBUPAK 600 mg oral kit	4		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>inavix 75 & 0.025 mg-% cmb pack</i>	4		
INDOCIN 50 mg rect supp	4		
INDOCIN 25 mg/5ml susp	4		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin 20 mg cap</i>	1	TIVORBEX	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
INFLAMMACIN 75 & 0.025 mg-% cmb pack	4		
INFLATHERM 75 & 3-3 mg & % cmb pack	4		
K.B.G.L IN TERODERM 15-4-10-2 % crm	4		
KETOPHENE RAPIDPAQ 20 % crm	4		
<i>ketoprofen 25 mg cap</i>	1		
<i>ketoprofen 50 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	2	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ketorolac tromethamine 15.75 mg/spray nasal soln</i>	1	SPRIX	
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	2	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	2	TORADOL	QL(40 / 25)
<i>ketorolac-ropiv-ketamine 15-100-30 mg/50ml inj soln pfs</i>	6		
<i>kls arthritis pain relief 1 % gel</i>	4	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>kls diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30)
LICART 1.3 % External Patch 24 Hour	4		
LODINE 400 mg tab	4		
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	2	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	2	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	2	MOBIC	
<i>meloxicam 10 mg cap, 5 mg cap</i>	1	VIVLODEX	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
MOTRIN ARTHRITIS PAIN 1 % gel	4		
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap, 600 mg tab	4		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
<i>napro 15 % crm</i>	1		
NAPROSYN 500 mg tab	4		
NAPROSYN 125 mg/5ml susp	4		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	2	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	ANAPROX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>naproxen sodium er 375 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	NAPRELAN	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	2	NAPRELAN	
<i>naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr</i>	1	VIMOVO	
NUDICLO SOLUPAK 1.5 & 0.025 % ext pack	4		
NUDICLO TABPAK 75 & 0.025 mg-% cmb pack	4		
NUDROXIPAK 200 mg cmb pack	4		
NUDROXIPAK DSDR-50 50 mg cmb kit	4		
NUDROXIPAK DSDR-75 75 mg cmb kit	4		
NUDROXIPAK E-400 400 mg cmb kit	4		
NUDROXIPAK I-800 800 mg cmb kit	4		
NUDROXIPAK M-15 15 mg cmb kit	4		
NUDROXIPAK N-500 500 mg cmb kit	4		
ORMECA 3 & 46-0.4-1.1 %-mg cmb kit	4		
<i>oxaprozin 600 mg tab</i>	2	DAYPRO	
<i>pennaicin 1.5 & 0.025 % ext pack</i>	4		
PENNSAID 2 % ext soln	4		
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	
PRASTERA 200 & 400 mg oral kit	4		
PREVIDOLRX ANALGESIC 75-20-0.025 mg-mg-% cmb pack	4		
<i>previdolrx plus analgesic 75 & 0.025 mg-% cmb pack</i>	4		
<i>px aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>px enteric aspirin 81 mg tab dr</i>	1		QL(30 / 30)
<i>px enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30)
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>qc diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin ec 81 mg tab dr</i>	1		QL(30 / 30)
<i>ra aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30)
RELAFEN DS 1000 mg tab	4		
<i>salsalate 500 mg tab, 750 mg tab</i>	2	DISALCID	
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>sm aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30)
<i>sm aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
SPRIX 15.75 mg/spray nasal soln	4		
ST JOSEPH ASPIRIN 81 mg tab dr	1		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>sure result dss premium pack 1.5 & 0.025 % ext pack</i>	4		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
TORONOVA II SUIK 30 mg/ml cmb kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TORONOVA SUIK 30 mg/ml cmb kit	4		
<i>triple complex formula 3 kit 20-2-10 % crm</i>	4		
VAROPHEN 1.5-10-15 % ext kit	4		
VENNGEL ONE 1 % ext kit	4		
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	4		
VOLTAREN ARTHRITIS PAIN 1 % gel	4		
<i>vp fc kit crm</i>	4		
<i>vp gkl kit 20-2-10 % crm</i>	4		
XRYLIX 1.5 % ext pack	4		
ZICLOPRO 1.5 & 0.025 % ext pack	4		
ZIPSOR 25 mg cap	4		
ZORVOLEX 18 mg cap, 35 mg cap	4		
ZYNRELEF 200-6 mg/7ml inj soln, 400-12 mg/14ml inj soln	6		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 900 mcg bucc film	4		
BELBUCA 750 mcg bucc film	4		PA
<i>buprenorphine 15 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	2	BUTRANS	PA
BUTRANS 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	4		PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		PA
<i>fentanyl 37.5 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr</i>	1	DURAGESIC	
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr</i>	2	DURAGESIC	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>			
<i>hydrocodone bitartrate er 10 mg cap er 12 hr, 15 mg cap er 12 hr, 20 mg cap er 12 hr, 30 mg cap er 12 hr, 40 mg cap er 12 hr, 50 mg cap er 12 hr</i>	1		
<i>hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr</i>	1	HYSINGLA ER	
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
<i>HYSINGLA ER 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr</i>	4		
<i>INFUMORPH 200 200 MG/20ML (10 mg/ml) inj soln</i>	4		
<i>INFUMORPH 500 500 MG/20ML (25 mg/ml) inj soln</i>	4		
<i>methadone hcl 40 mg tab sol</i>	1		
<i>methadone hcl 5 mg/5ml soln</i>	1		
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/5ml soln, 10 mg/ml inj soln</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/ml oral conc</i>	1	METHADOSE	
<i>METHADONE HCL INTENSOL 10 mg/ml oral conc</i>	4		
<i>METHADOSE 40 mg tab sol</i>	4		
<i>METHADOSE 10 mg/ml oral conc</i>	4		
<i>METHADOSE SUGAR-FREE 10 mg/ml oral conc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MITIGO 200 MG/20ML (10 mg/ml) inj soln, 500 MG/20ML (25 mg/ml) inj soln	4		
<i>morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp</i>	1		
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	2	AVINZA	PA
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	4		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	3		PA
OLINVYK 1 mg/ml iv soln, 2 mg/2ml iv soln, 30 mg/30ml iv soln	6		
<i>oxycodone hcl 5 mg cap</i>	2	OXYIR	
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	PA
OXYCONTIN 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	3		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxymorphone hcl er 10 mg tab er 12 hr, 20 mg tab er 12 hr, 30 mg tab er 12 hr, 40 mg tab er 12 hr, 5 mg tab er 12 hr</i>	1	OPANA ER	
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	2	OPANA ER	
SUBLOCADE 100 mg/0.5ml sc soln pfs, 300 mg/1.5ml sc soln pfs	6		
SYNAPRYN FUSEPAQ 10 mg/ml susp	4		
<i>tramadol hcl er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CONZIP	PA
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	ULTRAM ER	PA
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	RYZOLT	PA
XTAMPZA ER 13.5 mg cap er 12 hr abuse-deterr, 18 mg cap er 12 hr abuse-deterr, 27 mg cap er 12 hr abuse-deterr, 36 mg cap er 12 hr abuse-deterr, 9 mg cap er 12 hr abuse-deterr	4		
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-60 mg tab</i>	2	TYLENOL WITH CODEINE	
ACTIQ 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	6		
APADAZ 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap</i>	1		
ASCOMP-CODEINE 50-325-40-30 mg cap	4		
<i>benzhydrocodone-acetaminophen 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab</i>	1		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
DEMEROL 50 mg/ml inj soln, 75 mg/ml inj soln	4		
DILAUDID 2 mg tab, 4 mg tab, 8 mg tab	4		
DILAUDID 1 mg/ml liq	4		
DSUVIA 30 mcg tab subling	4		
<i>duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln</i>	4		
ENDOCET 2.5-325 mg tab	4		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 100 mcg/2ml iv soln pfs</i>	1		
<i>fentanyl citrate 100 mcg/2ml inj soln pfs, 1500 mcg/30ml inj soln, 1500 mcg/30ml iv soln pfs, 2500 mcg/50ml iv soln, 2750 mcg/55ml iv soln pfs</i>	2		
<i>fentanyl citrate 5000 mcg/100ml iv soln</i>	6		
<i>fentanyl citrate 1200 mcg bucc loz on hd, 1600 mcg bucc loz on hd, 200 mcg bucc loz on hd, 400 mcg bucc loz on hd, 600 mcg bucc</i>	2	ACTIQ	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lozg on hd, 800 mcg bucc lozg on hd</i>			
<i>fentanyl citrate 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab</i>	1	FENTORA	
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln, 250 mcg/5ml inj soln, 2500 mcg/50ml inj soln, 50 mcg/ml inj soln, 500 mcg/10ml inj soln</i>	1		
<i>fentanyl citrate (pf) 1000 mcg/20ml inj soln</i>	1	SUBLIMAZE	
<i>fentanyl citrate pf 50 mcg/ml inj soln pfs</i>	6		
<i>fentanyl citrate-nacl 1-0.9 mg/100ml-% inj soln, 1-0.9 mg/100ml-% iv soln, 1.25-0.9 mg/250ml-% iv soln, 2-0.9 mg/100ml-% iv soln, 2.5-0.9 mg/250ml-% inj soln, 2.5-0.9 mg/250ml-% iv soln, 500-0.9 mcg/50ml-% iv soln pfs</i>	1		
<i>fentanyl citrate-nacl 10-0.9 mcg/2ml-% iv soln pfs, 10-0.9 mcg/ml-% iv soln pfs, 5-0.9 mcg/ml-% iv soln pfs, 550-0.9 mcg/55ml-% iv soln pfs</i>	2		
<i>fentanyl cit-ropivacaine-nacl 0.4-0.1-0.9 mg/200ml-% epidur soln</i>	2		
<i>fentanyl-bupivacaine-nacl 0.2-0.1-0.9 mg/100ml-% epidur soln, 0.2-0.125-0.9 mg/100ml-% epidur soln, 0.5-0.0625-0.9 mg/250ml-% epidur soln, 0.5-0.1-0.9 mg/250ml-% epidur soln, 0.5-0.125-0.9 mg/250ml-% epidur soln, 0.8-0.1667-0.9 mg/200ml-% epidur soln, 1-0.125-0.9 mg/250ml-% epidur soln, 2-0.125-0.9 mcg/ml-% inj soln</i>	1		
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab,	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
600 mcg bucc tab, 800 mcg bucc tab			
FIORICET/CODEINE 50-300-40-30 mg cap	4		
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	2	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	2	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	2	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	2	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	2	VICOPROFEN	
hydromorphone hcl 3 mg rect supp	1		
hydromorphone hcl 2 mg tab, 8 mg tab	1	DILAUDID	
hydromorphone hcl 2 mg/ml inj soln	1	DILAUDID	
hydromorphone hcl 4 mg tab	2	DILAUDID	
hydromorphone hcl 1 mg/ml liq	2	DILAUDID	
hydromorphone hcl-nacl 10-0.9 mg/50ml-% iv soln pfs, 15-0.9 mg/30ml-% iv soln pfs, 25-0.9 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln	1		
hydromorphone hcl-nacl 0.2-0.9 mg/0.2ml-% iv soln pfs, 0.5-0.9 mg/0.5ml-% iv soln pfs, 2-0.9 mg/ml-% iv soln pfs, 20-0.9 mg/100ml-% inj soln	2		
LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln	4		
levorphanol tartrate 3 mg tab	1		
levorphanol tartrate 2 mg tab	1		PA
LORTAB 10-300 mg/15ml oral elix	4		
meperidine hcl 50 mg tab	2	DEMEROL	
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln	2	DEMEROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>morphine sulfate 0.5 mg/ml iv soln, 1 mg/ml inj soln, 1 mg/ml iv soln, 10 mg/5ml soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 20 mg/5ml soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 50 mg/ml iv soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	
<i>morphine sulfate (pf) 0.5 mg/ml inj soln, 1 mg/ml inj soln, 10 mg/ml inj soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 2 mg/ml iv soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 5 mg/ml inj soln, 8 mg/ml inj soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate-nacl 50-0.9 mg/50ml-% iv soln pfs</i>	1		
<i>morphine sulfate-nacl 2-0.9 mg/ml-% iv soln pfs, 30-0.9 mg/30ml-% iv soln pfs, 4-0.9 mg/ml-% iv soln pfs, 55-0.9 mg/55ml-% iv soln pfs</i>	2		
<i>nalocet 2.5-300 mg tab</i>	4	PRIMALEV	
<i>norgesic forte 50-770-60 mg tab</i>	2		
<i>NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab</i>	3		
<i>ORPHENGESIC FORTE 50-770-60 mg tab</i>	4		
<i>OXAYDO 5 mg tab, 7.5 mg tab</i>	4		
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	2	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	PERCOCET	
<i>oxycodone-acetaminophen 2.5-300 mg tab</i>	1	PRIMALEV	
<i>oxycodone-acetaminophen 10-300 mg tab, 5-300 mg tab</i>	1	PRIMLEV	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxycodone-acetaminophen 10-300 mg/5ml soln</i>	1	PROLATE	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	2	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	2	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
PERCOCET 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	4		
PROLATE 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	4		
PROLATE 10-300 mg/5ml soln	4		
QDOLO 5 mg/ml soln	4		
ROXICODONE 15 mg tab, 30 mg tab	4		
ROXYBOND 15 mg tab abuse-deterr, 30 mg tab abuse-deterr	4		
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	4		
<i>tramadol hcl 100 mg tab</i>	1		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
TREZIX 320.5-30-16 mg cap	4		
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
1ST MEDX-PATCH/ LIDOCAINE 4-0.0375-5-20 % patch	4		
ACCUCAINE 1 % cmb kit	4		
<i>agoneaze 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
ANACAINE 10 % oint	4		
<i>anesthesia s/i-40a 200 mg/20ml iv kit</i>	2		
<i>anesthesia s/i-40h 200 mg/20ml iv kit</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>anesthesia s/i-40s 200 mg/20ml iv kit</i>	2		
<i>anodyne lpt 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
APRIZIO PAK 2.5-2.5 % ext kit	4		
ASPERCREME LIDOCAINE 4 % patch	4		
<i>asperflex max st 4 % patch</i>	4	LIDOCARE	
ASPERFLEX PAIN RELIEVING 4 % patch	4		
ASTERO 4 % gel	4		
BLUE-EMU PAIN RELIEF DRY 4 % patch	4		
<i>bupivacaine fisiopharma 2.5 mg/ml inj soln, 5 mg/ml inj soln</i>	4	MARCAINE	
<i>bupivacaine hcl 0.125 % (50 ml) inj soln pfs, 0.125 % inj soln, 0.25 % (10 ml) inj soln pfs</i>	1		
<i>bupivacaine hcl 0.25 % inj soln, 0.5 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl (pf) 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl-nacl 0.125-0.9 % epidur soln</i>	6		
CADIRAMD 2.5-2.5 % ext kit	4		
CETACAINE 2-2-14 % ext aer, 2-2-14 % ext liq, 2-2-14 % gel	4		
CLOROTEKAL 50 mg/5ml it soln	6		
<i>cocaine hcl 40 mg/ml nasal soln</i>	1		
<i>cvs pain relief 4 % patch</i>	4	LIDOCARE	
DERMACINRX LIDOGEL 2.8 % gel	4		
DERMACINRX PHN 5 & 5 % ext pack	4		
DERMACINRX ZRM 5 % ext pack	4		
<i>dermalid 5 % ext pack</i>	4		
<i>eha 4 % lot</i>	4		
<i>enovarx-lidocaine hcl 10 % crm, 5 % crm</i>	4		
<i>enznonuty 20-10-10 % oint</i>	4		
<i>eq lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>ethyl chloride ext aer</i>	1		
EXPAREL 1.3 % inj susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FIRST CARE PAIN RELIEF 4 % patch	4		
GEBAUERS PAIN EASE ext aer	4		
GEBAUERS SPRAY AND STRETCH ext aer	4		
<i>gen7t 3.5 % patch</i>	4		
<i>gen7t 3.5 % lot</i>	4		
<i>gen7t plus 3.5-7 % patch</i>	4		
<i>gen7t plus 3.5-7 % lot</i>	4		
GLYDO 2 % External Prefilled Syringe	4		
<i>gnp lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>goprelto 40 mg/ml nasal soln</i>	4		
HEALTHWISE PAIN RELIEF 4 % patch	4		
<i>hm lidocaine patch 4 % patch</i>	4	LIDOCARE	
<i>l.e.t. 4-0.05-0.5 % gel</i>	4		
L.E.T. 4-0.05-0.5 % gel	4		
LDO PLUS 4 % gel	4		
<i>lets kit</i>	4		
LIDO BDK 2.5-2.5 % ext kit	4		
LIDO KING 4 % patch	4		
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 4 % patch</i>	4	LIDOCARE	
<i>lidocaine 5 % patch</i>	2	LIDODERM	
<i>lidocaine hcl 4.12 % crm</i>	1		
<i>lidocaine hcl 10 mg/ml inj soln pfs, 100 mg/10ml inj soln pfs, 100 mg/5ml inj soln pfs, 200 mg/10ml inj soln pfs, 60 mg/3ml inj soln pfs, 9 mg/ml inj soln pfs</i>	1		
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	2	LIDAMANTLE	
<i>lidocaine hcl 0.5 % inj soln, 1 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine hcl (pf) 4 % inj soln</i>	1		
<i>lidocaine hcl (pf) 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine max st 24 hours 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relief max st 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>lidocaine topical pain 4 % patch</i>	4	LIDOCARE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	2	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidocanna 4 % patch</i>	4	LIDOCARE	
LIDOCARE ARM/NECK/LEG 4 % patch	4		
LIDOCARE BACK/SHOULDER 4 % patch	4		
<i>lidocore 4 % patch</i>	4	LIDOCARE	
LIDODERM 5 % patch	4		
<i>lido-epinephrine-tetracaine 4-0.05-0.5 % ext soln</i>	1		
LIDOFOR FLEXIPATCH 4 % patch	4		
<i>lidomark 1/5 1 % inj kit</i>	4		
<i>lidomark 2/5 2 % inj kit</i>	4		
<i>lidopin 3.25 % crm</i>	4		
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
LIDOPURE PATCH 5 % ext kit	4		
<i>lido-racepinephrine-tetracaine 4-0.05-0.5 % gel</i>	4		
LIDOREX 2.8 % gel	4		
<i>lidorx 3 % gel</i>	4		
LIDO-SORB 3 % lot	4		
<i>lidostream 5 & 10 % ext kit</i>	4		
LIDOTHOL 4.5-5 % patch	4		
LIDOTHOL 4.5-5 % gel	4		
LIDOTRAL 3.88 % crm	4		
<i>lidovix 1 5 % ext kit</i>	4		
LIDTOPIC MAX 10 % crm	4		
LIVIXIL PAK 2.5-2.5 % ext kit	4		
LMR PLUS 5 & 0.5-0.5 % ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LYDEXA 4.12 % crm	4		
MARCAINE 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	4		
MARCAINE PRESERVATIVE FREE 0.25 % inj soln, 0.5 % inj soln	4		
<i>marlido 2 & 0.5 % inj kit</i>	4		
MARLIDO-25 1 & 0.25 % inj kit	4		
MARVONA SUIK 0.5 % cmb kit	4		
NUMBRINO 40 mg/ml nasal soln	4		
<i>pain relief maximum strength 4 % patch</i>	4	LIDOCARE	
<i>pain relieving lidocaine 4 % patch</i>	4	LIDOCARE	
<i>paingo kft 2.5-2.5-10-30 % ext kit</i>	4		
PHARMACIST CHOICE PAIN RELIEF 4 % patch	4		
PLIAGLIS 7-7 % ext kit	4		
PLIAGLIS 7-7 % crm	4		
POINT OF CARE LM-2.2 1 & 0.25 % inj kit	4		
POINT OF CARE LM-2.5 1 & 0.25 % inj kit	4		
<i>premium lidocaine 5 % oint</i>	2		
<i>premium scar 2-4-30 % patch</i>	4		
<i>prepi supply 2.5-2.5 & 0.9 % cmb kit</i>	4		
PRILO PATCH 2.5 % ext kit	4		
<i>prilovix 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix lite 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix lite plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix ultralite 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix ultralite plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovixil 2.5-2.5 % ext kit</i>	4		
<i>qc lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>ra lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>ra pain relieving 4 % patch</i>	4	LIDOCARE	
READYSHARP-A 1 & 0.5 % inj kit	4		
RELADOR PAK 2.5-2.5 % ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RELADOR PAK PLUS 2.5-2.5 % ext kit	4		
RE-LIEVED MAXIMUM STRENGTH 4 % patch	4		
<i>ropiv-clonidine-ketorolac 123-0.04- 15 mg/50ml Periarticular Solution Prefilled Syringe</i>	6		
SALONPAS PAIN RELIEVING 4 % patch	4		
SENSORCAINE 0.25 % inj soln, 0.5 % inj soln	4		
SENSORCAINE-MPF 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	4		
SKYADERM-LP 2.5-2.5 % ext kit	4		
<i>solaravix 3 % ext pack</i>	4		
SOOTHEE 0.5-0.0375-5-2 % patch	4		
STERILE TOPICAL L.E.T. GEL 0.18-4-0.5 % gel	4		
SX1 MEDICATED POST- OPERATIVE 2 % ext kit	4		
SYNERA 70-70 mg patch	4		
<i>theracare pain relief 4 % patch</i>	4	LIDOCARE	
VENIPUNCTURE PX1 PHLEBOTOMY 2 % ext kit	4		
WELMATE LIDOCAINE PAIN RELIEV 4 % patch	4		
<i>wpr plus wound healing system 4 & 10-30 % ext pack</i>	4		
XARACOLL 3 x 100 mg implant	3		
XYLOCAINE 0.5 % inj soln, 1 % inj soln, 2 % inj soln	4		
XYLOCAINE-MPF 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln	4		
<i>zeruvia 4-1 % patch</i>	4		
ZINGO 0.5 mg i-dermal jet-inj	4		
<i>zionodil 3 % lot</i>	4	LIDAMANTLE	
<i>zionodil 100 3 % lot</i>	4	LIDAMANTLE	
ZTLIDO 1.8 % patch	4		
ZYLOTROL-L 4 % ext kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
BUPRENEX 0.3 mg/ml inj soln	4		
<i>buprenorphine hcl 0.3 mg/ml inj soln</i>	1	BUPRENEX	
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
SUBOXONE 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	4		PA
VIVITROL 380 mg im susp	6		PA
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl	4		PA
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
KLOXXADO 8 mg/0.1ml nasal liq	4		
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	PA
NARCAN 4 mg/0.1ml nasal liq	4		
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>apo-varenicline 0.5 mg tab</i>	4	CHANTIX	PA, QL(120 / 365)
<i>apo-varenicline 1 mg tab</i>	4	CHANTIX	PA, QL(224 / 365)
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	

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<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
NICOTROL 10 mg inhaler	4		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>sm nicotine 2 mg m/t lozg, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	4		PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	1	AMIKIN	
ARIKAYCE 590 mg/8.4ml inh susp	6		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	2	GARAMYCIN	
HUMATIN 250 mg cap	4		
<i>neomycin sulfate 500 mg tab</i>	1		
<i>neomycin-polymyxin b gu 40-200000 irrig soln</i>	1		
<i>streptomycin sulfate 1 gm im soln</i>	1		
ZEMDRI 500 mg/10ml iv soln	4		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ALTABAX 1 % oint	4		
ARZOL SILVER NIT APPLICATORS 75-25 % ext misc	4		
<i>bacitracin 50000 unit im soln</i>	2	BACI-IM	
<i>benzalkonium chloride ext soln, 50 % ext soln</i>	1		
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		
CENTANY 2 % oint	4		
CENTANY AT 2 % ext kit	4		
<i>chloramphenicol sod succinate 1 gm iv soln</i>	1	CHLOROMYCETIN	
CLEOCIN 150 mg cap, 300 mg cap, 75 mg cap	4		
CLEOCIN 75 mg/5ml soln	4		
CLEOCIN-T 1 % lot	4		
CLINDACIN ETZ 1 % swab	4		
CLINDACIN-P 1 % swab	4		
CLINDAGEL 1 % gel	4		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
<i>clindamycin phosphate in nacl 300-0.9 mg/50ml-% iv soln, 600-0.9 mg/50ml-% iv soln, 900-0.9 mg/50ml-% iv soln</i>	2	CLEOCIN	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	5	COLY-MYCIN	
COLY-MYCIN M 150 mg inj soln	6		
CUBICIN RF 500 mg iv soln	6		
DALVANCE 500 mg iv soln	4		
<i>daptomycin 350 mg iv soln</i>	5		
<i>daptomycin 500 mg iv soln</i>	5	CUBICIN	
EVOCLIN 1 % foam	4		
FEM PH 0.9-0.025 % vag gel	4		
FIRST-METRONIDAZOLE 50 mg/ml susp	4		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	4		PA
FLAGYL 375 mg cap	4		
<i>fosfomycin tromethamine 3 gm pckt</i>	2	MONUROL	
<i>glutaraldehyde 25 % ext soln</i>	1		
<i>grafco silver nit applicator 75-25 % ext misc</i>	4		
HIPREX 1 gm tab	4		
HYCLODEX 0.012 % ext soln	4		
HYOPHEN 81.6 mg tab	4		
<i>iodosorb 0.9 % gel</i>	4		
KIMYRSA 1200 mg iv soln	6		
LINCOCIN 300 mg/ml inj soln	4		
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
<i>linezolid 600 mg/300ml iv soln</i>	5	ZYVOX	PA
<i>linezolid in sodium chloride 600-0.9 mg/300ml-% iv soln</i>	1	ZYVOX	
<i>lugols strong iodine 5-10 % ext soln</i>	4		
MACROBID 100 mg cap	4		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	4		
<i>mafenide acetate 5 % ext pckt</i>	2	SULFAMYLON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	4		
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	2	FLAGYL	
METRONIDAZOLE BENZO+SYRSPEND 50 mg/ml susp	4		
MONUROL 3 gm pckt	4		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	BACTROBAN	
NEO-SYNALAR 0.5-0.025 % crm, 0.5-0.025 % ext kit	4		
<i>nitrofurantoin 25 mg/5ml susp</i>	2	FURADANTIN	
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
ORBACTIV 400 mg iv soln	4		
<i>phenol liq</i>	1		
PHOSPHASAL 81.6 mg tab	4		
<i>polymyxin b sulfate 500000 unit inj soln</i>	1		
<i>povidone-iodine 5 % ophth soln</i>	1	BETADINE OPHTHALMIC PREP	
SILVADENE 1 % crm	4		
<i>silver nitrate 0.5 % ext soln</i>	1		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg iv soln, 200 mg tab	5		PA
SSD 1 % crm	4		
SULFAMYLON 5 % ext pckt	4		
SULFAMYLON 85 mg/gm crm	4		
<i>tigecycline 50 mg iv soln</i>	1	TYGACIL	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
TRIMO-SAN 0.025-0.01 % vag gel	4		
TYGACIL 50 mg iv soln	4		
URELLE 81 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
URETRON D/S 81.6 mg tab	4		
URIBEL 118 mg cap	4		
URIMAR-T 120 mg tab	4		
<i>urin ds 81.6 mg tab</i>	2		
<i>uro-458 81 mg tab</i>	2		
UROGESIC-BLUE 81.6 mg tab	4		
<i>uro-mp 118 mg cap</i>	2		
USTELL 120 mg cap	4		
UTIRA-C 81.6 mg tab	4		
VANCOCIN 125 mg cap, 250 mg cap	4		
<i>vancomycin hcl 1000 mg/200ml iv soln, 1250 mg/250ml iv soln, 1500 mg/300ml iv soln, 1750 mg/350ml iv soln, 2000 mg/400ml iv soln, 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	1		
<i>vancomycin hcl 1.5 gm iv soln</i>	2		
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	PA
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% iv soln</i>	1		
VANCOMYCIN+SYRSPEND SF 50 mg/ml susp	4		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
XENLETA 600 mg tab	4		
XENLETA 150 mg/15ml iv soln	4		
XIFAXAN 200 mg tab, 550 mg tab	6		PA
ZYVOX 600 mg tab	4		PA
ZYVOX 100 mg/5ml susp	4		PA
ZYVOX 200 mg/100ml iv soln, 600 mg/300ml iv soln	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
AVYCAZ 2.5 (2-0.5) gm iv soln	4		
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	2	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	2	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cefadroxil 1 gm tab</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	DURICEF	
<i>cefazolin sodium 1 gm inj soln, 10 gm inj soln</i>	1	ANCEF	
<i>cefazolin sodium-dextrose 2-4 gm/100ml-% iv soln</i>	1		
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	2	OMNICEF	
<i>cefepime hcl 100 gm iv soln</i>	1		
<i>cefepime hcl 2 gm iv soln</i>	1	MAXIPIME	
<i>cefixime 400 mg cap</i>	1	SUPRAX	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	2	SUPRAX	
<i>cefotaxime sodium 1 gm inj soln, 2 gm inj soln</i>	1	CLAFORAN	
<i>cefotetan disodium 1 gm inj soln, 2 gm inj soln</i>	1	CEFOTAN	
<i>cefoxitin sodium 10 gm iv soln</i>	1		
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	2	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	2	CEFZIL	
<i>ceftazidime 2 gm iv soln</i>	1		
<i>ceftazidime 1 gm inj soln, 6 gm inj soln</i>	1	FORTAZ	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	2	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	2	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	2		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	KEFLEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TAZICEF 1 gm inj soln, 1 gm iv soln, 2 gm iv soln, 6 gm iv soln	4		
TEFLARO 400 mg iv soln, 600 mg iv soln	4		
ZERBAXA 1.5 (1-0.5) gm iv soln	4		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin 250 mg tab chew</i>	2	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	2		
<i>ampicillin-sulbactam sodium 3 (2-1) gm inj soln</i>	1	UNASYN	
AUGMENTIN 500-125 mg tab	4		
AUGMENTIN 125-31.25 mg/5ml susp	4		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	2	DYCILL	
FETROJA 1 gm iv soln	4		
<i>nafcillin sodium 10 gm iv soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nafcillin sodium 1 gm inj soln</i>	1	NALLPEN	
<i>oxacillin sodium 1 gm inj soln, 10 gm iv soln</i>	1		
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	2	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	2		
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
PFIZERPEN 5000000 unit inj soln	4		
<i>piperacillin sod-tazobactam so 4.5 (4-0.5) gm iv soln</i>	1	ZOSYN	
UNASYN 3 (2-1) gm inj soln	4		
Carbapenems- Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
<i>ertapenem sodium 1 gm inj soln</i>	5	INVANZ	
<i>imipenem-cilastatin 250 mg iv soln</i>	5	PRIMAXIN	
INVANZ 1 gm inj soln	6		
<i>meropenem 500 mg iv soln</i>	1	MERREM	
<i>meropenem-sodium chloride 1 gm/50ml iv soln, 500 mg/50ml iv soln</i>	1	MERREM	
RECARBRIO 1.25 gm iv soln	4		
VABOMERE 2 (1-1) gm iv soln	4		
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pckt, 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
DIFICID 200 mg tab	4		
DIFICID 40 mg/ml susp	4		
E.E.S. 400 400 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
E.E.S. GRANULES 200 mg/5ml susp	4		
<i>ery 2 % pad</i>	2		
ERYGEL 2 % gel	4		
ERYPED 200 200 mg/5ml susp	4		
ERYPED 400 400 mg/5ml susp	4		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	4		
ERYTHROCIN STEARATE 250 mg tab	4		
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 2 % gel</i>	2	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	2	ERYPED	
ZITHROMAX 1 gm pckt, 250 mg tab, 500 mg tab	4		
ZITHROMAX 100 mg/5ml susp, 200 mg/5ml susp	4		
ZITHROMAX TRI-PAK 500 mg tab	4		
ZITHROMAX Z-PAK 250 mg tab	4		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
BAXDELA 300 mg iv soln, 450 mg tab	4		
CIPRO 250 mg tab, 500 mg tab	4		
CIPRO 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	4		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	2	CIPRO	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>moxifloxacin hcl in nacl 400 mg/250ml iv soln</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
OTIPRIO 6 % i-tympan susp	5		
XEPI 1 % crm	4		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
BACTRIM 400-80 mg tab	4		
BACTRIM DS 800-160 mg tab	4		
KLARON 10 % lot	4		
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
ACTICLATE 150 mg tab, 75 mg tab	4		
<i>avidoxy 100 mg tab</i>	2	ADOXA	
AVIDOXY DK 100 mg cmb kit	4		
BENZODOX 30 x 100 MG & 4.4% cmb pack, 60 x 100 MG & 4.4% cmb pack	4		
COREMINO 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr	4		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	DECLOMYCIN	
DORYX 200 mg tab dr, 50 mg tab dr, 80 mg tab dr	4		
DORYX MPC 120 mg tab dr	4		
DOXY 100 100 mg iv soln	4		
<i>doxycycline hyclate 50 mg tab, 80 mg tab dr</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	2	DORYX	
<i>doxycycline hyclate 100 mg iv soln</i>	1	DOXY	
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>minocycline hcl er 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1		
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>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</i>	2	SOLODYN	
MINOLIRA 105 mg tab er 24 hr, 135 mg tab er 24 hr	4		
MONDOXYNE NL 100 mg cap	4		
NUZYRA 150 mg tab	4		
NUZYRA 100 mg iv soln	6		
SEYSARA 100 mg tab, 150 mg tab, 60 mg tab	4		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TARGADOX 50 mg tab	4		
tetracycline hcl 250 mg cap, 500 mg cap	2		
VIBRAMYCIN 100 mg cap	4		
VIBRAMYCIN 25 mg/5ml susp	4		
XERAVA 100 mg iv soln, 50 mg iv soln	6		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	4		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	4		
BRIVIACT 10 mg/ml soln, 50 mg/5ml iv soln	4		
dexmedetomidine hcl-dextrose 200MCG/50ML -5% iv soln, 400MCG/100ML -5% iv soln	2		
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	4		
EPIDIOLEX 100 mg/ml soln	6		
FINTEPLA 2.2 mg/ml soln	4		
KEPPRA 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	4		
KEPPRA 100 mg/ml soln, 500 mg/5ml iv soln	4		
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
levetiracetam 500 mg/5ml iv soln	1	KEPPRA	
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	2	KEPPRA	
levetiracetam 100 mg/ml soln	2	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA XR	
NAYZILAM 5 mg/0.1ml nasal soln	4		
ROWEEPRA 500 mg tab	4		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XCOPRI 100 mg tab, 14 x 12.5 MG & 14 x 25 mg tab pack, 14 x 150 MG & 14 x200 mg tab pack, 14 x 50 MG & 14 x100 mg tab pack, 150 mg tab, 200 mg tab, 50 mg tab	4		
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	4		
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	4		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
ZARONTIN 250 mg cap	4		
ZARONTIN 250 mg/5ml soln	4		
ZONEGRAN 100 mg cap, 25 mg cap	4		
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	2	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	4		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	4		
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	6		
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	4		
DIASTAT PEDIATRIC 2.5 mg rect gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	DEPAKOTE ER	
FANATREX FUSEPAQ 25 mg/ml susp	4		
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	QL(420 / 30)
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	4		
KLONOPIN 0.5 mg tab, 1 mg tab, 2 mg tab	4		
MYSOLINE 250 mg tab, 50 mg tab	4		
NEURONTIN 800 mg tab	4		QL(120 / 30)
NEURONTIN 600 mg tab	4		QL(180 / 30)
NEURONTIN 400 mg cap	4		QL(270 / 30)
NEURONTIN 300 mg cap	4		QL(360 / 30)
NEURONTIN 250 mg/5ml soln	4		QL(420 / 30)
NEURONTIN 100 mg cap	4		QL(1080 / 30)
ONFI 10 mg tab, 20 mg tab	4		
ONFI 2.5 mg/ml susp	4		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	2		
<i>phenobarbital 20 mg/5ml oral elix</i>	2		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	2	MYSOLINE	
SABRIL 500 mg pckt, 500 mg tab	6		
SYMPAZAN 10 mg oral film, 20 mg oral film, 5 mg oral film	4		
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	2	GABITRIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	4		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	4		
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	PA
VIGADRONE 500 mg pckt	6		
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	6		
FELBATOL 600 mg/5ml susp	6		
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FYCOMPA 0.5 mg/ml susp	4		
LAMICTAL 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	4		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab disint, 42 x 50 MG & 14x100 mg oral kit, 50 mg tab disint	4		
LAMICTAL STARTER 35 x 25 mg oral kit, 42 x 25 MG & 7 x 100 mg oral kit, 84 x 25 MG & 14x100 mg oral kit	4		
LAMICTAL XR 100 mg tab er 24 hr, 200 mg tab er 24 hr, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab er 24 hr, 250	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mg tab er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	LAMICTAL	
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
QUDEXY XR 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	4		
SUBVENITE 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	4		
SUBVENITE STARTER KIT-BLUE 35 x 25 mg oral kit	4		
SUBVENITE STARTER KIT-GREEN 84 x 25 MG & 14x100 mg oral kit	4		
SUBVENITE STARTER KIT-ORANGE 42 x 25 MG & 7 x 100 mg oral kit	4		
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	4		
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	2	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>	1	QUDEXY XR	
TROKENDI XR 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	4		
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
APTiom 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	4		
BANZEL 200 mg tab, 400 mg tab	4		
BANZEL 40 mg/ml susp	4		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
CEREBYX 500 mg pe/10ml inj soln	4		
DILANTIN 100 mg cap, 30 mg cap	4		
DILANTIN 125 mg/5ml susp	4		
DILANTIN INFATABS 50 mg tab chew	4		
EPITOL 200 mg tab	4		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	2	CEREBYX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lacosamide 10 mg/ml soln</i>	3	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	4		
PHENYTEK 200 mg cap, 300 mg cap	4		
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	4		
<i>phenytoin sodium 50 mg/ml inj soln</i>	2	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	2	DILANTIN	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	PA
<i>rufinamide 40 mg/ml susp</i>	2	BANZEL	
TEGRETOL 200 mg tab	4		
TEGRETOL 100 mg/5ml susp	4		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4		
TRILEPTAL 150 mg tab, 300 mg tab, 600 mg tab	4		
TRILEPTAL 300 mg/5ml susp	4		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ADUHELM 170 mg/1.7ml iv soln, 300 mg/3ml iv soln	6		
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr			
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ARICEPT 10 mg tab, 23 mg tab, 5 mg tab	4		
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	2	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	
EXELON 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	4		
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	
RAZADYNE ER 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	4		
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2	EXELON	
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	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	1	NAMENDA	
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	
memantine hcl 2 mg/ml soln	2	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	2	NAMENDA XR	
NAMENDA 10 mg tab, 5 mg tab	4		
NAMENDA TITRATION PAK 28 x 5 MG & 21 x 10 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	4		
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	4		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	2	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	2	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	4		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	2	REMERON	
REMERON 15 mg tab, 30 mg tab	4		
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	4		
SPRAVATO (56 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	6		
SPRAVATO (84 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	6		
WELLBUTRIN SR 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	4		
WELLBUTRIN XL 150 mg tab er 24 hr, 300 mg tab er 24 hr	4		
ZULRESSO 100 mg/20ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	4		
MARPLAN 10 mg tab	4		
NARDIL 15 mg tab	4		
PARNATE 10 mg tab	4		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssr/s/nris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Irsrs/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	4		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	2	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	2	CELEXA	
CYMBALTA 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	4		PA
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	2	CYMBALTA	PA
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	4		
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	2	LEXAPRO	
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	2	PROZAC	
<i>fluoxetine hcl (pddd) 10 mg tab, 20 mg tab</i>	2	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	2	LUVOX CR	
LEXAPRO 10 mg tab, 20 mg tab, 5 mg tab	4		
LYBALVI 10-10 mg tab, 15-10 mg tab, 20-10 mg tab, 5-10 mg tab	6		
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	2	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	2	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	2	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	2	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	4		
PAXIL 10 mg/5ml susp	4		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	4		
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab	4		
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
PROZAC 10 mg cap, 20 mg cap, 40 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sertraline hcl 150 mg cap, 200 mg cap</i>	6		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
SYMBYAX 3-25 mg cap, 6-25 mg cap	4		
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	2	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	2		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	2	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		
VIIBRYD STARTER PACK 10 & 20 mg oral kit	4		
<i>vilazodone hcl 10 mg tab, 40 mg tab</i>	2	VIIBRYD	
ZOLOFT 100 mg tab, 25 mg tab, 50 mg tab	4		
ZOLOFT 20 mg/ml oral conc	4		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	2	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	2	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	2	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	2	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
NORPRAMIN 10 mg tab, 25 mg tab	4		
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	4		
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	2	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	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]			
AKYNZEO 235-0.25 mg/20ml iv soln	2		
AKYNZEO 235-0.25 mg iv soln, 300-0.5 mg cap	5		
ANTIVERT 25 mg tab chew, 50 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BARHEMSYS 10 mg/4ml iv soln, 5 mg/2ml iv soln	6		
BONINE 25 mg tab chew	2		
BONJESTA 20-20 mg tab er	4		
<i>cvs motion sickness relief 25 mg tab chew</i>	2		
DICLEGIS 10-10 mg tab dr	4		
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	DICLEGIS	
DRAMAMINE MOTION SICKNESS 25 mg tab chew	2		
<i>meclizine hcl 25 mg tab chew</i>	2		
<i>meclizine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	ANTIVERT	
<i>motion sickness relief 25 mg tab chew</i>	2		
<i>motion-time 25 mg tab chew</i>	2		
PHENERGAN 25 mg/ml inj soln, 50 mg/ml inj soln	2		
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	2	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp	2		
PROMETHEGAN 50 mg rect supp	4		
<i>qc travel ease 25 mg tab chew</i>	2		
<i>ra motion sickness relief 25 mg tab chew</i>	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	2		
TRANSDERM-SCOP 1 mg/3days td patch 72 hr	2		
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	6		QL(1 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aprepitant 80 & 125 mg oral misc</i>	1	EMEND	
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	2	EMEND	
CINVANTI 130 mg/18ml iv emul	6		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp, 150 mg iv soln, 80 mg cap	5		
EMEND TRI-PACK 80 & 125 mg cap	5		
<i>fosaprepitant dimeglumine 150 mg iv soln</i>	5	EMEND	
<i>granisetron hcl 1 mg/ml iv soln, 4 mg/4ml iv soln</i>	2	KYTRIL	
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	QL(6 / 30)
MARINOL 2.5 mg cap	2		QL(60 / 30)
<i>metoclopramide hcl 5 mg/ml inj soln</i>	1	REGLAN	
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	2		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	ZOFRAN	QL(9 / 30)
<i>palonosetron hcl 0.25 mg/2ml iv soln, 0.25 mg/5ml iv soln pfs</i>	6		
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	5	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	4		
SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe	4		
SYNDROS 5 mg/ml soln	5		
VARUBI (180 MG DOSE) 2 x 90 mg tab pack	4		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>amphotericin b 50 mg iv soln</i>	5	FUNGIZONE	
ANCOBON 250 mg cap, 500 mg cap	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BREXAFEMME 150 mg tab	4		
CANCIDAS 70 mg iv soln	6		
<i>casposfungin acetate 70 mg iv soln</i>	5	CANCIDAS	
CICLODAN 8 % ext soln	4		PA
<i>ciclopirox 0.77 % gel</i>	2	LOPROX	
<i>ciclopirox 1 % shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % ext soln</i>	2	PENLAC	PA
<i>ciclopirox olamine 0.77 % crm</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	2	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	2	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	2	LOTRISONE	
<i>corti-sav 1-1 % crm</i>	4		
CRESEMBA 186 mg cap, 372 mg iv soln	4		PA
DERMACINRX THERAZOLE PAK 1-0.05 & 20 % ext pack	4		
DERMAZENE 1-1 % crm	4		
DIFLUCAN 100 mg tab, 200 mg tab	4		
DIFLUCAN 10 mg/ml susp, 40 mg/ml susp	4		
DIFLUCAN 150 mg tab	4		QL(2 / 28)
<i>difmetioxime 4-2-1-4 % ext soln</i>	4		
<i>econazole nitrate 1 % crm</i>	2	SPECTAZOLE	
ECOZA 1 % foam	4		
ERAXIS 100 mg iv soln	5		
ERTACZO 2 % crm	4		
EXELDERM 1 % crm	4		
EXELDERM 1 % ext soln	4		
EXODERM 25-1 % lot	4		
EXTINA 2 % foam	4		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	2	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>griseofulvin microsize 500 mg tab</i>	2	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	2	GRIS-PEG	
<i>hixdefrima 8-1-1 % ext soln</i>	4		
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>imioxia 1-4 % crm</i>	4		
<i>iodoquimez-hc 1-1.9 % crm</i>	4	VYTONE	
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	2	ALCORTIN A	
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1	VYTONE	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	2	SPORANOX	PA
JUBLIA 10 % ext soln	4		
KERYDIN 5 % ext soln	4		
<i>ketoconazole 2 % foam</i>	2	EXTINA	
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>ketoconazole 2 % crm</i>	2	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	2	NIZORAL	
KETODAN 2 % ext kit, 2 % foam	4		
LOPROX 0.77 % (susp) ext kit	4		
LOPROX 0.77 % crm, 0.77 % ext kit	4		
LOPROX 0.77 % ext susp, 1 % shampoo	4		
<i>luliconazole 1 % crm</i>	1	LUZU	
LUZU 1 % crm	4		
MENTAX 1 % crm	4		
<i>micafungin sodium 100 mg iv soln</i>	5	MYCAMINE	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	2	VUSION	
MYCAMINE 100 mg iv soln	6		
<i>naftifine hcl 1 % crm</i>	1	NAFTIN	
<i>naftifine hcl 2 % crm</i>	2	NAFTIN	
NAFTIN 1 % gel, 2 % gel	4		
NATACYN 5 % ophth susp	4		
NOXAFIL 300 mg/16.7ml iv soln, 40 mg/ml susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOXAFIL 100 mg tab dr	6		
NYAMYC 100000 unit/gm ext pwdr	4		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	2	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	4		
ONYCHO-MED 2-250 %-mg ext kit	4		
ORAVIG 50 mg bucc tab	4		
<i>oxiconazole nitrate 1 % crm</i>	2	OXISTAT	
OXISTAT 1 % crm	4		
OXISTAT 1 % lot	4		
<i>pedizolpak 2 & 2 % ext pack</i>	4		
<i>pheodoyo 1-2.5-2 % crm</i>	4		
<i>pheyo 2.5-2 % crm</i>	4		
<i>posaconazole 40 mg/ml susp</i>	5		
<i>posaconazole 100 mg tab dr</i>	5	NOXAFIL	
RECURA crm	4		
SPORANOX 100 mg cap	4		PA
SPORANOX 10 mg/ml soln	4		PA
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>sulconazole nitrate 1 % ext soln</i>	1	EXELDERM	
<i>tavorole 5 % ext soln</i>	1	KERYDIN	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>tolsura 65 mg cap</i>	4		PA
VFEND 200 mg tab, 50 mg tab	6		PA
VFEND 40 mg/ml susp	6		PA
VFEND IV 200 mg iv soln	6		
<i>voriconazole 200 mg iv soln</i>	5	VFEND	
<i>voriconazole 200 mg tab, 50 mg tab</i>	6	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	6	VFEND	PA
VUSION 0.25-15-81.35 % oint	4		
VYTONE 1-1.9 % crm	4		
XOLEGEL 2 % gel	4		
XOLEGEL COREPAK 2 & 1 % ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	4		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	4		
ZOLPAK 1 % ext kit	4		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine 0.6 mg cap</i>	1	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
COLCRYS 0.6 mg tab	4		
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	ULORIC	
GLOPERBA 0.6 mg/5ml soln	4		
MITIGARE 0.6 mg cap	4		
<i>probenecid 500 mg tab</i>	2	BENEMID	
ULORIC 40 mg tab, 80 mg tab	4		
ZYLOPRIM 100 mg tab, 300 mg tab	4		
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	2		
ANUSOL-HC 25 mg rect supp	4		
ANUSOL-HC 2.5 % crm	4		
HEMMOREX-HC 25 mg rect supp, 30 mg rect supp	4		
<i>hydrocortisone (perianal) 2.5 % crm</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	2	PROCTOCORT	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	
PROCTOCORT 30 mg rect supp	4		
PROCTOCORT 1 % crm	4		
PROCTO-MED HC 2.5 % crm	4		
PROCTOSOL HC 2.5 % crm	4		
PROCTOZONE-HC 2.5 % crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
CAFERGOT 1-100 mg tab	4		
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subling	4		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rectal sup	4		
MIGRANAL 4 mg/ml nasal soln	4		QL(8 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	4		PA
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	4		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA
NURTEC 75 mg tab disint	4		
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	6		
REYVOW 100 mg tab, 50 mg tab	4		
UBRELVY 100 mg tab, 50 mg tab	4		
VYEPTI 100 mg/ml iv soln	5		
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	2	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	2	RELPAX	QL(6 / 30)
FROVA 2.5 mg tab	4		QL(9 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
IMITREX 20 mg/act nasal soln	4		QL(6 / 30)
IMITREX 100 mg tab, 25 mg tab, 50 mg tab	4		QL(9 / 30)
IMITREX 5 mg/act nasal soln	4		QL(12 / 30)
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	4		QL(2 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	4		QL(2 / 30)
MAXALT 10 mg tab	4		QL(9 / 30)
MAXALT-MLT 10 mg tab disint	4		QL(9 / 30)
MIGRANOW 50 & 4-10 mg & % cmb pack	4		
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
ONZETRA XSAIL 11 mg/nosepc nasal exha pwdr	4		
RELPAK 20 mg tab, 40 mg tab	4		QL(6 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(9 / 30)
SUMANSETRON 50 & 4 mg tab pack	4		
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	3		
TREXIMET 85-500 mg tab	4		QL(9 / 30)
ZEMBRACE SYMTOUCH 3 mg/0.5ml sc soln auto-inj	4		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	2	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		QL(6 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZOMIG 5 mg tab	4		QL(3 / 30)
ZOMIG 2.5 mg tab	4		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
BLOXIVERZ 10 mg/10ml iv soln, 5 mg/10ml iv soln	4		
FIRDAPSE 10 mg tab	6		
MESTINON 180 mg tab er, 60 mg tab	4		
MESTINON 60 mg/5ml soln	4		
neostigmine methylsulfate 5 mg/5ml iv soln pfs	1		
neostigmine methylsulfate 5 mg/5ml iv soln	6		
neostigmine methylsulfate 10 mg/10ml iv soln, 5 mg/10ml iv soln	1	BLOXIVERZ	
pyridostigmine bromide 30 mg tab	1		
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	2	MESTINON	
pyridostigmine bromide er 180 mg tab er	2	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	2		
MYCOBUTIN 150 mg cap	4		
pretomanid 200 mg tab	1		
rifabutin 150 mg cap	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	2		
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	2		
isoniazid 100 mg/ml inj soln, 50 mg/5ml syr	2		
MYAMBUTOL 400 mg tab	4		
PASER 4 gm pckt	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	2		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
RIFAMPIN+SYRSPEND SF 25 mg/ml susp	4		
SIRTURO 100 mg tab, 20 mg tab	5		
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
ALKERAN 2 mg tab	6		PA
<i>busulfan 6 mg/ml iv soln</i>	5	BUSULFEX	PA
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	6	PARAPLATIN	PA
<i>cyclophosphamide 1 gm inj soln, 2 gm inj soln, 500 mg inj soln</i>	5		PA
<i>cyclophosphamide 25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab</i>	6		PA
<i>cyclophosphamide 1 gm/5ml iv soln, 500 mg/2.5ml iv soln</i>	6		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	6		PA
LEUKERAN 2 mg tab	6		PA
MATULANE 50 mg cap	6		PA
<i>melphalan 2 mg tab</i>	5	ALKERAN	PA
<i>melphalan hcl 50 mg iv soln</i>	6	ALKERAN	PA
MYLERAN 2 mg tab	6		PA
PARAPLATIN 1000 mg/100ml iv soln	6		
TEMODAR 100 mg iv soln	6		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	6	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	6	THIOPLEX	PA
ZANOSAR 1 gm iv soln	6		PA
Antiandrogens - Chemotherapy Agents [Antiandrógenos - Agentes De Quimioterapia]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	
<i>abiraterone acetate 500 mg tab</i>	6	ZYTIGA	
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
CASODEX 50 mg tab	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	6	EULEXIN	PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
XTANDI 40 mg tab, 80 mg tab	6		
XTANDI 40 mg cap	6		PA
YONSA 125 mg tab	6		
ZYTIGA 250 mg tab, 500 mg tab	6		
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap</i>	5	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	6		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	6		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	6		PA
FARESTON 60 mg tab	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
<i>toremifene citrate 60 mg tab</i>	6	FARESTON	PA
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5	XELODA	PA
CARAC 0.5 % crm	6		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
EFUDEX 5 % crm	5		PA
<i>fluorouracil 0.5 % crm</i>	5	CARAC	PA
<i>fluorouracil 5 % crm</i>	5	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	5	EFUDEX	PA
<i>mercaptopurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
PURIXAN 2000 mg/100ml susp	6		
SIKLOS 100 mg tab, 1000 mg tab	4		
TABLOID 40 mg tab	6		PA
TOLAK 4 % crm	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XELODA 150 mg tab, 500 mg tab	6		
Antineoplastics (combination Product) [Antineoplásicos (Productos En Combinación)]			
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml sc soln, 1600-26800 MG -ut/13.4ml sc soln	6		
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ACTIMMUNE 2000000 unit/0.5ml sc soln	6		PA
ALFERON N 5000000 unit/ml inj soln	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	5	TRISENOX	PA
BENDEKA 100 mg/4ml iv soln	5		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	6	BLENOXANE	PA
<i>bortezomib 3.5 mg iv soln</i>	5		PA
<i>bortezomib 3.5 mg inj soln</i>	5	VELCADE	PA
<i>carmustine 100 mg iv soln</i>	5	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	6		PA
<i>cladribine 10 mg/10ml iv soln</i>	6	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	5	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	6		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	6		PA
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	6		PA
<i>dactinomycin 0.5 mg iv soln</i>	6	COSMEGEN	PA
<i>daunorubicin hcl 20 mg/4ml iv soln</i>	6		PA
<i>decitabine 50 mg iv soln</i>	6	DACOGEN	PA
<i>dexrazoxane hcl 250 mg iv soln, 500 mg iv soln</i>	5	ZINECARD	PA
<i>docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc</i>	5	TAXOTERE	PA
<i>doxorubicin hcl 10 mg iv soln, 50 mg iv soln</i>	5		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	2	ADRIAMYCIN	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	5	DOXIL	PA
ELZONRIS 1000 mcg/ml iv soln	6		
<i>floxuridine 0.5 gm inj soln</i>	6	FUDR	PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	6		PA
<i>fulvestrant 250 mg/5ml im soln pfs</i>	5	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm iv soln, 200 mg iv soln</i>	5	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	6		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	6	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	6		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	5	IFEX	PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	5	IFEX	PA
<i>INFUGEM 1200-0.9 mg/120ml-% iv soln, 1300-0.9 mg/130ml-% iv soln, 1400-0.9 mg/140ml-% iv soln, 1500-0.9 mg/150ml-% iv soln, 1600-0.9 mg/160ml-% iv soln, 1700-0.9 mg/170ml-% iv soln, 1800-0.9 mg/180ml-% iv soln, 1900-0.9 mg/190ml-% iv soln, 2000-0.9 mg/200ml-% iv soln, 2200-0.9 mg/220ml-% iv soln</i>	6		
<i>irinotecan hcl 500 mg/25ml iv soln</i>	5		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	5	CAMPTOSAR	PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	6		PA
JEVTANA 60 mg/1.5ml iv soln	6		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln	6		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	6	MUTAMYCIN	PA
MVASI 100 mg/4ml iv soln, 400 mg/16ml iv soln	6		PA
OPDIVO 120 mg/12ml iv soln	6		
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	5	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	5	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc</i>	6	TAXOL	
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	6	TAXOL	PA
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
<i>romidepsin 27.5 mg/5.5ml iv soln</i>	6		
TECARTUS 100000000 cells iv susp	6		
TICE BCG 50 mg i-vesic susp	4		PA
TIVDAK 40 mg iv soln	6		
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
VELCADE 3.5 mg inj soln	6		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	5		PA
VINCASAR PFS 1 mg/ml iv soln	5		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	6	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	6	NAVELBINE	PA
ZEPZELCA 4 mg iv soln	6		
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
ABECMA 460000000 cells iv susp	6		
ASPARLAS 3750 unit/5ml iv soln	6		
AZEDRA DOSIMETRIC 15 mci/ml iv soln	6		
AZEDRA THERAPEUTIC 15 mci/ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DARZALEX FASPRO 1800-30000 mg-ut/15ml sc soln	6		
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	5		PA
<i>fludarabine phosphate 50 mg iv soln</i>	5	FLUDARA	PA
HYDREA 500 mg cap	6		PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
INQOVI 35-100 mg tab	6		
ISTODAX 10 mg iv soln	6		PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	6		PA
<i>leucovorin calcium 100 mg/10ml inj soln, 500 mg/50ml inj soln</i>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5	FUSILEV	PA
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	6		
LUTATHERA 370 mbq/ml iv soln	6		PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	5		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	5	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	6		PA
ORGOVYX 120 mg tab	6		
PHESGO 60-60-2000 mg-mg-u/ml sc soln, 80-40-2000 mg-mg-u/ml sc soln	6		
TECARTUS 200000000 cells iv susp	6		
<i>valrubicin 40 mg/ml i-vesic soln</i>	5	VALSTAR	PA
VALSTAR 40 mg/ml i-vesic soln	6		PA
XOFIGO 30 mcci/ml iv soln	6		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	6	ARIMIDEX	
ARIMIDEX 1 mg tab	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AROMASIN 25 mg tab	6		PA
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
FEMARA 2.5 mg tab	6		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	6		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	6		PA
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	6		PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	5	VEPESID	PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	6		PA
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	6		
ALECENSA 150 mg cap	6		
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	6		PA
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	6		
BALVERSA 3 mg tab, 4 mg tab, 5 mg tab	6		
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
BRAFTOVI 75 mg cap	6		
BRUKINSA 80 mg cap	6		
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	6		
CALQUENCE 100 mg cap, 100 mg tab	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	6		
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	6		
COPIKTRA 15 mg cap, 25 mg cap	6		
COTELLIC 20 mg tab	6		
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
DAURISMO 100 mg tab, 25 mg tab	6		
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA
<i>etoposide 50 mg cap</i>	5		PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
<i>everolimus 10 mg tab</i>	6	AFINITOR	PA
EXKIVITY 40 mg cap	6		
FOTIVDA 0.89 mg cap, 1.34 mg cap	6		
GAVRETO 100 mg cap	6		
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	6		
GLEEVEC 100 mg tab, 400 mg tab	6		
HYCAMTIN 0.25 mg cap, 1 mg cap	6		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	6		
IDHIFA 100 mg tab, 50 mg tab	6		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	6		
INLYTA 1 mg tab, 5 mg tab	6		PA
INREBIC 100 mg cap	6		
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KISQALI (200 MG DOSE) 200 mg tab pack	6		PA
KISQALI (400 MG DOSE) 200 mg tab pack	6		PA
KISQALI (600 MG DOSE) 200 mg tab pack	6		PA
KOSELUGO 10 mg cap, 25 mg cap	6		
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	6		
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	6		
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	6		
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	6		
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	6		
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	6		
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	6		
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	6		
LORBRENA 100 mg tab, 25 mg tab	6		
LUMAKRAS 120 mg tab	6		
LYNPARZA 100 mg tab, 150 mg tab	6		PA
MEKINIST 0.5 mg tab, 2 mg tab	6		
MEKTOVI 15 mg tab	6		
NERLYNX 40 mg tab	6		PA
NEXAVAR 200 mg tab	6		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	6		
NUBEQA 300 mg tab	5		PA
ONUREG 200 mg tab, 300 mg tab	6		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	6		
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	6		
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	6		
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	6		
QINLOCK 50 mg tab	6		PA
RETEVMO 40 mg cap, 80 mg cap	6		
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	6		PA
RYDAPT 25 mg cap	6		PA
SCEMBLIX 20 mg tab, 40 mg tab	6		
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	6	SUTENT	PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	6		PA
TABRECTA 150 mg tab, 200 mg tab	6		
TAFINLAR 50 mg cap, 75 mg cap	6		
TAGRISO 40 mg tab, 80 mg tab	6		
TALZENNA 0.25 mg cap, 1 mg cap	6		
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	6		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TAZVERIK 200 mg tab	6		
<i>temsirolimus 25 mg/ml iv soln</i>	5	TORISEL	PA
TEPMETKO 225 mg tab	6		
TIBSOVO 250 mg tab	6		
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCAMTIN	PA
TRUSELTIQ (100MG DAILY DOSE) 100 mg cap pack	6		
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 mg cap pack	6		
TRUSELTIQ (50MG DAILY DOSE) 25 mg cap pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUSELTIQ (75MG DAILY DOSE) 25 mg cap pack	6		
TUKYSA 150 mg tab, 50 mg tab	6		
TURALIO 200 mg cap	6		
TYKERB 250 mg tab	6		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	6		
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	6		
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
VITRAKVI 100 mg cap, 25 mg cap	6		
VITRAKVI 20 mg/ml soln	6		
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	6		
VOTRIENT 200 mg tab	6		PA
WELIREG 40 mg tab	6		
XALKORI 200 mg cap, 250 mg cap	6		PA
XOSPATA 40 mg tab	6		
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	6		
XPOVIO (40 MG ONCE WEEKLY) 40 mg tab pack	6		
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	6		
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	6		
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	6		PA
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack	6		
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	6		
ZEJULA 100 mg cap	6		
ZELBORAF 240 mg tab	6		PA
ZOLINZA 100 mg cap	6		PA
ZYDELIG 100 mg tab, 150 mg tab	6		PA
ZYKADIA 150 mg tab	6		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
BLENREP 100 mg iv soln	6		
BREYANZI 70000000 cells/ml iv susp	6		
COSELA 300 mg iv soln	6		
DANYELZA 40 mg/10ml iv soln	6		
ENHERTU 100 mg iv soln	6		
GAZYVA 1000 mg/40ml iv soln	6		PA
HERCEPTIN HYLECTA 600-10000 mg-unt/5ml sc soln	6		
HERZUMA 150 mg iv soln, 420 mg iv soln	6		
JEMPERLI 500 mg/10ml iv soln	6		
KANJINTI 150 mg iv soln, 420 mg iv soln	5		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
LIBTAYO 350 mg/7ml iv soln	6		
LUMOXITI 1 mg iv soln	6		
MARGENZA 250 mg/10ml iv soln	6		
MONJUVI 200 mg iv soln	6		
OGIVRI 150 mg iv soln, 420 mg iv soln	6		
ONTRUZANT 150 mg iv soln, 420 mg iv soln	6		
PADCEV 20 mg iv soln, 30 mg iv soln	6		
PERJETA 420 mg/14ml iv soln	5		PA
POLIVY 140 mg iv soln	6		
POLIVY 30 mg iv soln	6		PA
POTELIGEO 20 mg/5ml iv soln	6		
RIABNI 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
RYBREVANT 350 mg/7ml iv soln	6		
SARCLISA 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		
TECENTRIQ 840 mg/14ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRAZIMERA 150 mg iv soln, 420 mg iv soln	5		PA
TRODELVY 180 mg iv soln	6		
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		
ZYNLONTA 10 mg iv soln	6		
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 75 mg cap	6		
TARGRETIN 1 % gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
ELITEK 1.5 mg iv soln, 7.5 mg iv soln	6		PA
KEPIVANCE 6.25 mg iv soln	6		PA
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
VORAXAZE 1000 unit iv soln	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2	ALBENZA	
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	1		
BILTRICIDE 600 mg tab	4		
EGATEN 250 mg tab	4		
EMVERM 100 mg tab chew	4		
<i>ivermectin 3 mg tab</i>	2	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
STROMECTOL 3 mg tab	4		
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	4		
ALINIA 100 mg/5ml susp	4		QL(60 / 3)
ARAKODA 100 mg tab	4		
<i>artesunate 110 mg iv soln</i>	6		
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	4		
DARAPRIM 25 mg tab	6		PA
<i>hydroxychloroquine sulfate 100 mg tab, 300 mg tab, 400 mg tab</i>	1		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
IMPAVIDO 50 mg cap	5		
KRINTAFEL 150 mg tab	4		
LAMPIT 120 mg tab, 30 mg tab	4		
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
<i>mefloquine hcl 250 mg tab</i>	2		
MEPRON 750 mg/5ml susp	6		
NEBUPENT 300 mg inh soln	4		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
PENTAM 300 mg inj soln	4		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM	
PLAQUENIL 200 mg tab	4		
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	5	DARAPRIM	PA
<i>pyrimethamine-leucovorin 12.5-2.5 mg cap, 25-10 mg cap, 25-5 mg cap, 50-10 mg cap, 50-20 mg cap, 50-25 mg cap, 75-25 mg cap</i>	1		
QUALAQUIN 324 mg cap	4		
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	
SOLOSEC 2 gm pckt	4		
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	4		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	1	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	1	SKLICE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>malathion 0.5 % lot</i>	2	OVIDE	PA
NATROBA 0.9 % ext susp	4		PA
OVIDE 0.5 % lot	4		PA
<i>permethrin 5 % crm</i>	2	ELIMITE	PA
<i>spinosad 0.9 % ext susp</i>	2		PA
<i>sulfurated lime ext soln</i>	1		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]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	2		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
COMTAN 200 mg tab	4		
<i>entacapone 200 mg tab</i>	2	COMTAN	
GOCOVRI 137 mg cap er 24 hr, 68.5 mg cap er 24 hr	4		
NOURIANZ 20 mg tab, 40 mg tab	5		
ONGENTYS 25 mg cap, 50 mg cap	4		
OSMOLEX ER 129 & 193 mg tab er 24 hr pack, 129 mg tab er 24 hr, 193 mg tab er 24 hr	4		
TASMAR 100 mg tab	6		PA
<i>tolcapone 100 mg tab</i>	5	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
APOKYN 30 mg/3ml sc soln cart	6		PA
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	6		PA

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>			
DUOPA 4.63-20 mg/ml enter susp	5		
LODOSYN 25 mg tab	4		
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	4		
SINEMET 10-100 mg tab, 25-100 mg tab	4		
STALEVO 100 25-100-200 mg tab	4		
STALEVO 125 31.25-125-200 mg tab	4		
STALEVO 150 37.5-150-200 mg tab	4		
STALEVO 200 50-200-200 mg tab	4		
STALEVO 50 12.5-50-200 mg tab	4		
STALEVO 75 18.75-75-200 mg tab	4		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
AZILECT 0.5 mg tab, 1 mg tab	4		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	2	AZILECT	
<i>selegiline hcl 5 mg tab</i>	2		
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	
XADAGO 100 mg tab, 50 mg tab	5		
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ADASUVE 10 mg inh aer pwdr br act	4		
<i>chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc</i>	1		
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
COMPRO 25 mg rect supp	1		

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		
ABILIFY MYCITE MAINTENANCE KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	4		
ABILIFY MYCITE STARTER KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	4		
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	2	ABILIFY DISCMELT	
ARISTADA 1064 mg/3.9ml im pfs, 441 mg/1.6ml im pfs, 662 mg/2.4ml im pfs, 882 mg/3.2ml im pfs	5		
ARISTADA INITIO 675 mg/2.4ml im pfs	5		
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
CAPLYTA 42 mg cap	4		
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	4		
GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap	4		
INVEGA 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	5		
INVEGA 1.5 mg tab er 24 hr	6		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	6		PA
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	5		
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	4		
<i>lurasidone hcl 60 mg tab</i>	2	LATUDA	
NUPLAZID 10 mg tab, 34 mg cap	5		
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	2	INVEGA	
PERSERIS 120 mg Subcutaneous Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe	5		
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	SEROQUEL XR	
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		
RISPERDAL 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	4		
RISPERDAL 1 mg/ml soln	4		
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension	6		PA

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	2	FAZACLO	
CLOZARIL 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4		
VERSACLOZ 50 mg/ml susp	4		
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 20000 mcg/20ml it soln, 50 mcg/ml Intrathecal Solution Prefilled Syringe</i>	5	GABLOFEN	
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>baclofen 10 mg/20ml it soln, 40 mg/20ml it soln</i>	5	LIORESAL	
<i>baclofen (bulk) 500 mg/125ml soln</i>	5		
DANTRIUM 25 mg cap	4		
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	2	DANTRIUM	
<i>enovarx-baclofen 1 % crm</i>	4		
GABLOFEN 10000 mcg/20ml Intrathecal Solution Prefilled Syringe, 10000 mcg/20ml it soln, 20000 mcg/20ml Intrathecal Solution Prefilled Syringe, 20000 mcg/20ml it soln, 40000 mcg/20ml Intrathecal Solution Prefilled Syringe, 40000 mcg/20ml it soln, 50 mcg/ml Intrathecal Solution Prefilled Syringe	5		
LIORESAL 0.05 mg/ml it soln, 10 mg/20ml it soln, 10 mg/5ml it soln, 40 mg/20ml it soln	5		
OZOBAX 5 mg/5ml soln	5		
RYANODEX 250 mg iv susp	4		
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	2	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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]			
<i>cidofovir 75 mg/ml iv soln</i>	1	VISTIDE	
<i>foscarnet sodium 6000 mg/250ml iv soln</i>	1	FOSCAVIR	
FOSCAVIR 6000 mg/250ml iv soln	4		
<i>ganciclovir 500 mg/250ml iv soln</i>	5		
<i>ganciclovir sodium 500 mg/10ml iv soln</i>	5		
PREVYMIS 240 mg tab, 480 mg tab	6		
PREVYMIS 240 mg/12ml iv soln, 480 mg/24ml iv soln	6		
VALCYTE 450 mg tab	6		
VALCYTE 50 mg/ml soln	6		
<i>valganciclovir hcl 450 mg tab</i>	2	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	2	VALCYTE	
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	5	HEPSERA	PA
BARACLUDE 0.5 mg tab, 1 mg tab	6		
BARACLUDE 0.05 mg/ml soln	6		
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
EPIVIR HBV 100 mg tab	5		
EPIVIR HBV 5 mg/ml soln	5		PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
VEMLIDY 25 mg tab	6		
Anti-hepatitis C (hcv) Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc) - Medicamentos Para Hepatitis C]			
EPCLUSA 150-37.5 mg pckt, 200-50 mg pckt, 200-50 mg tab, 400-100 mg tab	5		PA
HARVONI 90-400 mg tab	6		
HARVONI 33.75-150 mg pckt, 45-200 mg pckt, 45-200 mg tab	6		PA
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	5	HARVONI	
MAVYRET 100-40 mg tab	5		PA
MAVYRET 50-20 mg pckt	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	6		
ribavirin 200 mg tab	5	COPEGUS	PA
ribavirin 200 mg cap	5	REBETOL	PA
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA
SOVALDI 400 mg tab	6		
SOVALDI 150 mg pckt, 200 mg pckt, 200 mg tab	6		PA
VIEKIRA PAK 12.5-75-50 &250 mg tab pack	6		
VOSEVI 400-100-100 mg tab	6		
ZEPATIER 50-100 mg tab	6		PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
acyclovix 200-10 mg-% cmb pack	4		
DENAVIR 1 % crm	4		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	5	FAMVIR	
penciclovir 1 % crm	2	DENAVIR	
SITAVIG 50 mg bucc tab	4		
trifluridine 1 % ophth soln	2	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	2	VALTREX	
VALTREX 1 gm tab, 500 mg tab	4		
XERESE 5-1 % crm	4		
ZOVIRAX 5 % crm, 5 % oint	4		
ZOVIRAX 200 mg/5ml susp	4		
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
ISENTRESS 100 mg pckt	4		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		PA
TIVICAY PD 5 mg tab sol	4		PA
vocabria 30 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
EDURANT 25 mg tab	5		PA
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	5	SUSTIVA	PA
etravirine 100 mg tab, 200 mg tab	4	INTELENCE	PA
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	5		PA
nevirapine 50 mg/5ml susp	5	VIRAMUNE	PA
nevirapine 200 mg tab	6	VIRAMUNE	PA
nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr	5	VIRAMUNE XR	PA
PIFELTRO 100 mg tab	4		PA
SUSTIVA 200 mg cap, 50 mg cap	4		PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	5	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	5	ZIAGEN	PA
emtricitabine 200 mg cap	4	EMTRIVA	PA
EMTRIVA 200 mg cap	6		PA
EMTRIVA 10 mg/ml soln	6		PA
EPIVIR 10 mg/ml soln	4		PA
EPIVIR 150 mg tab, 300 mg tab	6		PA
lamivudine 150 mg tab, 300 mg tab	5	EPIVIR	PA
lamivudine 10 mg/ml soln	5	EPIVIR	PA
RETROVIR 100 mg cap	4		PA
RETROVIR 50 mg/5ml syr	4		PA
RETROVIR 10 mg/ml iv soln	6		PA
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	5	ZERIT	PA
tenofovir disoproxil fumarate 300 mg tab	5	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab, 300 mg tab	5		PA
VIREAD 40 mg/gm oral pwdr	5		PA
ZIAGEN 300 mg tab	4		PA
ZIAGEN 20 mg/ml soln	4		PA
zidovudine 100 mg cap, 300 mg tab	6	RETROVIR	PA
zidovudine 50 mg/5ml syr	6	RETROVIR	PA

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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]
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	6		PA
<i>maraviroc 150 mg tab</i>	5	SELZENTRY	PA
RUKOBIA 600 mg tab er 12 hr	4		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
TROGARZO 200 mg/1.33ml iv soln	4		PA
TYBOST 150 mg tab	4		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	5	REYATAZ	PA
<i>darunavir 600 mg tab, 800 mg tab</i>	5	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	2	LEXIVA	PA
LEXIVA 700 mg tab	4		PA
LEXIVA 50 mg/ml susp	5		PA
NORVIR 100 mg tab	4		PA
NORVIR 100 mg pckt	5		PA
NORVIR 80 mg/ml soln	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA
REYATAZ 200 mg cap, 300 mg cap, 50 mg pckt	4		PA
<i>ritonavir 100 mg tab</i>	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-hiv Combinations- Hiv Drugs [Combinaciones De Agentes Anti-Vih - Medicamentos Para Vih]			
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	5	EPZICOM	
BIKTARVY 50-200-25 mg tab	5		PA
<i>cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release</i>	4		PA
CIMDUO 300-300 mg tab	4		PA
COMBIVIR 150-300 mg tab	4		PA
COMPLERA 200-25-300 mg tab	6		PA
DELSTRIGO 100-300-300 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DESCOVY 200-25 mg tab	4		PA
DOVATO 50-300 mg tab	5		PA
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	5	ATRIPLA	PA
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	4	SYMFI	PA
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	4	SYMFI LO	PA
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	5	TRUVADA	PA
EPZICOM 600-300 mg tab	4		PA
EVOTAZ 300-150 mg tab	4		PA
GENVOYA 150-150-200-10 mg tab	4		PA
JULUCA 50-25 mg tab	4		PA
KALETRA 400-100 mg/5ml soln	4		PA
KALETRA 100-25 mg tab, 200-50 mg tab	5		PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	5	COMBIVIR	PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	4	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	5	KALETRA	PA
ODEFSEY 200-25-25 mg tab	4		PA
PREZCOBIX 800-150 mg tab	4		PA
STRIBILD 150-150-200-300 mg tab	6		PA
SYMFI 600-300-300 mg tab	4		PA
SYMFI LO 400-300-300 mg tab	4		PA
SYMTUZA 800-150-200-10 mg tab	4		PA
TRIUMEQ 600-50-300 mg tab	4		PA
TRIZIVIR 300-150-300 mg tab	4		PA
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	4		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	2	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	2	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	2	TAMIFLU	QL(120 / 180)
RAPIVAB 200 mg/20ml iv soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
TAMIFLU 45 mg cap, 75 mg cap	4		QL(10 / 180)
TAMIFLU 30 mg cap	4		QL(20 / 180)
TAMIFLU 6 mg/ml susp	4		QL(120 / 180)
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
<i>favipiravir 200 mg tab</i>	1		
LAGEVRIO 200 mg cap	4		QL(40 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1	PRECEDEX	
<i>dexmedetomidine hcl in nacl 200 mcg/50ml iv soln, 200-0.9 mcg/50ml-% iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln</i>	1	PRECEDEX	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
PRECEDEX 1000 mcg/250ml iv soln, 200 mcg/2ml iv soln, 200 mcg/50ml iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln	4		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab	4		
ATIVAN 2 mg/ml inj soln, 4 mg/ml inj soln	4		
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	2	TRANXENE	
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln, 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	4		
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		
LOREEV XR 1 mg cap er 24 hr sprinkle, 2 mg cap er 24 hr sprinkle, 3 mg cap er 24 hr sprinkle	6		
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>midazolam hcl-sodium chloride 100-0.8 mg/100ml-% iv soln, 100-0.9 mg/100ml-% iv soln, 50-0.8 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>midazolam hcl-sodium chloride 55-0.9 mg/55ml-% iv soln pfs</i>	2		
MIDAZOLAM+SYRSPEND SF 1 mg/ml susp	4		
<i>midazolam-sodium chloride 50-0.9 mg/50ml-% iv soln</i>	2		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	2	SERAX	
TRANXENE-T 7.5 mg tab	4		
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	4		
XANAX 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	4		
XANAX XR 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	4		
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
<i>lithium 8 meq/5ml soln</i>	2		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	4		
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
ACTOPLUS MET 15-850 mg tab	4		
ACTOS 15 mg tab, 30 mg tab, 45 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	4		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	4		ST
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	4	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	4	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	4	OSENI	ST
AMARYL 1 mg tab, 2 mg tab, 4 mg tab	4		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	3		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	3		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	3		ST
CYCLOSET 0.8 mg tab	4		
DUETACT 30-2 mg tab, 30-4 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	2	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
GLUCOTROL XL 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	4		
GLUMETZA 1000 mg tab er 24 hr, 500 mg tab er 24 hr	4		
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	4		
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		ST
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	4		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	4		ST
INVOKANA 100 mg tab, 300 mg tab	4		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
JARDIANCE 10 mg tab, 25 mg tab	3		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	4		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	4		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	GLUMETZA	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	3		ST
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	4		ST
ONGLYZA 2.5 mg tab, 5 mg tab	4		ST
OSENI 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	4		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 2 mg/3ml sc soln pen-inj	3		ST
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		ST
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		ST
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	
QTERN 10-5 mg tab, 5-5 mg tab	4		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
RIOMET 500 mg/5ml soln	4		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		ST
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	2		ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	2		ST
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	4		ST
SOLQUA 100-33 unt-mcg/ml sc soln pen-inj	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
STEGLATRO 15 mg tab, 5 mg tab	4		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	4		ST
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	4		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	4		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
TRADJENTA 5 mg tab	3		ST
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	3		ST
TRULICITY 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	3		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	3		ST
VICTOZA 18 mg/3ml sc soln pen-inj	3		ST
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	3		ST
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	4		
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	3		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGEN HYPOKIT 1 mg inj soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glucagon emergency 1 mg/ml inj soln</i>	1		
<i>glucagon emergency 1 mg inj kit</i>	4	GLUCAGON EMERGENCY	
GVOKE HYPOPEN 1-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	4		
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	4		
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	4		
KORLYM 300 mg tab	4		
PROGLYCEM 50 mg/ml susp	4		
ZEGALOGUE 0.6 mg/0.6ml sc soln auto-inj, 0.6 mg/0.6ml sc soln pfs	4		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
ADMELOG 100 unit/ml inj soln	4		QL(20 / 30)
ADMELOG SOLOSTAR 100 unit/ml sc soln pen-inj	4		QL(15 / 30)
AFREZZA 12 unit inh pwdr, 4 unit inh pwdr, 60x4 & 60x8 & 60x12 unit inh pwdr, 8 unit inh pwdr, 90 x 4 UNIT & 90x8 unit inh pwdr, 90 x 8 UNIT & 90x12 unit inh pwdr	4		
APIDRA 100 unit/ml inj soln	4		
APIDRA SOLOSTAR 100 unit/ml sc soln pen-inj	4		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	4		QL(15 / 30), ST
FIASP 100 unit/ml inj soln	4		
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	4		
FIASP PENFILL 100 unit/ml sc soln cart	4		
HUMALOG 100 unit/ml inj soln	3		QL(20 / 30)
HUMALOG 100 unit/ml sc soln cart	4		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(15 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(6 / 30)
<i>insulin asp prot & asp flexpen (70-30) 100 unit/ml sc susp pen-inj</i>	1	NOVOLOG MIX 70/30	
<i>insulin aspart 100 unit/ml inj soln</i>	1	NOVOLOG	
<i>insulin aspart flexpen 100 unit/ml sc soln pen-inj</i>	1	NOVOLOG FLEXPEN	
<i>insulin aspart penfill 100 unit/ml sc soln cart</i>	1	NOVOLOG PENFILL	
<i>insulin aspart prot & aspart (70-30) 100 unit/ml sc susp</i>	1	NOVOLOG MIX 70/30	
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
LEVEMIR 100 unit/ml sc soln	3		QL(20 / 30)
LEVEMIR FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	3		QL(15 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LYUMJEV 100 unit/ml inj soln	4		
LYUMJEV KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	4		
MYXREDLIN 100-0.9 ut/100ml-% iv soln	4		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	4		QL(20 / 30)
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	4		
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	4		
NOVOLIN R RELION 100 unit/ml inj soln	4		QL(20 / 30)
NOVOLOG 100 unit/ml inj soln	4		
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	4		
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	4		
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	4		
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	4		
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	4		
NOVOLOG PENFILL 100 unit/ml sc soln cart	4		
NOVOLOG RELION 100 unit/ml inj soln	4		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	3		QL(15 / 30)
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(15 / 30)
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]			
ACD-A NOCLOT-50 0.73-2.45-2.2 gm/100ml in vitro soln	4		
ACTIVASE 100 mg iv soln, 50 mg iv soln	4		
<i>anticoagulant sodium citrate 4 % in vitro soln, 4 gm/100ml in vitro soln</i>	1		
BD HEPARIN POSIFLUSH 10 unit/ml iv soln, 100 unit/ml iv soln	1		
<i>bivalirudin rtu 250 mg/50ml iv soln</i>	6		
CATHFLO ACTIVASE 2 mg inj soln	4		
ELIQUIS 2.5 mg tab, 5 mg tab	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	6	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	6	ARIXTRA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	6		PA
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% iv soln, 2000-0.9 unit/l-% iv soln, 4000-0.9 unit/l-% iv soln</i>	1		
<i>heparin (porcine) in nacl 25000-0.45 ut/500ml-% iv soln, 500-0.9 ut/500ml-% iv soln, 5000-0.9 unit/l-% iv soln, 5000-0.9 ut/500ml-% iv soln</i>	2		
<i>heparin na (pork) lock flsh pf 10 unit/ml iv soln, 100 unit/ml iv soln</i>	1		
<i>heparin sod (pork) lock flush 10 unit/ml iv soln, 100 unit/ml iv soln</i>	1		
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/0.5ml inj soln pfs, 5000 unit/ml inj soln</i>	1		
<i>heparin sodium (porcine) pf 5000 unit/0.5ml inj soln, 5000 unit/ml inj soln</i>	1		
<i>hepmed 100&0.9&2.5-2.5 ut/ml&%&%&% cmb kit</i>	4		
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	3		
JANTOVEN 7.5 mg tab	4		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	4		
<i>sodium citrate lock flush 120 mg/3ml iv soln pfs</i>	2		
TRICITRASOL 46.7 % in vitro conc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
AGRYLIN 0.5 mg cap	4		
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	6		PA
<i>azacitidine 100 mg inj susp</i>	6	VIDAZA	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	6		PA
LEUKINE 250 mcg inj soln	6		
MIRCERA 150 mcg/0.3ml inj soln pfs, 30 mcg/0.3ml inj soln pfs	6		
MOZOBIL 24 mg/1.2ml sc soln	6		PA
MULPLETA 3 mg tab	6		
NPLATE 250 mcg sc soln, 500 mcg sc soln	4		PA
NPLATE 125 mcg sc soln	6		
PROCRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
unit/ml inj soln, 40000 unit/ml inj soln			
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
PROMACTA 12.5 mg pckt	6		
REBLOZYL 25 mg sc soln, 75 mg sc soln	5		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj	6		
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
AMICAR 1000 mg tab	4		
AMICAR 0.25 gm/ml soln	4		
AMICAR 500 mg tab	4		QL(10 / 30)
<i>aminocaproic acid 1000 mg tab</i>	1	AMICAR	
<i>aminocaproic acid 0.25 gm/ml soln</i>	1	AMICAR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aminocaproic acid 500 mg tab</i>	2	AMICAR	QL(10 / 30)
ANDEXXA 200 mg iv soln	4		
ARTISS ext soln	4		
ASTRINGYN 259 mg/gm ext soln	4		
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
CORIFACT 1000-1600 unit iv kit	6		
CYKLOKAPRON 1000 mg/10ml iv soln	6		
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
ESPEROCT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	6		
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	5		PA
FIBRYGA iv soln	6		
GEL-FLOW ext kit	4		
GEL-FLOW NT External Prefilled Syringe	4		
GELFOAM-JMI POWDER ext kit	4		
GELFOAM-JMI SPONGE ext kit	4		
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3500 unit iv soln, 500 unit iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
KCENTRA 1000 unit iv kit, 500 unit iv kit	6		
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
LYSTEDA 650 mg tab	4		
<i>monsels ferric subsulfate ext soln</i>	4		
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA
<i>obizur 500 unit iv soln</i>	2		
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	6		
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
RECOTHROM 20000 unit ext soln, 5000 unit ext soln	4		
RECOTHROM SPRAY KIT 20000 unit ext soln	4		
RIASTAP iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
SEVENFACT 1 mg iv soln, 5 mg iv soln	6		
THROMBIN-JMI 20000 unit ext kit, 5000 unit ext kit	4		
THROMBIN-JMI EPISTAXIS 5000 unit ext kit	4		
THROMBOGEN 1000 unit ext soln, 10000 unit ext kit, 10000 unit ext soln	4		
TISSEEL 10 ml ext kit, 2 ml ext kit, 4 ml ext kit	4		
TISSEEL ext soln	4		
<i>tranexamic acid 1000 mg/10ml iv soln</i>	5	CYKLOKAPRON	
<i>tranexamic acid 650 mg tab</i>	1	LYSTEDA	
<i>tranexamic acid-nacl 1000-0.7 mg/100ml-% iv soln</i>	1		
TRETTEN 2500 unit iv soln	6		
VONVENDI 1300 unit iv soln, 650 unit iv soln	6		
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	5		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
AGGRASTAT 3.75 mg/15ml iv conc	6		
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
CABLIVI 11 mg inj kit	6		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	
DOPTLET 20 mg tab	6		
DURLAZA 162.5 mg cap er 24 hr	4		
EFFIENT 10 mg tab, 5 mg tab	4		
PLAVIX 75 mg tab	4		
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	EFFIENT	
TAVALISSE 100 mg tab, 150 mg tab	6		
YOSPRALA 325-40 mg tab dr, 81-40 mg tab dr	4		
ZONTIVITY 2.08 mg tab	4		
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
AKOVAZ 50 mg/ml iv soln	4		
BIORPHEN 0.5 mg/5ml iv soln	6		
CATAPRES-TTS-1 0.1 mg/24hr tdwk patch	4		
CATAPRES-TTS-2 0.2 mg/24hr tdwk patch	4		
CATAPRES-TTS-3 0.3 mg/24hr tdwk patch	4		
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	CATAPRES	
EMERPHED 5 mg/ml iv soln	6		
<i>ephedrine sulfate 25 mg/5ml iv soln pfs</i>	2		
<i>ephedrine sulfate 50 mg/ml iv soln</i>	1	AKOVAZ	
<i>epinephrine hcl-nacl 4-0.9 mg/250ml-% iv soln, 8-0.9 mg/250ml-% iv soln</i>	2		
<i>epinephrine-dextrose 2-5 mg/250ml-% iv soln</i>	2		
<i>epinephrine-nacl 1-0.9 mg/10ml-% iv soln pfs, 2-0.9 mg/250ml-% iv soln</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	2	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
<i>norepinephrine-dextrose 8-5 mg/500ml-% iv soln</i>	2		
<i>norepinephrine-sodium chloride 8-0.9 mg/500ml-% iv soln</i>	2		
<i>phenylephrine hcl 0.4 mg/10ml iv soln pfs, 0.8 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs</i>	2		
<i>phenylephrine hcl 1 mg/10ml iv soln</i>	6		
<i>phenylephrine hcl (pressors) 0.8 mg/10ml iv soln</i>	6		
<i>phenylephrine hcl-nacl 1-0.9 mg/10ml-% iv soln pfs, 100-0.9 mcg/10ml-% iv soln pfs, 20-0.9 mg/50ml-% iv soln pfs, 5-0.9 mg/50ml-% iv soln pfs</i>	1		
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
DIBENZYLINE 10 mg cap	5		
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	4		
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
ATACAND 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	4		
AVAPRO 150 mg tab, 300 mg tab, 75 mg tab	4		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	4		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COZAAR 100 mg tab, 25 mg tab, 50 mg tab	4		
DIOVAN 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	4		
EDARBI 40 mg tab, 80 mg tab	4		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	2	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
MICARDIS 20 mg tab, 40 mg tab, 80 mg tab	4		
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	2	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
ACCUPRIL 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	4		
ALTACE 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	4		
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	CAPOTEN	
<i>enalapril maleate 1 mg/ml soln</i>	1	EPANED	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	VASOTEC	
EPANED 1 mg/ml soln	4		
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
LOTENSIN 10 mg tab, 20 mg tab, 40 mg tab	4		
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	2	UNIVASC	

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>procainamide hcl 100 mg/ml inj soln, 500 mg/ml inj soln</i>	1	PRONESTYL	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	2		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	4		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	4		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
SOTYLIZE 5 mg/ml soln	4		
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	6		
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
ATENOLOL+SYRSPEND SF 1 mg/ml susp	4		
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	4		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	COREG CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COREG 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	4		
COREG CR 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		
CORGARD 20 mg tab, 40 mg tab, 80 mg tab	4		
<i>esmolol hcl 100 mg/10ml iv soln pfs</i>	1		
<i>esmolol hcl 2000 mg/100ml iv soln, 2500 mg/250ml iv soln</i>	2		
HEMANGEOL 4.28 mg/ml soln	5		
INDERAL LA 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
KAPSPARGO SPRINKLE 100 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	4		
<i>labetalol hcl 20 mg/4ml iv soln pfs</i>	6		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	NORMODYNE	
<i>labetalol hcl-dextrose 200-5 mg/200ml-% iv soln</i>	6		
<i>labetalol hcl-sodium chloride 100-0.72 mg/100ml-% iv soln, 200-0.72 mg/200ml-% iv soln, 300-0.72 mg/300ml-% iv soln</i>	6		
LOPRESSOR 100 mg tab, 50 mg tab	4		
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	INDERAL LA	
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	4		
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
TOPROL XL 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
AMLODIPINE BES+SYRSPEND SF 1 mg/ml susp	4		
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CALAN SR 120 mg tab er, 180 mg tab er	4		
CARDENE IV 20-0.86 mg/200ml-% iv soln, 40-0.83 mg/200ml-% iv soln	5		
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	4		
CARDIZEM CD 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	4		
CARDIZEM LA 120 mg tab er 24 hr	4		
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	4		
CONJUPRI 2.5 mg tab, 5 mg tab	4		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	CARDIZEM CD	
<i>diltiazem hcl-dextrose 125-5 mg/125ml-% iv soln</i>	1		
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	2	DYNACIRC	
KATERZIA 1 mg/ml susp	4		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	
<i>nicardipine hcl in nacl 1-0.9 mg/10ml-% iv soln pfs</i>	2		
<i>nicardipine hcl in nacl 20-0.9 mg/200ml-% iv soln, 40-0.9 mg/200ml-% iv soln</i>	6		
<i>nifedipine 10 mg cap, 20 mg cap</i>	2	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	SULAR	
NORVASC 10 mg tab, 2.5 mg tab, 5 mg tab	4		
NYMALIZE 6 mg/ml soln	4		
PROCARDIA XL 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	4		
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	4		
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	3		
TAZTIA XT 360 mg cap er 24 hr	4		
TIADYLT ER 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	4		
TIAZAC 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	4		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	2	CALAN	
<i>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</i>	2	VERELAN	
VERELAN 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	4		
VERELAN PM 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
ALDACTAZIDE 25-25 mg tab	4		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	2	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	2	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	2	AZOR	
<i>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</i>	2	EXFORGE HCT	
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	4		
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	
<i>atropine sulfate 0.4 mg/ml iv soln, 1 mg/ml iv soln</i>	1		
<i>atropine sulfate 8 mg/20ml inj soln</i>	2		
<i>atropine sulfate (pf) 0.4 mg/ml inj soln, 1 mg/ml inj soln</i>	2		
AVALIDE 150-12.5 mg tab, 300-12.5 mg tab	4		
AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	2	LOTENSIN HCT	
BENICAR HCT 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	4		
BIDIL 20-37.5 mg tab	4		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	2	ZIAC	
CADUET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	4		
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	2	ATACAND HCT	
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	2	CAPOZIDE	
CORLANOR 5 mg tab, 7.5 mg tab	4		
CORLANOR 5 mg/5ml soln	4		
DEMSEER 250 mg cap	4		
DIGITEK 250 mcg tab	3		
DIGITEK 125 mcg tab	4		
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
DIOVAN HCT 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	4		
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	4		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		
<i>ephedrine sulfate-nacl 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EXFORGE 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	4		
EXFORGE HCT 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	4		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	MONOPRIL-HCT	
GIAPREZA 2.5 mg/ml iv soln	5		
HYZAAR 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	4		
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
KERENDIA 10 mg tab, 20 mg tab	4		
LANOXIN 125 mcg tab, 250 mcg tab, 62.5 mcg tab	4		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
LOTREL 10-20 mg cap, 10-40 mg cap, 5-10 mg cap, 5-20 mg cap	4		
MAXZIDE 75-50 mg tab	4		
MAXZIDE-25 37.5-25 mg tab	4		
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	5	DEMSER	
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	4		
<i>milrinone lactate 10 mg/10ml iv soln, 20 mg/20ml iv soln, 50 mg/50ml iv soln</i>	1		
<i>milrinone lactate in dextrose 20-5 mg/100ml-% iv soln, 40-5 mg/200ml-% iv soln</i>	1		
NEXLIZET 180-10 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NIPRIDE RTU 20-0.9 mg/100ml-% iv soln	6		
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	2	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
PRESTALIA 14-10 mg tab, 3.5-2.5 mg tab, 7-5 mg tab	4		
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab, 20-25 mg tab</i>	2	ACCURETIC	
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	4		
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
<i>sure result o3d3 system 1 & 1000 gm & unit oral kit</i>	4		
TEKTURNA 150 mg tab, 300 mg tab	4		
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 mg tab	3		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	4		
TENORETIC 50 50-25 mg tab	4		
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	2	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
TRIBENZOR 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VASERETIC 10-25 mg tab	4		
<i>vasopressin-dextrose 20-5 ut/100ml-% iv soln</i>	2		
VECAMYL 2.5 mg tab	4		
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	4		PA
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
ZIAC 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	4		
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	BUMEX	
BUMEX 0.5 mg tab	4		
EDECIN 25 mg tab	4		
<i>ethacrynic acid 25 mg tab</i>	2	EDECIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>furosemide in sodium chloride 100-0.9 mg/100ml-% iv soln</i>	6		
LASIX 20 mg tab, 40 mg tab, 80 mg tab	4		
<i>torseamide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	4		
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
CAROSPIR 25 mg/5ml susp	4		
DYRENIUM 100 mg cap, 50 mg cap	4		
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSPRA	
INSPRA 25 mg tab, 50 mg tab	4		
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	2	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
DIURIL 250 mg/5ml susp	4		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	ZAROXOLYN	
THALITONE 15 mg tab	4		
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	2	LIPOFEN	
<i>fenofibrate 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
FENOGLIDE 120 mg tab, 40 mg tab	4		
FIBRICOR 105 mg tab, 35 mg tab	4		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
LOPID 600 mg tab	4		
TRICOR 145 mg tab, 48 mg tab	4		
TRILIPIX 135 mg cap dr, 45 mg cap dr	4		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
CRESTOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	4		
EZALLOR SPRINKLE 10 mg cap sprinkle, 20 mg cap sprinkle, 40 mg cap sprinkle, 5 mg cap sprinkle	4		
<i>flolipid 20 mg/5ml susp, 40 mg/5ml susp</i>	4		
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	2	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LESCOL XL 80 mg tab er 24 hr	4		
LIPITOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	4		
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	2	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
ZOCOR 10 mg tab, 20 mg tab, 40 mg tab	4		
ZYPITAMAG 2 mg tab, 4 mg tab	4		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	2	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	2	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	2	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	2	WELCHOL	
COLESTID 1 gm tab, 5 gm pckt	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COLESTID 5 gm oral gr	4		
COLESTID FLAVORED 5 gm pckt	4		
COLESTID FLAVORED 5 gm oral gr	4		
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	2	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	2	COLESTID	
EVKEEZA 1200 mg/8ml iv soln	6		
<i>ezetimibe 10 mg tab</i>	2	ZETIA	
<i>ezetimibe-rosuvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab</i>	1	ROSZET	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	2	VYTORIN	
<i>icosapent ethyl 1 gm cap</i>	1	VASCEPA	
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	6		
LOVAZA 1 gm cap	4		
NEXLETOL 180 mg tab	4		
<i>niacin (antihyperlipidemic) 500 mg tab</i>	2	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
NIACOR 500 mg tab	4		
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	5		PA
PREVALITE 4 gm pckt	4		
PREVALITE 4 gm/dose oral pwdr	4		
QUESTRAN 4 gm pckt	4		
QUESTRAN 4 gm/dose oral pwdr	4		
QUESTRAN LIGHT 4 gm/dose oral pwdr	4		
REPATHA 140 mg/ml sc soln pfs	4		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	4		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	4		PA
ROSZET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VASCEPA 0.5 gm cap, 1 gm cap	4		
VYTORIN 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	4		
WELCHOL 3.75 gm pckt, 625 mg tab	4		
ZETIA 10 mg tab	4		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<i>papaverine hcl 30 mg/ml inj soln</i>	1		
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
GONITRO 400 mcg Sublingual Packet	4		
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	4		
<i>isosorbide dinitrate 40 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
NITRO-BID 2 % td oint	4		
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	4		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	2	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NITROLINGUAL 0.4 mg/spray tl soln	4		
NITROMIST 400 mcg/spray tl aer soln	4		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	4		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	4		
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]			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	4		
ADDERALL XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	4		
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating	4		
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1		
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab,</i>	2	ADDERALL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab			
AZSTARYS 26.1-5.2 mg cap, 39.2-7.8 mg cap, 52.3-10.4 mg cap	4		
DESOXYN 5 mg tab	4		
DEXEDRINE 10 mg cap er 24 hr, 15 mg cap er 24 hr	4		
dextroamphetamine sulfate 10 mg tab, 5 mg tab	2	DEXTROSTAT	
dextroamphetamine sulfate 5 mg/5ml soln	2	PROCENTRA	
dextroamphetamine sulfate 15 mg tab, 20 mg tab, 30 mg tab	1	ZENZEDI	
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	2	DEXEDRINE	
DYANAVEL XR 2.5 mg/ml susp er	4		
EVEKEO 10 mg tab, 5 mg tab	4		
EVEKEO ODT 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	4		
lisdexamfetamine dimesylate 40 mg cap	2		
methamphetamine hcl 5 mg tab	1	DESOXYN	
MYDAYIS 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr	4		
PROCENTRA 5 mg/5ml soln	4		
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		
ZENZEDI 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	4		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
APTENSIO XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er	4		

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr			
KAPVAY 0.1 mg tab er 12 hr	4		
METHYLIN 10 mg/5ml soln, 5 mg/5ml soln	4		
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	2		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	2	METADATE CD	
<i>methylphenidate hcl er (la) 60 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	2	RITALIN LA	
<i>methylphenidate hcl er (osm) 72 mg tab er</i>	1		
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
<i>methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	APTENSIO XR	
QELBREE 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	4		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	4		
RELEXXII 72 mg tab er	4		
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	4		
RITALIN LA 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	4		
STRATTERA 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	4		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
ADDYI 100 mg tab	4		
AUSTEDO 12 mg tab, 6 mg tab, 9 mg tab	6		
<i>caffeine citrate 20 mg/ml soln, 60 mg/3ml soln</i>	1		
CONVENIENCE PAK 600 & 5 mg & % cmb pack	4		
EXSERVAN 50 mg oral film	5		
GRALISE 300 (9) & 600(24) mg oral misc, 300 mg tab, 600 mg tab	4		
HORIZANT 300 mg tab er, 600 mg tab er	4		
INGREZZA 40 & 80 mg cap pack, 40 mg cap, 60 mg cap, 80 mg cap	5		
NUEDEXTA 20-10 mg cap	4		
PLENITY cap	6		
PLENITY WELCOME KIT cap	6		
RADICAVA 30 mg/100ml iv soln	6		
RILUTEK 50 mg tab	6		PA
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	PA
TIGLUTIK 50 mg/10ml susp	5		
VYLEESI 1.75 mg/0.3ml sc soln auto-inj	4		
XENAZINE 12.5 mg tab, 25 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA 20 mg/ml soln	4		PA
LYRICA 225 mg cap, 300 mg cap	4		PA, QL(60 / 30)
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	4		PA, QL(90 / 30)
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		PA, QL(30 / 30)
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap</i>	2	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	2	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	4		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	4		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AMPYRA 10 mg tab er 12 hr	5		
AUBAGIO 14 mg tab, 7 mg tab	5		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
BAFIERTAM 95 mg cap dr	6		
BETASERON 0.3 mg sc kit	5		PA
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	5	TECFIDERA STARTER PACK	PA
EXTAVIA 0.3 mg sc kit	6		
<i> fingolimod hcl 0.5 mg cap</i>	5	GILENYA	PA
GILENYA 0.25 mg cap	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GILENYA 0.5 mg cap	5		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
GLATOPA 40 mg/ml sc soln pfs	5		PA
<i>glatopa 20 mg/ml sc soln pfs</i>	5	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA
LEMTRADA 12 mg/1.2ml iv soln	6		
MAVENCLAD (10 TABS) 10 mg tab pack	6		
MAVENCLAD (4 TABS) 10 mg tab pack	6		
MAVENCLAD (5 TABS) 10 mg tab pack	6		
MAVENCLAD (6 TABS) 10 mg tab pack	6		
MAVENCLAD (7 TABS) 10 mg tab pack	6		
MAVENCLAD (8 TABS) 10 mg tab pack	6		
MAVENCLAD (9 TABS) 10 mg tab pack	6		
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
OCREVUS 300 mg/10ml iv soln	5		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
PONVORY 20 mg tab	6		
PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 mg tab pack	6		
REBIF 22 mcg/0.5ml sc soln pfs, 44 mcg/0.5ml sc soln pfs	6		
REBIF REBIDOSE 22 mcg/0.5ml sc soln auto-inj, 44 mcg/0.5ml sc soln auto-inj	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 mcg sc soln auto-inj	6		
REBIF TITRATION PACK 6X8.8 & 6X22 mcg sc soln pfs	6		
TECFIDERA 120 & 240 mg cap dr pack, 120 mg cap dr, 240 mg cap dr	5		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	5	AUBAGIO	PA
TYSABRI 300 mg/15ml iv conc	5		PA
VUMERITY 231 mg cap dr	5		PA
ZEPOSIA 0.92 mg cap	5		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG & 0.46MG 0.92mg(21) cap pack	5		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	4		
ARESTIN 1 mg dental misc	5		
BOCASAL m/t pckt	4		
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	
EVOXAC 30 mg cap	4		
FIRST-MOUTHWASH BLM m/t susp	4		
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
MUGARD m/t liq	5		
NEUTRASAL m/t pckt	4		
NUMOISYN m/t liq	4		
ORALONE 0.1 % m/t paste	4		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
SALAGEN 5 mg tab, 7.5 mg tab	4		
SALIVAMAX m/t pckt	4		
<i>silatrix 10 % m/t gel</i>	6		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	KENALOG IN ORABASE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatitis And Pruritus Agent- Drugs To Treat Skin Conditions [Agentes Para La Dermatitis Y Pruritus - Medicamentos Para Tratar Condiciones De La Piel]			
ADVANCED ALLERGY COLLECTION 2.5 % ext kit	4		
ALA SCALP 2 % lot	4		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	ACLOVATE	
<i>amcinonide 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	4		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	2	LUXIQ	
BRYHALI 0.01 % lot	4		
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp</i>	1	TACLONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	2	TACLONEX	
CAPEX 0.01 % shampoo	4		
<i>chlooxia 0.05-4 % crm, 0.05-4 % oint</i>	4		
<i>chlooxia 0.05-4 % ext soln</i>	4		
<i>clobetasol prop emollient base 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	2	OLUX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	2	OLUX-E	
<i>clobetavix 0.05 % ext kit</i>	4		
CLOBEX 0.05 % lot, 0.05 % shampoo	4		
CLOBEX SPRAY 0.05 % ext liq	4		
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % ext kit	4		
CLODAN 0.05 % shampoo	4		
CLODERM 0.1 % crm	4		
CORDRAN 4 mcg/sqcm tape	4		
CORDRAN 0.025 % crm, 0.05 % crm, 0.05 % oint	4		
CORDRAN 0.05 % lot	4		
CORTANE-B 10-10-1 mg/ml lot	4		
DERMA-SMOOTH/FS BODY 0.01 % ext oil	4		
DERMA-SMOOTH/FS SCALP 0.01 % ext oil	4		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
DESOWEN 0.05 % crm	4		
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	2	TOPICORT	
<i>desoximetasone 0.25 % ext liq</i>	1	TOPICORT SPRAY	
DESRX 0.05 % gel	4		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	2	PSORCON	
<i>diochloy 0.005-0.05 % ext soln</i>	4		
DIPROLENE 0.05 % oint	4		
DUOBRII 0.01-0.045 % lot	4		
ENSTILAR 0.005-0.064 % foam	4		
EPIFOAM 1-1 % foam	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	2	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	2	DERMA-SMOOTHIE/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2	DERMA-SMOOTHIE/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	2	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	2	LIDEX	
<i>fluocinonide 0.1 % crm</i>	2	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	2	LIDEX-E	
FLUOPAR 0.1 & 5 % ext kit	4		
<i>fluovix 0.1 % ext pack</i>	4		
<i>fluovix plus 0.1 % ext pack</i>	4		
<i>flurandrenolide 0.05 % crm</i>	2	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	2	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	2	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	
<i>halobetasol propionate 0.05 % foam</i>	4		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	2	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	4		
HALOG 0.1 % ext soln	4		
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	2	HYTONE	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2	PRAMOSONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	2	LOCROID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	2	LOCROID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	2	LOCROID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	2	WESTCORT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IMPEKLO 0.15 MG/ACT (0.05%) lot	4		
IMPOYZ 0.025 % crm	4		
KENALOG 0.147 mg/gm ext aer soln	4		
LEXETTE 0.05 % foam	4		
<i>lidocaine-hydrocortisone ace 1-1 % crm</i>	1		
LOCOID 0.1 % lot	4		
LOCOID LIPOCREAM 0.1 % crm	4		
LUXIQ 0.12 % foam	4		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
NUCORT 2 % lot	4		
NUTRIARX CREAMPAK 0.1 & 5 % ext kit	4		
OLUX 0.05 % foam	4		
OLUX-E 0.05 % foam	4		
PANDEL 0.1 % crm	4		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % crm, 1-2.5 % oint	4		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	4		
<i>pramoxine-hc 1-2.35 % crm</i>	1		
<i>prednicarbate 0.1 % oint</i>	2	DERMATOP	
PROGRAF 1 mg pkt	6		
QUINIXIL 0.1 & 5 % ext pack	4		
RADIAURA 3-0.5 % crm	4		
<i>sanadermr skin repair 0.1 & 5 % ext kit</i>	4		
SCALACORT DK 2 & 2-2 % ext kit	4		
SCARZEN SKIN REPAIR 0.1 & 5 % (lotion) ext kit	4		
SERNIVO 0.05 % ext emul	4		
SILA III 0.1 % ext pack	4		
SYNALAR 0.025 % crm, 0.025 % oint	4		
SYNALAR 0.01 % ext soln	4		
SYNALAR (CREAM) 0.025 % ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYNALAR (OINTMENT) 0.025 % ext kit	4		
SYNALAR TS 0.01 % ext kit	4		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	4		
TASOPROL 0.05 % ext kit	4		
TEXACORT 2.5 % ext soln	4		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	4		
TOPICORT SPRAY 0.25 % ext liq	4		
TOVET 0.05 % ext kit, 0.05 % foam	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	2	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
<i>triamcinolone in absorbbase 0.05 % oint</i>	2	TRIANEX	
TRIANEX 0.05 % oint	4		
TRIDERM 0.5 % crm	4		
TRIDESILON 0.05 % crm	4		
TRILOCICLO 0.1 & 8 % ext kit	4		
TRITOCIN 0.05 % oint	4		
TRIVIX 0.1 & 5 % ext kit	4		
ULTRAVATE 0.05 % lot	4		
VANOS 0.1 % crm	4		
VERDESO 0.05 % foam	4		
WYNZORA 0.005-0.064 % crm	4		
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ABSORICA 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	4		
ABSORICA LD 16 mg cap, 24 mg cap, 32 mg cap, 8 mg cap	4		
ACANYA 1.2-2.5 % gel	4		ST
AC CUTANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>acioxaiy 15-4 % crm</i>	4		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
ACNESIC 0.5 % gel	4		
ACZONE 5 % gel, 7.5 % gel	4		
<i>adainzde 0.3-2.5-1 % gel</i>	4		
<i>adainzoxia 0.3-2.5-4 % gel</i>	4		
<i>adapalene 0.1 % ext soln</i>	1		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	
<i>adapalene 0.1 % gel</i>	4	DIFFERIN	
<i>adapalene 0.1 % pad</i>	1	PLIXDA	
<i>adapalene treatment 0.1 % gel</i>	4	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % pad</i>	1		
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
<i>adeinzde 0.1-2.5-1 % gel</i>	4		
AKLIEF 0.005 % crm	3		
<i>alevamax crm</i>	4		
ALTRENO 0.05 % lot	3		
AMELUZ 10 % gel	4		
AMNESTEEM 10 mg cap, 20 mg cap, 40 mg cap	4		
AMZEEQ 4 % foam	4		
ANA-LEX 2-2 % rect kit	4		
ANALPRAM HC 2.5-1 % crm	4		
ANALPRAM HC SINGLES 2.5-1 % crm	4		
ANALPRAM-HC 1-1 % crm	4		
ANALPRAM-HC 2.5-1 % lot	4		
ARAZLO 0.045 % lot	4		
<i>atopaderm crm</i>	4		
ATOPICLAIR crm	4		
ATRALIN 0.05 % gel	3		
AVAR CLEANSER 10-5 % ext liq	4		
AVAR LS CLEANSER 10-2 % ext liq	4		
AVAR-E EMOLLIENT 10-5 % crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVAR-E GREEN 10-5 % crm	4		
AVAR-E LS 10-2 % crm	4		
<i>aveidaoxia 1-1-4 % gel</i>	4		
AVITA 0.025 % crm, 0.025 % gel	4		PA
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	4		
<i>balsam peru-castor oil oint</i>	1		
<i>bensal hp 3 % oint</i>	4		
BENZAMYCIN 5-3 % gel	4		ST
BENZEPRO 5.8 % ext misc	4		
BENZEPRO 5.2 % foam, 5.3 % foam, 9.7 % foam	4		
BENZEPRO 6.8 % ext liq	4		
BENZEPRO CREAMY WASH 7 % ext liq	4		
BENZEPRO FOAMING CLOTHS 6 % ext misc	4		
<i>benzoin External Tincture</i>	1		
<i>benzoin compound External Tincture</i>	1		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	1		
<i>benzoyl peroxide 6.5 % gel</i>	1		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide 8 % gel</i>	2	BREVOXYL	
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	
<i>boric acid External Granules</i>	1		
BOTOX 100 unit inj soln, 200 unit inj soln	6		PA
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bpc oint</i>	4		
<i>bpo 4 % gel</i>	4		
<i>bpo 8 % gel</i>	4	BREVOXYL	
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	2	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>calcipotriene 0.005 % foam</i>	1	SORILUX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CALCITRENE 0.005 % oint	4		
<i>calcitriol 3 mcg/gm oint</i>	2	VECTICAL	
CEM-UREA 45 % ext soln	4		
CERACADE ext emul	4		
CEROVEL 40 % lot	4		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		
CLENIA PLUS 9-4.25 % ext susp	4		
CLINDACIN ETZ 1 % ext kit	4		
CLINDACIN PAC 1 % ext kit	4		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1- 5 % gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	
<i>clindavix 1 & 1.8-2 % ext kit</i>	4		
CLINOIN 1.25-0.025-1 % crm	4		
<i>coal tar 20 % ext soln</i>	1		
CONDYLOX 0.5 % gel	4		
COPASIL gel	4		
<i>cvs adapalene 0.1 % gel</i>	4	DIFFERIN	
<i>dapsone 5 % gel, 7.5 % gel</i>	2	ACZONE	
DELUO ext soln	4		
<i>deoxia 1-4 % gel, 1-4 % lot</i>	4		
DERMACINRX CLORHEXACIN 4 & 2 & 5 % (oint) ext kit	4		
<i>dermacinrx surgical combopak cmb kit</i>	4		
DERMELLE gel	4		
DEXERYL crm	4		
<i>diadimaxia 6-2-5 % gel</i>	4		
<i>diaoxia 6-4 % gel</i>	4		
<i>diasdimaxia 8.5-2-5 % gel</i>	4		
<i>diasoxia 8.5-4 % gel</i>	4		
DIFFERIN 0.1 % crm, 0.1 % gel, 0.3 % gel	4		
DIFFERIN 0.1 % lot	4		
<i>dimoxia 4-5 % gel</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	2	ORACEA	
<i>draxace lotion cleanser 2-8 % ext susp</i>	4		
<i>draxacey 2-8 % ext susp</i>	4		
<i>draxacey 2-8 % ext susp</i>	4		
<i>drixece 5-10 % ext susp</i>	4		
DRYSOL 20 % ext soln	4		
DYSPORT 300 unit im soln, 500 unit im soln	4		
<i>eceoxia 4-10 % crm</i>	4		
ELETONE crm	4		
EMULSION SB ext emul	4		
ENZOCLEAR 9.8 % foam	4		
EPICERAM ext emul	4		
EPIDUO 0.1-2.5 % gel	3		
EPIDUO FORTE 0.3-2.5 % gel	3		
ESKATA 40 % ext soln	6		
<i>ethoxia 4-0.05 % crm</i>	4		
EUCRISA 2 % oint	5		
FABIOR 0.1 % foam	4		
FINACEA 15 % foam, 15 % gel	4		
<i>formaldehyde 10 % ext soln, 37 % ext soln</i>	1		
GENADUR cmb kit	4		
GORDOFILM 16.7-16.7 % ext soln	4		
HALUCORT gel	4		
HPR PLUS crm	4		
HPR PLUS HYDROGEL ext kit	4		
HYDRO 40 40 % foam	4		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	2	ANALPRAM HC	
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	2	ANALPRAM HC	
HYLATOPIC PLUS crm	4		
HYLATOPIC PLUS lot	4		
<i>imiquimod 5 % crm</i>	2	ALDARA	
<i>imiquimod 3.75 % crm</i>	1	ZYCLARA	PA
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	PA
<i>imiquimod pump 3.75 % crm</i>	2	ZYCLARA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INOVA 4 & 5 % ext kit, 8 & 5 % ext kit	4		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % ext kit	4		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % ext kit	4		
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>ithoxia 4-0.1 % crm</i>	4		
<i>ivermectin 1 % crm</i>	1	SOOLANTRA	
KAMDOY ext emul	4		
KERALYT 6 % gel	4		
KERALYT 6 % shampoo	4		
KERALYT SCALP 6 % ext kit	4		
KIVIK ext emul	4		
KLISYRI 1 % oint	6		
<i>lactic acid 10 % lot</i>	1	LACTINOL	
<i>lactic acid e 10-3500 %-unt/30gm crm</i>	1		
<i>lavare wound wash gel</i>	4		
LEVULAN KERASTICK 20 % ext soln	4		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	2	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	2	RECTAGEL HC	
LIDOCORT 3-0.5 % crm	4		
METROCREAM 0.75 % crm	4		
METROGEL 1 % gel	4		
METROLOTION 0.75 % lot	4		
<i>metronidazole 0.75 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
MIMYX crm	4		
MIRVASO 0.33 % gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
MYORISAN 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		
NEOSALUS crm	4		
NEOSALUS lot	4		
NEUAC 1.2-5 % ext kit, 1.2-5 % gel	4		
NIVATOPIC PLUS crm	4		
NORITATE 1 % crm	4		
NUCARACLINPAK 1 % ext kit	4		
NUCARARXPAK 1-2.5 % ext kit	4		
NUSURGEPAK SURGICAL PREP/CARE 4 & 2 & 5 % (oint) ext kit	4		
NUVAIL ext soln	4		
ONEXTON 1.2-3.75 % gel	3		
<i>onzdeoxia 1-5-4 % gel</i>	4		
ORACEA 40 mg cap dr	4		
OVACE PLUS 10 % crm	4		
<i>oxianujo 4-0.1 % crm, 4-0.1 % oint</i>	4		
<i>oxiatar 4-0.025 % crm</i>	4		
<i>oxiavarry 4-0.05 % crm</i>	4		
<i>oxiazar 4-0.1 % crm</i>	4		
PENLEN ext emul	4		
PHLAG SPRAY ext emul	4		
PLEXION 9.8-4.8 % crm, 9.8-4.8 % lot	4		
PLEXION CLEANSER 9.8-4.8 % ext liq	4		
PLEXION CLEANSING CLOTH 9.8-4.8 % pad	4		
PODOCON-25 25 % ext soln	4		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
PR BENZOYL PEROXIDE 6.9 % ext liq	4		
PR BENZOYL PEROXIDE WASH 7 % ext liq	4		
PR BENZOYL PEROXIDE WASH 7 % ext liq	4		
PR CREAM ext kit	4		
PROCORT 1.85-1.15 % crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROCTOFOAM HC 1-1 % foam	4		
PROMISEB crm	4		
PROSILK gel	4		
PRUCLAIR crm	4		
PRUDOXIN 5 % crm	4		
PRUMYX crm	4		
<i>pyrogalllic acid 25-2 % oint</i>	1		
QBREXZA 2.4 % pad	4		
<i>quihoxvar 5-1-0.05 % gel</i>	4		
RECEDO gel	4		
RECTIV 0.4 % rect oint	4		
REGENECARE 2 % gel	4		
REGENECARE 2 % gel	4		
REGRANEX 0.01 % gel	4		
<i>remigen crm</i>	4		
<i>resorcinol-sulfur 2-5 % lot</i>	1		
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	3		PA
RETIN-A MICRO 0.04 % gel, 0.1 % gel	3		PA
RETIN-A MICRO PUMP 0.04 % gel, 0.1 % gel	3		PA
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	4		PA
REXASIL PATCH & VITAMIN E LIQ ext kit	4		
RHOFADE 1 % crm	4		
<i>roaoxia 3-4 % gel</i>	4		
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	4		
ROSADAN 0.75 % crm, 0.75 % gel	4		
<i>salicylic acid 6 % foam, 6 % gel</i>	1		
<i>salicylic acid 26 % ext soln, 6 % shampoo</i>	1		
<i>salicylic acid er 28.5 % ext soln</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	4		
<i>salicylic acid-cleanser 6 % cream ext kit</i>	1		
<i>salimez 6 % crm</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>salimez forte 10 % crm</i>	4		
SALVAX 6 % foam	4		
SALVAX DUO PLUS 6 & 35 % ext kit	4		
SANTYL 250 unit/gm oint	4		
SCARCARE GEL-PAD KIT/LARGE ext kit	4		
<i>scarcin ext liq</i>	2		
<i>scarcin gel</i>	4		
<i>scarsilk gel</i>	4		
<i>selenium sulfide 2.25 % shampoo</i>	2		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
<i>sm benzoin tincture External Tincture</i>	1		
<i>sm benzoin tincture nfxi External Tincture</i>	1		
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SOOLANTRA 1 % crm	4		
SORILUX 0.005 % foam	4		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
STELARA 130 mg/26ml iv soln	5		PA
STERI-STRIP COMPOUND BENZOIN External Tincture	1		
STRATA CTX gel	4		
STRATA MARK gel	4		
STRATA TRIZ gel	4		
STRATA XRT gel	4		
<i>sulfacetamide sodium 10 % ext liq</i>	2		
<i>sulfacetamide sodium (cleans) 10 % gel</i>	2		
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	2		
<i>sulfacetamide sodium-sulfur 10-2 % ext liq</i>	1	AVAR LS CLEANSER	
<i>sulfacetamide sodium-sulfur 10-2 % crm</i>	1	AVAR-E LS	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % pad</i>	1	PLEXION	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulfacetamide sodium-sulfur 9.8-4.8 % crm, 9.8-4.8 % lot</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	2	PLEXION	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % ext liq</i>	1	PLEXION CLEANSER	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	2	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	2	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	2	SUMAXIN WASH	
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sod-sulfur wash 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	2	ROSULA CLEANSER	
SULFACLEANSE 8/4 8-4 % ext susp	4		
<i>sulfamez wash 10-1 % ext emul</i>	4		
SUMADAN 9-4.5 % ext kit	4		
SUMADAN WASH 9-4.5 % ext liq	4		
SUMADAN XLT 9-4.5 % ext kit	4		
SUMAXIN 10-4 % pad	4		
SUMAXIN CP 10-4 % ext kit	4		
SYNERDERM ext emul	4		
<i>tardeoxia 1-4-0.025 % crm</i>	4		
<i>tardimaxia 2-5-0.025 % gel</i>	4		
<i>taroxia 4-0.025 % crm, 4-0.025 % gel</i>	4		
<i>tazarotene 0.1 % foam</i>	1	FABIOR	
<i>tazarotene 0.1 % crm</i>	2	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
TAZORAC 0.1 % crm	4		PA
TETRIX crm	4		
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
ULTRASAL-ER 28.5 % ext soln	4		
UMECTA MOUSSE 40 % foam	4		
URAMAXIN 45 % gel	4		
<i>urea 35 % foam, 39 % crm, 40 % crm, 41 % crm, 45 % crm, 47 % crm</i>	1		
<i>urea 40 % lot</i>	1	CARMOL 40	
<i>urea hydrating 35 % foam</i>	4		
<i>urea nail 45 % gel</i>	4		
UREDEB 39 % crm	4		
<i>uremez-40 40 % crm</i>	4		
URESOL 42.5 % crm	4		
VANIQA 13.9 % crm	4		
VANOXIDE-HC 5-0.5 % lot	4		
<i>vardimaxia 2-5-0.05 % gel</i>	4		
<i>varoxia 4-0.05 % crm, 4-0.05 % gel</i>	4		
VECTICAL 3 mcg/gm oint	4		
VELTIN 1.2-0.025 % gel	4		ST
VENELEX oint	4		
VEREGEN 15 % oint	4		
VIRASAL 27.5 % ext liq	4		
WINLEVI 1 % crm	4		
XALIX 28 % ext soln	4		
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	6		PA
XERAC AC 6.25 % ext soln	4		
XERALUX crm	4		
XIAFLEX 0.9 mg inj soln	6		
<i>xurea 39 % crm</i>	4		
ZACARE 4 & 0.2 % ext kit, 8 & 0.2 % ext kit	4		
<i>zaclir cleansing 8 % lot</i>	1		
ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZIANA 1.2-0.025 % gel	4		ST
ZILXI 1.5 % foam	4		
ZITHRANOL 1 % shampoo	4		
ZONALON 5 % crm	4		
ZYCLARA 3.75 % crm	4		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	4		
Topical Anti-infectives- Drug To Treat Skin Conditions [Anti-Infectivos Tópicos- Medicamento Para Tratar Condiciones De La Piel]			
CLEOCIN 100 mg vag supp	4		
CLEOCIN 2 % vag crm	4		
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
CLINDESSE 2 % vag crm	4		
GYNAZOLE-1 2 % vag crm	4		
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
<i>miconazole 3 200 mg vag supp</i>	2	MONISTAT	
NUVESSA 1.3 % vag gel	4		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	
VANAZOLE 0.75 % vag gel	4		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
EUFLEXXA 20 mg/2ml i-artic soln pfs	6		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	6		PA
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	6		PA
HYMOVIS 24 mg/3ml i-artic soln pfs	6		
HYRONAN 1 & 2 % inj kit	6		
ORTHOVISC 30 mg/2ml i-artic soln pfs	6		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	6		PA
SYNVISC 16 mg/2ml i-artic soln pfs	6		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	6		PA
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln, 300 mg/6.8ml soln</i>	1		QL(51 / 30), AL
<i>iron supplement 220 (44 Fe) mg/5ml soln</i>	1		QL(51 / 30), AL
ONE VITE FERROUS SULFATE 220 (44 Fe) mg/5ml soln	1		QL(51 / 30), AL
ELECTROLYTES/MINERALS/METALS/VITAMINS- VITAMIN, MINERAL AND BODY FLUID DEFICIENCY DRUGS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>clinimix e/dextrose (8/10) 8 % iv soln</i>	6		
<i>clinimix e/dextrose (8/14) 8 % iv soln</i>	6		
<i>clinimix/dextrose (6/5) 6 % iv soln</i>	6		
<i>clinimix/dextrose (8/10) 8 % iv soln</i>	6		
<i>clinimix/dextrose (8/14) 8 % iv soln</i>	6		
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ACCRUFER 30 mg cap	4		
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	4		QL(18 / 30), AL
<i>calcium gluconate-nacl 1-0.8 gm/100ml-% iv soln, 2-0.675 gm/100ml-% iv soln</i>	6		
CARBAGLU 200 mg tab sol	4		
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
FERAHEME 510 mg/17ml iv soln	6		
FER-IN-SOL 75 (15 Fe) mg/ml soln	4		QL(18 / 30), AL
FERRLECIT 12.5 mg/ml iv soln	4		
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	QL(18 / 30), AL
<i>ferumoxytol 510 mg/17ml iv soln</i>	5	FERAHEME	
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLORIVA 0.25-400 mg-unit/ml liq	4		
fluoritab 0.275 (0.125 F) mg/drop soln	1		AL
GALZIN 25 mg cap, 50 mg cap	4		
ICAR 15 mg/1.25ml susp	1		AL
INFED 50 mg/ml inj soln	4		PA
INJECTAFER 750 mg/15ml iv soln	4		
iron (ferrous sulfate) 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
iron infant & toddler 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
iron infant/toddler 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
iron supplement 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
iron supplement childrens 75 (15 Fe) mg/ml soln	1	FER-IN-SOL	QL(18 / 30), AL
IRON UP 15 mg/0.5ml liq	4		AL
ISOLYTE-S iv soln	4		
JYNARQUE 15 mg tab pack, 30 & 15 mg tab pack	5		
JYNARQUE 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	6		
kcl (in nacl 0.9%) 40 meq/500ml iv soln	2		
kcl-lidocaine-nacl 10-10 MEQ-MG /100ml iv soln	1		
KLOR-CON 20 meq pckt	3		
KLOR-CON 8 meq tab er	4		
KLOR-CON 10 10 meq tab er	4		
KLOR-CON M10 10 meq tab er	3		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	4		
KLOR-CON/EF 25 meq tab eff	3		
K-PHOS 500 mg tab	4		
K-PHOS NO 2 305-700 mg tab	4		
K-PHOS-NEUTRAL 155-852-130 mg tab	4		
K-PRIME 25 meq tab eff	4		
K-TAB 10 meq tab er, 20 meq tab er	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>magnesium sulfate 2 gm/50ml iv soln, 20 gm/500ml iv soln, 4 gm/100ml iv soln, 4 gm/50ml iv soln, 40 gm/1000ml iv soln, 50 % inj soln</i>	1		
MONOFERRIC 1000 mg/10ml iv soln	5		
MULTRYIS 60-3-6-1000 mcg/ml iv soln	6		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
NAFRINSE 2.2 (1 F) mg tab chew	4		
NAFRINSE DROPS 0.275 (0.125 F) mg/drop soln	4		AL
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		AL
ORACIT 490-640 mg/5ml soln	4		
<i>pc pediatric iron drops 15 mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	4		
<i>phosphorous 155-852-130 mg tab</i>	1		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
PLASMA-LYTE 148 iv soln	4		
PLASMA-LYTE A iv soln	4		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml soln</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	2	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>potassium chloride er 8 meq tab er</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	MICRO-K	
<i>potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln, 40-0.9 meq/l-% iv soln</i>	1		
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	2	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
<i>potassium phosphates(71 meq k) 45 mmole/15ml iv soln</i>	6		
SAMSCA 15 mg tab, 30 mg tab	6		
<i>selenious acid 60 mcg/ml iv soln</i>	6		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	2	SHOHL'S MODIFIED	
<i>sodium bicarbonate 4.2 % iv soln, 7.5 % iv soln, 8.4 % iv soln</i>	1		
<i>sodium bicarbonate-dextrose 150-5 meq/l-% iv soln</i>	6		
<i>sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln, 3 % iv soln, 4 meq/ml iv soln, 5 % iv soln</i>	1		
<i>sodium chloride (pf) 0.9 % inj soln</i>	1		
<i>sodium fluoride 1.1 (0.5 F) mg tab, 2.2 (1 F) mg tab, 2.2 (1 F) mg tab chew</i>	1		
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
THE LIQUILIFT TRACE 10-1000-500-60 mcg/ml iv kit	6		
<i>tolvaptan 15 mg tab</i>	6	JYNARQUE	
<i>tolvaptan 30 mg tab</i>	6	SAMSCA	
TRALEMENT 300-55-60-3000 mcg/ml iv soln	6		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
UROCIT-K 10 10 MEQ (1080 mg) tab er	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UROCIT-K 15 15 MEQ (1620 mg) tab er	4		
UROCIT-K 5 5 MEQ (540 mg) tab er	4		
VENOFER 20 mg/ml iv soln	4		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>zinc sulfate 3 mg/ml iv soln</i>	6		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
<i>cardioplegia del nido formula perfusion soln</i>	4		
<i>cardioplegia ind plasma high k perfusion soln</i>	4		
<i>cardioplegia ind plasma-tromet perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia induction high k perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia induction low dex perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia induction non-enr perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia main low dextrose perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia main low trometha perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia main plasma-trome perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia maintenance perfusion soln</i>	4	PLEGISOL	
<i>cardioplegia reperfusate 4:1 perfusion soln</i>	4	PLEGISOL	
CHEMET 100 mg cap	4		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	5	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	5	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	5	JADENU SPRINKLE	PA
<i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	5	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	5	FERRIPROX	PA
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FERRIPROX 1000 mg tab, 500 mg tab	5		PA
FERRIPROX 100 mg/ml soln	5		PA
FERRIPROX TWICE-A-DAY 1000 mg tab	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	6		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA
LOKELMA 10 gm pckt, 5 gm pckt	5		
<i>microplegia msa-msg perfusion soln</i>	4	PLEGISOL	
<i>phoxillum b22k4/0 22-4-1 meq-mmol/l Extracorporeal Solution</i>	4		
<i>phoxillum bk4/2.5 32-4-2.5-1 meq-mmol/l Extracorporeal Solution</i>	4		
PRISMASOL B22GK 4/0 22-4 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 0/2.5 32-2.5 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 2/0 32-2 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 2/3.5 32-2-3.5 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 4/0/1.2 32-4-1.2 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 4/2.5 32-4-2.5 meq/l Extracorporeal Solution	4		
PRISMASOL BK 0/0/1.2 32-1.2 meq/l Extracorporeal Solution	4		
REGIOCIT 0.529 % Extracorporeal Solution	4		
<i>sodium polystyrene sulfonate oral pwr</i>	2	KAYEXALATE	
SPS 15 gm/60ml susp	4		
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	4		
<i>calcium acetate 667 mg tab</i>	1	ELIPHOS	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>calcium acetate (phos binder) 667 mg tab</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
FOSRENOL 500 mg tab chew	4		
FOSRENOL 1000 mg pckt, 1000 mg tab chew, 750 mg pckt, 750 mg tab chew	4		PA
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	4		
RENAGEL 800 mg tab	4		
RENVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	4		
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt</i>	1	RENVELA	
<i>sevelamer carbonate 800 mg tab</i>	2	RENVELA	
<i>sevelamer hcl 400 mg tab</i>	1	RENAGEL	
<i>sevelamer hcl 800 mg tab</i>	2	RENAGEL	
VELPHORO 500 mg tab chew	4		
Vitamins- Vitamin, Mineral And Body Fluid Deficiency Drugs [Vitaminas- Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABANEU-SL 600-600 mcg tab subli	4		
ABATRON liq	4		AL
<i>active fe 75-1.25 mg tab</i>	4		
AIRAVITE 2.5-25-1 mg tab	4		
ATABEX EC 29-1 mg tab dr	4		
ATABEX OB 29-1 mg tab	4		
<i>azesco 13-1 mg tab</i>	4		
<i>b-6 folic acid 8.333-100-1 mg cap</i>	1		
BENTIVITE 35-1 mg tab	4		
<i>bite-a-mins/iron 15 mg tab chew</i>	1		AL
<i>bp vit 3 1 mg cap</i>	4		
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	4		
CENFOL 2.3-24.5-2 mg tab	4		
CENTRATEX 106-1 mg cap	4		
CEROVITE JR 18 mg tab chew	1		AL
<i>childrens animal shapes 18 mg tab chew</i>	1		AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
<i>cholecal df 1-3800 mg-unit tab</i>	4		
CIFEREX 1-3775 mg-unit cap	4		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
CITRANATAL BLOOM 90-1 mg tab	4		
CITRANATAL DHA 27-1 & 250 mg oral misc	4		
CITRANATAL HARMONY 27-1-260 mg cap	4		
CITRANATAL MEDLEY 27-1-200 mg cap	4		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	4		
CONCEPT DHA 53.5-38-1 mg cap	4		
CONCEPT OB 130-92.4-1 mg cap	4		
CORVITA 150 150-1.25 mg tab	4		
CORVITE 150 tab, 150-1.25 mg tab	4		
<i>corvite fe tab</i>	4		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cyanocobalamin 1000 mcg/ml inj soln, 2000 mcg/ml inj soln</i>	1		
DERMACINRX PRETRATE 1 mg tab	4		
DRISDOL 1.25 MG (50000 ut) cap	3		
DUET DHA 400 25-1 & 400 mg oral misc	4		
DUET DHA BALANCED 25-1 & 267 mg oral misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ELITE-OB 50-1.25 mg tab	4		
ENBRACE HR cap	4		
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eq1 child multivit/minerals 18 mg tab chew</i>	1		AL
<i>ergocalciferol 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
FA-8 0.8 mg cap	1		QL(30 / 30), AL
<i>fabb 2.2-25-1 mg tab</i>	4		
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1		
<i>feonyx tab</i>	4		
FERIVA 21/7 75-1 mg tab	4		
FERIVAF 110-1 mg cap	4		
<i>ferocon cap</i>	4		
<i>ferotinsic cap</i>	4		
FERRALET 90 90-1 mg tab	4		
FERROCITE PLUS 106-1 mg tab	4		
FERRO-PLEX 115-1 mg tab	6		
FLINTSTONES COMPLETE 10 mg tab chew, 18 mg tab chew	1		AL
FLINTSTONES PLUS EXTRA IRON 18 mg tab chew	1		AL
FLINTSTONES W/IRON 18 mg tab chew	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30)
<i>folbee 2.5-25-1 mg tab</i>	4		
FOLDITAM 1-10000 mg-unit tab	4		
FOLGARD RX 2.2-25-1 mg tab	4		
<i>folic acid 5 mg/ml inj soln</i>	1		
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30)
<i>folic d3 1-3775 mg-unit cap</i>	4		
FOLI-D 1-2000 mg-unit tab	4		
<i>folite tab</i>	4		
FOLIVANE-F 125-1 mg cap	4		
FOLIVANE-OB 85-1 mg cap	4		
FOLIVANE-PLUS cap	4		
FOLIXAPURE 1-5000 mg-unit tab	4		
<i>folplex 2.2 2.2-25-0.5 mg tab</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FOLTRATE 500-1 mcg-mg tab	4		
FOLTREXYL 1-5000 mg-unit tab	4		
<i>foltrin cap</i>	4		
FOLVITE-D 1-3775 mg-unit tab	4		
<i>fruity chews/iron tab chew</i>	1		AL
FUSION PLUS cap	4		
GENICIN VITA-D 1-3775 mg-unit tab	4		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>hematinic plus vit/minerals 106-1 mg tab</i>	4		
<i>hematinic/folic acid 324-1 mg tab</i>	4		
HEMATOGEN FA 200-250-0.01-1 mg cap	4		
HEMOCYTE PLUS 106-1 mg cap	4		
HEMOCYTE-F 324-1 mg tab	4		
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30)
ICAR-C PLUS 100-250-0.025-1 mg tab	4		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	4		
INATAL GT tab	4		
INTEGRA F 125-1 mg cap	4		
INTEGRA PLUS cap	4		
IROSPAN 24/6 oral misc	4		
<i>jenliva prenatal/postnatal 1 mg cap</i>	4		
<i>kosher prenatal plus iron 30-1 mg tab</i>	4		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30)
K-TAN PLUS 162-115.2-1 mg cap	4		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAXFE 160-1.7 mg tab	4		
MULTIGEN 70 mg tab	4		
MULTIGEN FOLIC 70-150-2-1 mg tab	4		
MULTIGEN PLUS 50-101-1 mg tab	4		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
NASCOBAL 500 mcg/0.1ml nasal soln	4		
NATACHEW 28-1 mg tab chew	4		
NATALVIT tab	4		
NEEVO DHA 27-1.13 mg cap	4		
<i>neonatal + dha 29-1 & 200 mg oral misc</i>	4		
<i>neonatal 19 1 mg tab</i>	4		
<i>neonatal complete 29-1 mg tab</i>	4		
<i>neonatal fe 90-1 mg tab</i>	4		
NEPHRON FA tab	4		
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
NESTABS ONE 38-1-225 mg cap	4		
<i>neurin-sl 600-600 mcg tab subl</i>	2		
NIFEREX tab	4		
NIVA-PLUS 27-1 mg tab	4		
NUFERA tab	4		
NUFOL 2.5-25-1 mg tab	4		
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE ONE 50-1-476 mg cap	4		
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		
OBSTETRIX DHA 29-1 & 350 mg oral misc	4		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	4		
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 mg cap	4		
<i>ortho df 1-3775 mg-unit cap</i>	4		
OVEEZA 0.5 mg cap	4		
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
<i>physicians ez use b-12 1000 mcg/ml inj kit</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i>	4		
<i>pnv tabs 20-1 20-1 mg tab</i>	4		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	2		
<i>poly-iron 150 forte 150-25-1 mg-mcg-mg cap</i>	4		
<i>polysaccharide iron forte 150-25-1 mg-mcg-mg cap</i>	4		
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>pregen dha 28-1-35 mg cap</i>	4		
<i>pregenna 20-1 mg tab</i>	4		
PREMESISRX 1 mg tab	4		
<i>prena 1 true 30-1.4 & 300 mg oral misc</i>	4		
<i>prena1 1.4 mg tab chew</i>	4		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	4		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 29-1 mg tab</i>	2		
<i>prenatal plus 27-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	4		
PRENATE 0.6-0.4 mg tab chew	4		
PRENATE AM 1 mg tab	4		
PRENATE DHA 18-0.6-0.4-300 mg cap	4		
PRENATE ELITE 20-0.6-0.4 mg tab	4		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	4		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PRENATE MINI 18-0.6-0.4-350 mg cap	4		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	4		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	4		
<i>prenatvite complete 1 mg tab</i>	4		
<i>prenatvite plus 1 mg tab</i>	4		
<i>prenatvite rx 0.8 mg tab</i>	4		
PRIMACARE 30-1-470 mg cap	4		
PROVIDA OB 20-20-1.25 mg cap	4		
<i>purevit dualfe plus 162-115.2-1 mg cap</i>	4		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30)
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30)
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
<i>relnate dha 28-1-200 mg cap</i>	4		
SELECT-OB 29-0.6-0.4 mg tab chew, 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	4		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30)
TALIVA 1 mg cap	4		
TANDEM PLUS 162-115.2-1 mg cap	4		
<i>taron forte cap</i>	4		
TARON-C DHA 35-1 mg cap	4		
<i>thrivite rx 29-1 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRICARE tab	4		
TRICON cap	4		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	4		
<i>tristart dha 31-0.6-0.4-200 mg cap</i>	4		
TRISTART FREE 33-1 mg cap	4		
TRISTART ONE 35-1-215 mg cap	4		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	4		
VINATE II 29-1 mg tab	4		
VINATE ONE 60-1 mg tab	4		
VIRT-GARD 2.2-25-1 mg tab	4		
<i>virt-nate dha 28-1-200 mg cap</i>	2		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
VITAFOL tab	4		
VITAFOL FE+ 90-0.6-0.4-200 mg cap	4		
VITAFOL GUMMIES 3.33-0.333-34.8 mg tab chew	4		
VITAFOL STRIPS 1 mg oral film	4		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	4		
VITAFOL-NANO 18-0.6-0.4 mg tab	4		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	4		
VITAMEDMD REDICHEW RX 1.4 mg tab chew	4		
VITAMEZ 1 mg cap	4		
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
<i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>	4		
VITAPEARL 30-1.4-200 mg cap er	4		
VITATRUE 30-1.4 & 300 mg oral misc	4		
VIVA DHA 28-1-200 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>westab mini 2.2-25-1 mg tab</i>	4		
<i>westab one 2.5-25-1 mg tab</i>	4		
<i>westgel dha 31-0.6-0.4-200 mg cap</i>	4		
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>zalvit 13-1 mg tab</i>	4		
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	4		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ANASPAZ 0.125 mg tab disint	4		
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	4		
<i>atropine sulfate 0.8 mg/2ml iv soln pfs</i>	1		
<i>atropine sulfate 0.25 mg/5ml inj soln pfs, 0.5 mg/5ml inj soln pfs, 1 mg/10ml inj soln pfs, 1 mg/2.5ml iv soln pfs, 1.2 mg/3ml iv soln pfs</i>	2		
<i>belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp</i>	1		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	2	LIBRAX	
CUVPOSA 1 mg/5ml soln	4		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	2	BENTYL	
DONNATAL 16.2 mg tab	4		
DONNATAL 16.2 mg/5ml oral elix	4		
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
GLYCATE 1.5 mg tab	4		
<i>glycopyrrolate 0.6 mg/3ml inj soln pfs, 0.6 mg/3ml iv soln pfs, 1 mg/5ml inj soln pfs, 1 mg/5ml iv soln pfs</i>	1		
<i>glycopyrrolate 1.5 mg tab</i>	1	GLYCATE	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	ROBINUL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glycopyrrolate pf 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs</i>	1		
GLYRX-PF 0.6 mg/3ml inj soln pfs, 1 mg/5ml inj soln pfs	4		
GLYRX-PF 0.4 mg/2ml inj soln	6		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	2		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	2	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	2	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	2	LEVBID	
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	2		
LEVBID 0.375 mg tab er 12 hr	4		
LEVSIN 0.125 mg tab	4		
LEVSIN/SL 0.125 mg tab subl	4		
LIBRAX 5-2.5 mg cap	4		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	2	PAMINE	
NULEV 0.125 mg tab disint	4		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	DONNATAL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml oral elix</i>	1	DONNATAL	
PHENOHTRO 16.2 mg tab	4		
PHENOHTRO 16.2 mg/5ml oral elix	4		
ROBINUL 1 mg tab	4		
ROBINUL-FORTE 2 mg tab	4		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
AEMCOLO 194 mg tab dr	4		
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	2		QL(336 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
CHENODAL 250 mg tab	4		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
DERMACINRX PROBITRAN cap	4		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	2	LOMOTIL	
ENTEREG 12 mg cap	4		
<i>eq loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
EVIVO liq	6		
GASTROCROM 100 mg/5ml oral conc	4		
GATTEX 5 mg sc kit	6		
GIMOTI 15 mg/act nasal soln	4		
<i>gnp loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
<i>goodsense anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
HELIDAC THERAPY oral misc	4		
<i>hm anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
IMODIUM A-D 1 mg/7.5ml soln	6		
LACTEROL cap	4		
LOMOTIL 2.5-0.025 mg tab	4		
<i>loperamide hcl 2 mg cap</i>	2	IMODIUM	
<i>loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
<i>metoclopramide hcl 5 mg tab disint</i>	2	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	4		ST
MOTOFEN 1-0.025 mg tab	4		
MYTESI 125 mg tab dr	5		PA
OMECLAMOX-PAK 500-500-20 mg oral misc	4		
<i>opium 10 MG/ML (1%) oral tinct</i>	1		
<i>probichew tab chew</i>	4		
PROBINATE cap	4		
<i>promella in prebiotic cap</i>	4		
PYLERA 140-125-125 mg cap	4		QL(91 / 91)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REGLAN 10 mg tab, 5 mg tab	4		
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	4		ST
RELTONE 200 mg cap, 400 mg cap	4		
RESTORA RX 60-1.25 mg cap	4		
<i>sm anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
SYMPROIC 0.2 mg tab	3		ST
TALICIA 250-12.5-10 mg cap dr	4		
TRULANCE 3 mg tab	4		ST
URSO 250 250 mg tab	4		
URSO FORTE 500 mg tab	4		
<i>ursodiol 200 mg cap, 400 mg cap</i>	1		
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
URSODIOL+SYRSPEND SF 30 mg/ml susp	4		
VISBIOME pckt	4		
XERMELO 250 mg tab	6		
<i>zelac cap</i>	4		
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	TAGAMET	
<i>famotidine 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	5	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	2	AXID	
PEPCID 40 mg tab	4		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	4		ST
BYLVAY 1200 mcg cap, 400 mcg cap	4		
BYLVAY (PELLETS) 200 mcg cap sprinkle, 600 mcg cap sprinkle	4		
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LIVMARLI 9.5 mg/ml soln	4		
LOTRONEX 0.5 mg tab, 1 mg tab	4		
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	
VIBERZI 100 mg tab, 75 mg tab	4		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
CLEARLAX 17 gm/scoop oral pwdr	1		
CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln	4		
<i>constulose 10 gm/15ml soln</i>	2	CONSTULOSE	
CVS PURELAX 17 gm pckt	1		
CVS PURELAX 17 gm/scoop oral pwdr	1		
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
EQ CLEARLAX 17 gm/scoop oral pwdr	1		
<i>eq laxative 17 gm pckt</i>	1	MIRALAX	
EQL CLEARLAX 17 gm/scoop oral pwdr	1		
<i>ft clearlax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>ft clearlax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>gavilax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
GAVILYTE-C 240 gm soln	4		
GAVILYTE-G 236 gm soln	4		
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>gentlelax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
GIALAX oral kit	4		
GLYCOLAX 17 gm/scoop oral pwdr	1		
GNP CLEARLAX 17 gm pckt	1		
GNP CLEARLAX 17 gm/scoop oral pwdr	1		
GOLYTELY 236 gm soln	4		
GOODSENSE CLEARLAX 17 gm/scoop oral pwdr	1		
HEALTHYLAX 17 gm pckt	1		
HM CLEARLAX 17 gm/scoop oral pwdr	1		
KLS LAXACLEAR 17 gm/scoop oral pwdr	1		
KRISTALOSE 10 gm pckt, 20 gm pckt	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose 10 gm pckt</i>	1	KRISTALOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>mineral oil heavy oral oil</i>	1		
MIRALAX 17 gm pckt, 17 gm/scoop oral pwdr	1		
MIRALAX 17 gm/scoop oral pwdr	1		
MIRALAX MIX-IN PAX 17 gm pckt	1		
MM CLEARLAX 17 gm/scoop oral pwdr	1		
MOVANTIK 12.5 mg tab, 25 mg tab	3		ST
MOVIPREP 100 gm soln	4		
OSMOPREP 1.102-0.398 gm tab	4		
<i>peg 3350 17 gm pckt</i>	1	MIRALAX	
<i>peg 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat 100 gm soln</i>	4	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm soln</i>	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	4		
PLENVU 140 gm soln	4		
<i>polyethylene glycol 3350 17 gm pckt</i>	1	MIRALAX	
<i>polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>polyethylene glycol 8000 oint</i>	1		
<i>qc natura-lax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>ra laxative 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>sb polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
SM CLEARLAX 17 gm/scoop oral pwdr	1		
SMOOTH LAX 17 gm pckt	1		
SMOOTH LAX 17 gm/scoop oral pwdr	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	4		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm tab	4		
CARAFATE 1 gm/10ml susp	4		
CYTOTEC 100 mcg tab, 200 mcg tab	4		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	2	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
ACIPHEX 20 mg tab dr	4		
DEXILANT 30 mg cap dr, 60 mg cap dr	3		ST
<i>dexlansoprazole 30 mg cap dr</i>	2		ST
<i>dexlansoprazole 60 mg cap dr</i>	2	DEXILANT	ST
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	NEXIUM	ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg pckt, 40 mg pckt</i>	2	NEXIUM	ST
<i>esomeprazole sodium 40 mg iv soln</i>	1	NEXIUM	
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
<i>lansoprazole 30 mg cap dr</i>	2	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	2	PREVACID SOLUTAB	
NEXIUM 10 mg pckt, 20 mg pckt, 40 mg cap dr, 40 mg pckt	4		
NEXIUM 2.5 mg pckt, 5 mg pckt	4		ST
NEXIUM I.V. 40 mg iv soln	4		
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	4		
<i>omeprazole-sodium bicarbonate 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	2	ZEGERID	QL(90 / 365)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium 40 mg pckt</i>	2	PROTONIX	
<i>pantoprazole sodium 20 mg tab dr</i>	4	PROTONIX	
PREVACID 30 mg cap dr	4		
PREVACID SOLUTAB 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	4		
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
PROTONIX 20 mg tab dr, 40 mg tab dr	4		
PROTONIX 40 mg pckt	4		ST
<i>rabeprazole sodium 20 mg tab dr</i>	2	ACIPHEX	ST
<i>rabeprazole sodium 10 mg cap sprinkle</i>	1	ACIPHEX SPRINKLE	
ZEGERID 20-1680 mg pckt, 40- 1100 mg cap, 40-1680 mg pckt	4		QL(90 / 365)
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO, ENZIMÁTICO O PROTEINICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic, Enzyme, Or Protein Disorder: Replacement, Modifiers, Treatment [Trastornos Genético, Enzimático O Proteínico: Reemplazo, Modificadores, Tratamiento]			
ADAKVEO 100 mg/10ml iv soln	6		
ALDURAZYME 2.9 mg/5ml iv soln	6		
AMMONUL 10-10 % iv soln	6		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	6		
BRINEURA 2 X 150 mg/5ml Intraventricular Kit	6		
BUPHENYL 500 mg tab	5		PA
CERDELGA 84 mg cap	6		
CEREZYME 400 unit iv soln	6		
CHOLBAM 250 mg cap, 50 mg cap	6		
<i>citrulline easy 1 gm tab er</i>	4		

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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]
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
CRYSVITA 10 mg/ml sc soln, 20 mg/ml sc soln, 30 mg/ml sc soln	6		
CYSTADANE oral pwdr	5		
CYSTADROPS 0.37 % ophth soln	6		
CYSTAGON 150 mg cap, 50 mg cap	4		
ELAPRASE 6 mg/3ml iv soln	5		
ELELYSO 200 unit iv soln	6		
EVRYSDI 0.75 mg/ml soln	6		
EXONDYS 51 100 mg/2ml iv soln, 500 mg/10ml iv soln	6		
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		
GALAFOLD 123 mg cap	6		
GIVLAARI 189 mg/ml sc soln	6		
GLASSIA 1000 mg/50ml iv soln	5		
KANUMA 20 mg/10ml iv soln	6		
KUVAN 100 mg pckt, 100 mg tab, 500 mg pckt	5		
LUMIZYME 50 mg iv soln	6		
MACRILEN 60 mg pckt	5		
MEPSEVII 10 mg/5ml iv soln	6		
<i>miglustat 100 mg cap</i>	5	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	6		
NEXVIAZYME 100 mg iv soln	6		
<i>nitisinone 5 mg cap</i>	5	ORFADIN	
NITYR 10 mg tab, 2 mg tab, 5 mg tab	6		
NULIBRY 9.5 mg iv soln	6		
OCALIVA 10 mg tab, 5 mg tab	6		
ONPATTRO 10 mg/5ml iv soln	6		
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	6		
ORFADIN 4 mg/ml susp	6		
PALYNZIQ 10 mg/0.5ml sc soln pfs, 2.5 mg/0.5ml sc soln pfs, 20 mg/ml sc soln pfs	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	4		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	4		ST
PROCYSBI 300 mg pckt, 75 mg pckt	4		
PROLASTIN-C 1000 mg/20ml iv soln	5		
RAVICTI 1.1 gm/ml liq	5		
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	5	KUVAN	
SCENESSE 16 mg sc implant	6		
sod benz-sod phenylacet 10-10 % iv soln	1	AMMONUL	
sodium phenylbutyrate 3 gm/tsp oral pwr	5	BUPHENYL	
sodium phenylbutyrate 500 mg tab	5	BUPHENYL	PA
SPINRAZA 12 mg/5ml it soln	6		
STRENSIQ 18 mg/0.45ml sc soln, 28 mg/0.7ml sc soln, 40 mg/ml sc soln, 80 mg/0.8ml sc soln	6		
TEGSEDI 284 mg/1.5ml sc soln pfs	6		
VILTEPSO 250 mg/5ml iv soln	6		
VIMIZIM 5 mg/5ml iv soln	5		
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	4		ST
VPRIV 400 unit iv soln	6		
VYNDAMAX 61 mg cap	6		
VYNDAQEL 20 mg cap	6		
VYONDYS 53 100 mg/2ml iv soln	6		
XURIDEN 2 gm pckt	6		
ZAVESCA 100 mg cap	6		PA
ZEMAIRA 1000 mg iv soln	5		
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt,	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt			
ZENPEP 40000-126000 unit cap dr prt	4		
ZOLGENSMA 10.1-10.5 KG 7x8.3 ml iv kit	6		
ZOLGENSMA 10.6-11.0 KG 2x5.5ML & 6x8.3ml iv kit	6		
ZOLGENSMA 11.1-11.5 KG 1x5.5ML & 7x8.3ml iv kit	6		
ZOLGENSMA 11.6-12.0 KG 8x8.3 ml iv kit	6		
ZOLGENSMA 12.1-12.5 KG 2x5.5ML & 7x8.3ml iv kit	6		
ZOLGENSMA 12.6-13.0 KG 1x5.5ML & 8x8.3ml iv kit	6		
ZOLGENSMA 13.1-13.5 KG 9x8.3 ml iv kit	6		
ZOLGENSMA 2.6-3.0 KG 2x8.3 ml iv kit	6		
ZOLGENSMA 3.1-3.5 KG 2x5.5ML & 1x8.3ml iv kit	6		
ZOLGENSMA 3.6-4.0 KG 1x5.5ML & 2x8.3ml iv kit	6		
ZOLGENSMA 4.1-4.5 KG 3x8.3 ml iv kit	6		
ZOLGENSMA 4.6-5.0 KG 2x5.5ML & 2x8.3ml iv kit	6		
ZOLGENSMA 5.1-5.5 KG 1x5.5ML & 3x8.3ml iv kit	6		
ZOLGENSMA 5.6-6.0 KG 4x8.3 ml iv kit	6		
ZOLGENSMA 6.1-6.5 KG 2x5.5ML & 3x8.3ml iv kit	6		
ZOLGENSMA 6.6-7.0 KG 1x5.5ML & 4x8.3ml iv kit	6		
ZOLGENSMA 7.1-7.5 KG 5x8.3 ml iv kit	6		
ZOLGENSMA 7.6-8.0 KG 2x5.5ML & 4x8.3ml iv kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZOLGENSMA 8.1-8.5 KG 1x5.5ML & 5x8.3ml iv kit	6		
ZOLGENSMA 8.6-9.0 KG 6x8.3 ml iv kit	6		
ZOLGENSMA 9.1-9.5 KG 2x5.5ML & 5x8.3ml iv kit	6		
ZOLGENSMA 9.6-10.0 KG 1x5.5ML & 6x8.3ml iv kit	6		
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	2	ENABLEX	
DETROL 1 mg tab, 2 mg tab	4		
DETROL LA 2 mg cap er 24 hr, 4 mg cap er 24 hr	4		
DITROPAN XL 10 mg tab er 24 hr, 5 mg tab er 24 hr	4		
<i>flavoxate hcl 100 mg tab</i>	2		
GELNIQUE 10 % td gel	4		
GEMTESA 75 mg tab	4		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	4		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	4		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	2	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	2	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>tropium chloride 20 mg tab</i>	2	SANCTURA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trosipium chloride er 60 mg cap er 24 hr</i>	2	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	4		
VESICARE LS 5 mg/5ml susp	4		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
AVODART 0.5 mg cap	4		
CARDURA 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	4		
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	4		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	2	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
FLOMAX 0.4 mg cap	4		
JALYN 0.5-0.4 mg cap	4		
PROSCAR 5 mg tab	4		PA
RAPAFLO 4 mg cap, 8 mg cap	4		
<i>silodosin 4 mg cap, 8 mg cap</i>	2	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
UROXATRAL 10 mg tab er 24 hr	4		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
<i>bi-mix 150-5 mg i-cavern soln</i>	4		
CUPRIMINE 250 mg cap	6		
DEPEN TITRATABS 250 mg tab	4		
ELMIRON 100 mg cap	4		
ENCARE 100 mg vag supp	4		QL(12 / 30)
<i>glycine 1.5 % irrig soln</i>	1		
<i>glycine urologic 1.5 % irrig soln</i>	1		
LITHOSTAT 250 mg tab	4		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	4		QL(81 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OXLUMO 94.5 mg/0.5ml sc soln	6		
<i>penicillamine 250 mg cap</i>	5	CUPRIMINE	
<i>penicillamine 250 mg tab</i>	5	DEPEN TITRATABS	
<i>pentosan polysulfate sodium 150 mg cap dr, 200 mg cap dr</i>	1		
PHENAZO 200 mg tab	4		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>phenylephrine hcl 2 mg/2ml Intracavernosal Solution</i>	1		
PHEXXI 1.8-1-0.4 % vag gel	4		
PYRIDIUM 100 mg tab, 200 mg tab	4		
<i>quad-mix 150-10-0.1-1 mg i-cavern soln</i>	4		
RENACIDIN irrig soln	4		
RIMSO-50 50 % i-vesic soln	4		
<i>super bi-mix 150-10 mg i-cavern soln</i>	4		
<i>super quad-mix 150-20-0.2-2 mg i-cavern soln</i>	4		
<i>super tri-mix 150-10-100 mg-mg-mcg i-cavern soln</i>	4		
THIOLA 100 mg tab	4		
THIOLA EC 100 mg tab dr, 300 mg tab dr	6		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		QL(12 / 30)
<i>trientine hcl 250 mg cap</i>	5	SYPRINE	PA
<i>tri-mix 150-5-50 mg-mg-mcg i-cavern soln</i>	4		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		QL(18 / 30)
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		QL(25.5 / 30)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALKINDI SPRINKLE 0.5 mg cap sprinkle, 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	4		
<i>beta 1 kit 30 mg/5ml inj kit</i>	4		
BETALOAN SUIK 30 mg/5ml cmb kit	4		
<i>betamethasone combo 7 (4-3) mg/ml inj susp</i>	4		
<i>betamethasone combo 6 (3-3) mg/ml inj susp</i>	4	CELESTONE SOLUSPAN	
<i>betamethasone sod phos & acet 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	2	CELESTONE SOLUSPAN	
<i>bsp 0820 30 mg/5ml inj kit</i>	4		
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	4		
CONTRAST ALLERGY PREMED PACK 3 x 50 MG & 1 x 50 mg oral kit	4		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	4		
<i>dexabliss 1.5 mg (39) tab pack</i>	4		
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	2		
<i>dexamethasone 0.5 mg/5ml soln</i>	2		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln pfs</i>	2		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXONTO 0.4% 20 mg/5ml Iontophoresis Solution	4		
DMT SUIK 10 mg/ml cmb kit	4		
DOUBLEDEX 10 mg/ml inj kit	4		
DXEVO 11-DAY 1.5 mg tab pack	4		
DYURAL-40 40 & 0.25 & 1 mg/ml-%- % inj kit	4		
DYURAL-80 80 & 0.25 & 1 mg/ml-%- % inj kit	4		
DYURAL-L 40 & 1 mg/ml-% inj kit	4		
DYURAL-LM 40 & 0.25 & 1 mg/ml-%- % inj kit	4		
EMFLAZA 18 mg tab, 30 mg tab, 36 mg tab, 6 mg tab	6		
EMFLAZA 22.75 mg/ml susp	6		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	
HEMADY 20 mg tab	4		
HIDEX 6-DAY 1.5 mg (21) tab pack	4		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
INTRAROSA 6.5 mg vag insert	4		
KENALOG 10 mg/ml inj susp, 40 mg/ml inj susp	4		
KENALOG-80 80 mg/ml inj susp	4		
<i>lidocidex i 5-10 mg/1.5ml inj soln</i>	6		
<i>lidolog 40 & 2 mg/ml-% inj kit</i>	1		
MAS CARE-PAK 10 mg/ml inj kit	4		
MEDROL 16 mg tab, 2 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	4		
MEDROLOAN II SUIK 40 mg/ml cmb kit	4		
MEDROLOAN SUIK 40 mg/ml cmb kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	2		
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
<i>methylprednisolone-bupivacaine 40-5 mg/ml inj susp, 80-5 mg/ml inj susp</i>	2		
MILLIPRED 5 mg tab	4		
<i>mlk f1 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	4		
<i>mlk f2 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	4		
<i>mlk f3 40 & 0.5 & 2 mg/ml-%-% inj kit</i>	4		
MLK F4 40 & 0.5 & 2 mg/ml-%-% inj kit	4		
<i>multi-specialty 40 & 1 mg/ml-% inj kit</i>	4		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	4		
ORTIKOS 6 mg cap er 24 hr, 9 mg cap er 24 hr	4		
<i>p-care k40 40 mg/ml inj kit</i>	4		
<i>p-care k40g 40 mg/ml cmb kit</i>	4		
<i>p-care k40mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
<i>p-care k80 2 X 40 mg/ml inj kit</i>	4		
<i>p-care k80g 40 mg/ml cmb kit</i>	4		
<i>p-care k80mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
PEDIAPRED 6.7 (5 Base) mg/5ml soln	4		
<i>physicians ez use joint/tunnel 40-1 mg/ml-% cmb kit</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>physicians ez use m-pred 40-0.5 mg/ml-% inj kit</i>	4		
<i>pod-care 100c 30 mg/5ml inj kit</i>	4		
<i>pod-care 100cg 30 mg/5ml cmb kit</i>	4		
<i>pod-care 100k 40 mg/ml inj kit</i>	4		
<i>pod-care 100kg 40 mg/ml cmb kit</i>	4		
<i>pod-care 100kmx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
POINT OF CARE L.2 40 & 1 mg/ml-% inj kit	4		
POINT OF CARE L.5 40 & 1 mg/ml-% inj kit	4		
POINT OF CARE LM DEP 2 40 & 0.25 & 1 mg/ml-%-% inj kit	4		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	2	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	2	VERIPRED	
<i>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</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
PREDNISONONE INTENSOL 5 mg/ml oral conc	4		
PRO-C-DURE 5 2 X 40 mg/ml inj kit	4		
PRO-C-DURE 6 3 X 40 mg/ml inj kit	4		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
READYSHARP ANESTH + METHYLPRED 80 & 0.5 & 1 mg/ml-%-% inj kit	4		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln	4		
TAPERDEX 12-DAY 1.5 mg (49) tab pack	4		
TAPERDEX 6-DAY 1.5 mg (21) tab pack, 1.5 mg tab pack	4		
TAPERDEX 7-DAY 1.5 mg (27) tab pack	4		
<i>topidex 10 mg/ml inj kit</i>	4		
<i>triamcinolone acetonide 50 mg/ml inj susp</i>	1		
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone-bupivacaine 40-5 mg/ml inj susp</i>	6		
TRILOAN II SUIK 40 mg/ml cmb kit	4		
TRILOAN SUIK 40 mg/ml cmb kit	4		
<i>zcort 7-day 1.5 mg (25) tab pack</i>	4		
ZILRETTA 32 mg Intra-articular Suspension Reconstituted ER	4		
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]			
DDAVP 4 mcg/ml inj soln	4		
DDAVP 0.1 mg tab, 0.2 mg tab	4		PA
DDAVP PF 4 mcg/ml inj soln	4		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	2	MINIRIN	PA
<i>desmopressin acetate 1.5 mg/ml nasal soln</i>	1		PA
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	PA
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	DDAVP	PA
GENOTROPIN 12 mg sc cart, 5 mg sc cart	5		PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	5		PA
INCRELEX 40 mg/4ml sc soln	5		
MYCAPSSA 20 mg cap dr	6		
NOCDURNA 27.7 mcg tab subl, 55.3 mcg tab subl	4		
NORDITROPIN FLEXPRO 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	5		PA
NOVAREL 10000 unit im soln, 5000 unit im soln	5		
<i>octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs</i>	5		
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	5	SANDOSTATIN	
PREGNYL 10000 unit im soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	6		
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	6		PA
SIGNIFOR LAR 10 mg Intramuscular Suspension Reconstituted ER, 20 mg Intramuscular Suspension Reconstituted ER, 30 mg Intramuscular Suspension Reconstituted ER, 40 mg Intramuscular Suspension Reconstituted ER, 60 mg Intramuscular Suspension Reconstituted ER	6		PA
SKYTROFA 11 mg sc cart, 13.3 mg sc cart, 3 mg sc cart, 3.6 mg sc cart, 4.3 mg sc cart, 5.2 mg sc cart, 6.3 mg sc cart, 7.6 mg sc cart, 9.1 mg sc cart	6		
VASOSTRICT 20 unit/ml iv soln	5		
ZOMACTON 5 mg sc soln	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CERVIDIL 10 mg vag insert	4		
MIFEPREX 200 mg tab	4		
<i>mifepristone 200 mg tab</i>	1		
PREPIDIL 0.5 mg/3gm vag gel	4		
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]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	5	OXANDRIN	

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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]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	4		
ANDROGEL 25 MG/2.5GM (1%) td gel	4		PA
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	4		PA
AVEED 750 mg/3ml im soln	5		
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	2	DANOCRINE	
DEPO-TESTOSTERONE 100 mg/ml im soln, 200 mg/ml im soln	4		PA
<i>ec-rx testosterone 0.2 % td crm, 0.4 % td crm, 10 % td crm, 20 % td crm</i>	4		
FORTESTA 10 MG/ACT (2%) td gel	4		
JATENZO 158 mg cap, 198 mg cap, 237 mg cap	4		
<i>methitest 10 mg tab</i>	4		
<i>methyltestosterone 10 mg cap</i>	1	TESTRED	
NATESTO 5.5 mg/act nasal gel	4		
TESTIM 50 MG/5GM (1%) td gel	4		PA
TESTONE CIK 200 mg/ml im kit	4		
TESTOPEL 75 mg implant pellet	5		
<i>testosterone 100 mg implant pellet, 200 mg implant pellet, 25 mg implant pellet, 50 mg implant pellet</i>	2		
<i>testosterone 1.62 % td gel, 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	2	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	2	AXIRON	PA
<i>testosterone 10 MG/ACT (2%) td gel</i>	1	FORTESTA	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	2	DEPO-TESTOSTERONE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>testosterone enanthate 200 mg/ml im soln</i>	2	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	3		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		PA
XYOSTED 100 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj	4		
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ACTIVEVELLA 1-0.5 mg tab	4		
AFIRMELLE 0.1-20 mg-mcg tab	4		QL(28 / 28)
ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
ALTAVERA 0.15-30 mg-mcg tab	4		QL(28 / 28)
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	4		
AMETHIA 0.15-0.03 &0.01 mg tab	4		QL(91 / 91)
AMETHYST 90-20 mcg tab	4		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	4		
ANNOVERA 0.013-0.15 mg/24hr vag ring	4		
APRI 0.15-30 mg-mcg tab	4		QL(28 / 28)
ARANELLE 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
ASHLYNA 0.15-0.03 &0.01 mg tab	4		QL(91 / 91)
AUBRA 0.1-20 mg-mcg tab	4		QL(28 / 28)
AUBRA EQ 0.1-20 mg-mcg tab	4		QL(28 / 28)
AUROVELA 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
AUROVELA 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
AUROVELA 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
AUROVELA FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
AUROVELA FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVIANE 0.1-20 mg-mcg tab	4		QL(28 / 28)
AYUNA 0.15-30 mg-mcg tab	4		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
BALCOLTRA 0.1-20 mg-mcg(21) tab	4		
BALZIVA 0.4-35 mg-mcg tab	4		QL(28 / 28)
BEYAZ 3-0.02-0.451 mg tab	4		QL(28 / 28)
BIJUVA 1-100 mg cap	4		
BLISOVI 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
CHARLOTTE 24 FE 1-20 mg- mcg(24) tab chew	4		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	4		QL(28 / 28)
CHATEAL EQ 0.15-30 mg-mcg tab	4		QL(28 / 28)
CLIMARA 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.06 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch	4		
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	4		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	4		
COVARYX 1.25-2.5 mg tab	4		
COVARYX HS 0.625-1.25 mg tab	4		
CRYSELLE-28 0.3-30 mg-mcg tab	4		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	4		QL(28 / 28)
CYRED EQ 0.15-30 mg-mcg tab	4		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg- mcg tab	4		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil, 40 mg/ml im oil	4		
DELYLA 0.1-20 mg-mcg tab	4		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2	DESOGEN	QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	4		
DIVIGEL 1 mg/gm td gel, 1.25 mg/1.25gm td gel	4		
DOLISHALE 90-20 mcg tab	4		QL(28 / 28)
DOTTI 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	2	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	2	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
DUAVEE 0.45-20 mg tab	4		
<i>ec-rx estradiol 0.4 % td crm, 0.6 % td crm</i>	4		
EEMT 1.25-2.5 mg tab	4		
EEMT HS 0.625-1.25 mg tab	4		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	4		
ELINEST 0.3-30 mg-mcg tab	4		QL(28 / 28)
ELURYNG 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
ENPRESSE-28 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
ENSKYCE 0.15-30 mg-mcg tab	4		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	2	ESTRATEST	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	2		
ESTARYLLA 0.25-35 mg-mcg tab	4		QL(28 / 28)
ESTRACE 0.5 mg tab, 1 mg tab, 2 mg tab	4		
ESTRACE 0.1 mg/gm vag crm	4		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	2	CLIMARA	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	2	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2	VIVELLE-DOT	
<i>estradiol valerate 10 mg/ml im oil</i>	1		
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	2	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	2	ACTIVELLA	
ESTRING 2 mg vag ring	4		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	2	DEMULEN	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	2	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	4		
FALMINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	4		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
FEMYNOR 0.25-35 mg-mcg tab	4		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GEMMILY 1-20 mg-mcg(24) cap	4		
GENERESS FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
HAILEY 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
HAILEY 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
HAILEY FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
HAILEY FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
ICLEVIA 0.15-0.03 mg tab	4		QL(91 / 91)
IMVEXXY MAINTENANCE PACK 10 mcg vag insert, 4 mcg vag insert	4		
IMVEXXY STARTER PACK 10 mcg vag insert, 4 mcg vag insert	4		
INTROVALE 0.15-0.03 mg tab	4		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	4		QL(28 / 28)
JAIMIESS 0.15-0.03 &0.01 mg tab	4		QL(91 / 91)
JASMIEL 3-0.02 mg tab	4		QL(28 / 28)
JINTELI 1-5 mg-mcg tab	4		
JOLESSA 0.15-0.03 mg tab	4		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 24 1-20 mg-mcg(24) tab	4		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
KALLIGA 0.15-30 mg-mcg tab	4		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
KELNOR 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
KELNOR 1/50 1-50 mg-mcg tab	4		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LAYOLIS FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
LESSINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	2	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	LOSEASONIQUE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	SEASONALE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab	2	SEASONIQUE	QL(91 / 91)
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ALESSE	QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg tab	2	AMETHYST 28 DAY	QL(28 / 28)
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	4		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	4		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LOJAIMIESS 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
LORYNA 3-0.02 mg tab	4		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	4		QL(28 / 28)
LO-ZUMANDIMINE 3-0.02 mg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LUTERA 0.1-20 mg-mcg tab	4		QL(28 / 28)
LYLLANA 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab, 2.5 mg tab	4		
MENOSTAR 14 mcg/24hr tdkw patch	4		
MERZEE 1-20 mg-mcg(24) cap	4		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 24 FE 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MILI 0.25-35 mg-mcg tab	4		QL(28 / 28)
MIMVEY 1-0.5 mg tab	4		
MINASTRIN 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MINIVELLE 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	4		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	3		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NEXTSTELLIS 3-14.2 mg tab	4		
NIKKI 3-0.02 mg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>	1	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	2	MINASTRIN 24 FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	2	FEMHRT	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	2	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	2	GENERESS FE	QL(28 / 28)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ORTHO TRI-CYCLEN	QL(28 / 28)
NORTREL 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 1/35 (21) 1-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 1/35 (28) 1-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
NYLIA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
NYMYO 0.25-35 mg-mcg tab	4		QL(28 / 28)
OCELLA 3-0.03 mg tab	4		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	4		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
PORTIA-28 0.15-30 mg-mcg tab	4		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	4		
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	3		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	3		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
QUARTETTE 42-21-21-7 days tab	4		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	4		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	4		QL(91 / 91)
SAFYRAL 3-0.03-0.451 mg tab	4		QL(28 / 28)
SEASONIQUE 0.15-0.03 &0.01 mg tab	4		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	4		QL(91 / 91)
SIMLIYA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
SIMPESSE 0.15-0.03 &0.01 mg tab	4		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	4		QL(28 / 28)
SRONYX 0.1-20 mg-mcg tab	4		QL(28 / 28)
SYEDA 3-0.03 mg tab	4		QL(28 / 28)
TARINA 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
TARINA FE 1/20 EQ 1-20 mg-mcg tab	4		QL(28 / 28)
TAYSOFY 1-20 mg-mcg(24) cap	4		
TAYTULLA 1-20 mg-mcg(24) cap	4		
TILIA FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRI-LO-ESTARYLLA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-MILI 0.18/0.215/0.25 mg- 25 mcg tab	4		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-MILI 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-NYMYO 0.18/0.215/0.25 mg- 35 mcg tab	4		QL(28 / 28)
TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRIVORA (28) 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
TRI-VYLIBRA 0.18/0.215/0.25 mg- 35 mcg tab	4		QL(28 / 28)
TRI-VYLIBRA LO 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TWIRLA 120-30 mcg/24hr tdkw patch	4		
TYBLUME 0.1-20 mg-mcg tab chew	4		
TYDEMY 3-0.03-0.451 mg tab	4		QL(28 / 28)
VAGIFEM 10 mcg vag tab	4		
VELIVET 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
VESTURA 3-0.02 mg tab	4		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	4		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
VIVELLE-DOT 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	4		
VOLNEA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	4		QL(28 / 28)
VYLIBRA 0.25-35 mg-mcg tab	4		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
WYMZYA FE 0.4-35 mg-mcg tab chew	4		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	4		QL(28 / 28)
YASMIN 28 3-0.03 mg tab	4		QL(28 / 28)
YAZ 3-0.02 mg tab	4		QL(28 / 28)
YUVAFEM 10 mcg vag tab	3		
ZAFEMY 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
ZOVIA 1/35 (28) 1-35 mg-mcg tab	4		QL(28 / 28)
ZUMANDIMINE 3-0.03 mg tab	4		QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	4		
AFTERPILL 1.5 mg tab	4		QL(28 / 28)
AYGESTIN 5 mg tab	4		
CAMILA 0.35 mg tab	4		QL(28 / 28)
CRINONE 4 % vag gel	4		PA
CRINONE 8 % vag gel	5		
CURAE 1.5 mg tab	4		QL(28 / 28)
DEBLITANE 0.35 mg tab	4		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	4		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	4		
ECONTRA ONE-STEP 1.5 mg tab	4		
<i>ec-rx progesterone 10 % td crm, 20 % td crm</i>	4		
ELLA 30 mg tab	4		
ENDOMETRIN 100 mg vag insert	5		
ERRIN 0.35 mg tab	4		QL(28 / 28)
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
HEATHER 0.35 mg tab	4		QL(28 / 28)
HER STYLE 1.5 mg tab	4		QL(28 / 28)
<i>hydroxyprogesterone caproate 1.25 gm/5ml im soln</i>	6	DELALUTIN	
INCASSIA 0.35 mg tab	4		QL(28 / 28)
JENCYCLA 0.35 mg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KYLEENA 19.5 mg iud	5		
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
<i>levonorgestrel 1.5 mg tab</i>	4	PLAN B ONE-STEP	QL(28 / 28)
LILETTA (52 MG) 20.1 mcg/day iud	5		
LYLEQ 0.35 mg tab	4		QL(28 / 28)
LYZA 0.35 mg tab	4		QL(28 / 28)
MAKENA 275 mg/1.1ml sc soln auto-inj	5		
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	2	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	5		QL(1 / 2555)
MY CHOICE 1.5 mg tab	4		
MY WAY 1.5 mg tab	4		
NEW DAY 1.5 mg tab	4		QL(0 / 0)
NEXPLANON 68 mg sc implant	4		QL(1 / 1095)
NORA-BE 0.35 mg tab	4		QL(28 / 28)
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
NORLYROC 0.35 mg tab	4		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	4		
OPTION 2 1.5 mg tab	4		
PLAN B ONE-STEP 1.5 mg tab	4		QL(28 / 28)
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
<i>progesterone micronized 10 % td crm</i>	1		
PROMETRIUM 100 mg cap, 200 mg cap	4		PA
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	4		
REACT 1.5 mg tab	4		
SHAROBEL 0.35 mg tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SKYLA 13.5 mg iud	5		
SLYND 4 mg tab	4		
TAKE ACTION 1.5 mg tab	4		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
EVISTA 60 mg tab	4		
OSPHENA 60 mg tab	4		
<i>raloxifene hcl 60 mg tab</i>	2	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	4		
EUTHYROX 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
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	4		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>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</i>	2	SYNTHROID	
<i>levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg</i>	1	TIROSINT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cap, 50 mcg cap, 75 mcg cap, 88 mcg cap</i>			
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	4		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
THYQUIDITY 100 mcg/5ml soln	4		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
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, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap, 75 mcg cap, 88 mcg cap	4		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	4		
UNITHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	6		PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
ISTURISA 1 mg tab, 10 mg tab, 5 mg tab	5		
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
FENSOLVI (6 MONTH) 45 mg sc kit	6		
FIRMAGON 80 mg sc soln	6		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	6		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	5		PA
MYFEMBREE 40-1-0.5 mg tab	4		
ORIAHNN 300-1-0.5 & 300 mg cap pack	4		
ORILISSA 150 mg tab, 200 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SUPPRELIN LA 50 mg sc kit	6		
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	6		
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	2		
<i>sodium iodide i-131 1000 mci/ml soln</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
BERINERT 500 unit iv kit	6		
CINRYZE 500 unit iv soln	6		
FIRAZYR 30 mg/3ml sc soln pfs	6		
HAEGARDA 2000 unit sc soln, 3000 unit sc soln	6		
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	6		
<i>icatibant acetate 30 mg/3ml sc soln</i>	6	FIRAZYR	
KALBITOR 10 mg/ml sc soln	6		
ORLADEYO 110 mg cap, 150 mg cap	5		PA
RUCONEST 2100 unit iv soln	6		
TAKHZYRO 300 mg/2ml sc soln	6		
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AVSOLA 100 mg iv soln	6		PA
AZASAN 100 mg tab, 75 mg tab	4		PA
<i>azathioprine 100 mg tab, 75 mg tab</i>	1	AZASAN	PA
<i>azathioprine 50 mg tab</i>	2	IMURAN	PA
<i>azathioprine sodium 100 mg inj soln</i>	1	IMURAN	PA
CIMZIA 2 X 200 mg sc kit, 2 X 200 mg/ml sc pfs kit	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit	6		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	5	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	5	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	5	NEORAL	PA
ELIDEL 1 % crm	4		
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	5		PA
ENBREL MINI 50 mg/ml sc soln cart	5		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA
<i>everolimus 1 mg tab</i>	5	ZORTRESS	
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	5	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	6		PA
GENGRAF 100 mg/ml soln	6		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	5		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	5		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	5		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-PEDIATRIC UC START 80 mg/0.8ml sc pen-inj kit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA
IMURAN 50 mg tab	4		PA
INFLECTRA 100 mg iv soln	6		PA
<i>infliximab 100 mg iv soln</i>	5		PA
LUPKYNIS 7.9 mg cap	5		PA
<i>methotrexate sodium 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	6		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	6	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	6	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	5	MYFORTIC	PA
OLUMIANT 1 mg tab, 2 mg tab	6		PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
OTREXUP 10 mg/0.4ml sc soln auto-inj, 12.5 mg/0.4ml sc soln auto-inj, 15 mg/0.4ml sc soln auto-inj, 17.5 mg/0.4ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.4ml sc soln auto-inj, 25 mg/0.4ml sc soln auto-inj	5		
<i>pimecrolimus 1 % crm</i>	2	ELIDEL	
PROGRAF 0.2 mg pckt	6		
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj,	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj			
REDITREX 10 mg/0.4ml sc soln pfs, 12.5 mg/0.5ml sc soln pfs, 15 mg/0.6ml sc soln pfs, 17.5 mg/0.7ml sc soln pfs, 20 mg/0.8ml sc soln pfs, 22.5 mg/0.9ml sc soln pfs, 25 mg/ml sc soln pfs, 7.5 mg/0.3ml sc soln pfs	5		
REMICADE 100 mg iv soln	6		PA
RENFLXIS 100 mg iv soln	5		PA
REZUROCK 200 mg tab	6		PA
RINVOQ 15 mg tab er 24 hr	5		PA
SANDIMMUNE 100 mg/ml soln	4		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	6		PA
SIMPONI ARIA 50 mg/4ml iv soln	6		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	5	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XATMEP 2.5 mg/ml soln	6		PA
XELJANZ 1 mg/ml soln	5		
XELJANZ 10 mg tab, 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA
ZORTRESS 1 mg tab	6		
Immunoglobulins- Immune System Drugs [Inmunoglobulinas - Medicamentos Para El Sistema Inmune]			
ANAVIP iv soln	4		
<i>antivenin latrodectus mactans inj kit</i>	5		
<i>antivenin micrurus fulvius iv soln</i>	5		
ASCENIV 5 gm/50ml iv soln	6		
CROFAB iv soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CUTAQUIG 1 gm/6ml sc soln, 1.65 gm/10ml sc soln, 2 gm/12ml sc soln, 3.3 gm/20ml sc soln, 4 gm/24ml sc soln, 8 gm/48ml sc soln	6		
CUVITRU 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	6		
<i>dust mite mixed allergen ext 10000 au/ml sc soln</i>	6		
HEPAGAM B 312 unit/ml inj soln	6		
HIZENTRA 1 gm/5ml sc soln, 1 gm/5ml sc soln pfs, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 2 gm/10ml sc soln pfs, 4 gm/20ml sc soln, 4 gm/20ml sc soln pfs	6		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs	6		
HYPERRAB 1500 unit/5ml inj soln, 300 unit/ml inj soln, 900 unit/3ml inj soln	6		
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	5		QL(2 / 365)
HYPERTET 250 unit/ml im soln pfs	6		
IMOGAM RABIES-HT 300 unit/2ml inj soln	6		
<i>kedrab 300 unit/2ml inj soln</i>	6		
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	5		QL(2 / 365)
<i>mixed feathers 1:20 sc soln</i>	6		
NABI-HB 312 unit/ml im soln	6		
OCTAGAM 30 gm/300ml iv soln	6		
ODACTRA 12 sq-hdm tab subl	6		
ORALAIR 300 ir tab subl	6		
ORALAIR ADULT STARTER PACK 300 ir tab subl	6		
ORALAIR CHILDRENS STARTER PACK 100 ir tab subl	6		
PANZYGA 1 gm/10ml iv soln, 10 gm/100ml iv soln, 2.5 gm/25ml iv soln, 20 gm/200ml iv soln, 30 gm/300ml iv soln, 5 gm/50ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	5		QL(2 / 365)
RHOPHYLAC 1500 unit/2ml inj soln pfs	5		QL(2 / 365)
<i>sorrel/dock mix 1:20 sc soln</i>	6		
THYMOGLOBULIN 25 mg iv soln	4		PA
VARIZIG 125 unit/1.2ml im soln	6		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	6		QL(2 / 365)
XEMBIFY 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	6		
Immunological Agents, Other- Immune System Drugs [Agentes Inmunológicos, Otros Medicamentos Para El Sistema Inmunitario]			
ARCALYST 220 mg sc soln	6		PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		PA
EMPAVELI 1080 mg/20ml sc soln	5		
GAMIFANT 10 mg/2ml iv soln, 100 mg/20ml iv soln, 50 mg/10ml iv soln	6		
ILARIS 150 mg/ml sc soln	4		PA
ILUMYA 100 mg/ml sc soln pfs	6		PA
KINERET 100 mg/0.67ml sc soln pfs	6		
<i>methoxsalen rapid 10 mg cap</i>	6	OXSORALEN-ULTRA	PA
NUDERMRXPAK 120 0.005-5 % ext pack	4		
NUDERMRXPAK 60 0.005-5 % ext pack	4		
OPZELURA 1.5 % crm	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SAPHNELO 300 mg/2ml iv soln	6		
SILIQ 210 mg/1.5ml sc soln pfs	6		PA
SKYRIZI 150 mg/ml sc soln pfs	5		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA
SOLIRIS 300 mg/30ml iv soln	6		
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
SYLVANT 100 mg iv soln, 400 mg iv soln	6		
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	6		PA
TAVNEOS 10 mg cap	6		
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	6		PA
ULTOMIRIS 1100 mg/11ml iv soln, 300 mg/3ml iv soln	6		
XOLAIR 150 mg sc soln	5		
XOLAIR 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		
ZOKINVY 50 mg cap, 75 mg cap	6		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	6		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	6		PA
ARAVA 10 mg tab, 20 mg tab	4		
ENTYVIO 300 mg iv soln	6		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	6		PA
PROVENGE 50000000 cells iv susp	6		PA
RIDAURA 3 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SIMULECT 10 mg iv soln, 20 mg iv soln	4		PA
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	6		PA
ZINPLAVA 1000 mg/40ml iv soln	5		
Immunostimulants- Immune System Drugs [Inmunoestimulantes - Medicamentos Para El Sistema Inmunitario]			
FULPHILA 6 mg/0.6ml sc soln pfs	6		
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln	6		
NEULASTA 6 mg/0.6ml sc soln pfs	6		PA
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	6		
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	6		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA
NYVEPRIA 6 mg/0.6ml sc soln pfs	6		
UDENYCA 6 mg/0.6ml sc soln pfs	6		
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	5		PA
Vaccines [Vacunas]			
<i>bcg vaccine 50 mg inj soln</i>	5		
BIOTHRAX im susp	4		
COMIRNATY 30 mcg/0.3ml im susp, 30 mcg/0.3ml im susp pfs	4		
FLUAD QUADRIVALENT 0.5 ml im pfs	4		
FLUBLOK QUADRIVALENT 0.5 ml im soln pfs	4		
FLUCELVAX QUADRIVALENT im susp	4		
IMOVAX RABIES 2.5 unit/ml im susp	4		
IXIARO im susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MENQUADFI im soln	4		
<i>novavax covid-19 vaccine 5 mcg/0.5ml im susp</i>	4		
SPIKEVAX 50 mcg/0.5ml im susp, 50 mcg/0.5ml im susp pfs	4		
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	4		
VAXCHORA susp	4		
VAXELIS im susp, im susp pfs	6		
VIVOTIF cap dr	4		
YF-VAX sc inj	4		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
APRISO 0.375 gm cap er 24 hr	4		
ASACOL HD 800 mg tab dr	4		
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
CANASA 1000 mg rect supp	4		
COLAZAL 750 mg cap	4		
DELZICOL 400 mg cap dr	4		
DIPENTUM 250 mg cap	4		
LIALDA 1.2 gm tab dr	4		
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	2	PENTASA	
PENTASA 250 mg cap er, 500 mg cap er	4		
ROWASA 4 gm rect kit	4		
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1	UCERIS	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CORTENEMA 100 mg/60ml rect enema	4		
CORTIFOAM 10 % foam	4		
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
UCERIS 9 mg tab er 24 hr	4		
UCERIS 2 mg/act rect foam	4		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
AZULFIDINE 500 mg tab	4		
AZULFIDINE EN-TABS 500 mg tab dr	4		
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
ACTONEL 150 mg tab, 35 mg tab	4		
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	
ATELVIA 35 mg tab dr	4		
BINOSTO 70 mg tab eff	4		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	
<i>calcitonin (salmon) 200 unit/ml inj soln</i>	5	MIACALCIN	
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	2	SENSIPAR	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	2	HECTOROL	
<i>doxercalciferol 4 mcg/2ml iv soln</i>	2	HECTOROL	
EVENITY 105 mg/1.17ml sc soln pfs	6		
FORTEO 600 mcg/2.4ml sc soln pen-inj	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FOSAMAX 70 mg tab	4		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
HECTOROL 4 mcg/2ml iv soln	5		
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	6		
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	6		PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
PARSABIV 10 mg/2ml iv soln, 2.5 mg/0.5ml iv soln, 5 mg/ml iv soln	6		
PROLIA 60 mg/ml sc soln pfs	6		PA
RAYALDEE 30 mcg cap er	4		
RECLAST 5 mg/100ml iv soln	6		
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	ST
ROCALTROL 0.25 mcg cap, 0.5 mcg cap	4		
ROCALTROL 1 mcg/ml soln	4		
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	4		
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA
ZEMPLAR 2 mcg/ml iv soln, 5 mcg/ml iv soln	4		
ZEMPLAR 1 mcg cap, 2 mcg cap	4		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	5	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
<i>14-count warmer misc</i>	4		
<i>1st base crm</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1		
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	1		
3-in-1 bedside toilet misc	4		
ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ACCU-CHEK LINKASSIST misc	4		
ACCU-CHEK PLASTIC CARTRIDGE misc	4		
ACCU-CHEK SPIRIT CARTRIDGE misc	4		
ACCU-CHEK TENDER 1 INFUSION kit	4		
ACCU-CHEK TENDER I SET 24" misc	4		
ACCU-CHEK TENDER I SET 31" misc	4		
ACCU-CHEK ULTRAFLEX INF SET misc	4		
ACCU-CHEK ULTRAFLEX-1 INF SET misc	4		
ACE AEROSOL CLOUD ENHANCER misc	4		
aceso ag 4"X4" pad	4		
ACTIFOAM COLLAGEN SPONGE ext misc	4		
ACTIMARIS WOUND gel	4		
ACU-LIFE CRUSHER/CONTAINER misc	4		
ADA shampoo	4		
adapter cap misc	1		
ADD-VANTAGE ADDAPTOR CONNECTOR misc	4		
adjust bath/shower seat misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>adjust bath/shower seat/back misc</i>	4		
<i>adjust fold cane/york handle misc</i>	4		
<i>adjustable aluminum cane misc</i>	4		
<i>adjustable aluminum cane 3/4" misc</i>	4		
<i>adjustable aluminum cane 5/8" misc</i>	4		
<i>adjustable aluminum cane 7/8" misc</i>	4		
<i>adjustable commode 3-in-1 misc</i>	4		
<i>adjustable folding cane misc</i>	4		
<i>adult mask dev</i>	1		
<i>adult push button alum crutch misc</i>	4		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
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	1		
AEROCHAMBER PLUS FLO-VU misc	4		
AEROCHAMBER PLUS FLO-VU LARGE misc	4		
AEROCHAMBER PLUS FLO-VU SMALL misc	4		
AEROCHAMBER PLUS FLO-VU W/MASK misc	4		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
ALCOH-GLOVE CONTOURED WIPE pad	4		
<i>alcoh-wipe sheet</i>	4		
ALEVE TENS REFILL PADS misc	4		
ALL-BODY MASSAGE misc	4		
<i>aloe vera oil</i>	1		
ALPAWASH oint	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALPHAMOP FOAM REPLACEMENT PADS misc	4		
ALTADERM crm	4		
<i>aluminum blanket support misc</i>	4		
<i>aluminum flip off seals 13mm misc</i>	1		
<i>aluminum flip off seals 20mm misc</i>	1		
<i>amber glass bottle misc</i>	1		
<i>amber glass vials 2ml misc</i>	1		
<i>amber glass vials 2ml/13mm misc</i>	1		
<i>amber glass vials 30ml/20mm misc</i>	1		
AMEDA ADAPTER CAP misc	4		
AMEDA BREAST FLANGE INSERT misc	4		
AMEDA CUSTOMFIT BREAST FLANGE misc	4		
AMEDA DIAPHRAGMS misc	4		
AMEDA DUAL HYGIENIKIT SYSTEM misc	4		
AMEDA DUAL HYGIENIKIT W/ADAPT misc	4		
AMEDA ELITE BREAST PUMP misc	4		
AMEDA FINESSE BREAST PUMP misc	4		
AMEDA FLEXISHIELD misc	4		
AMEDA MYA JOY BREAST PUMP misc	4		
AMEDA MYA JOY BREAST PUMP/TOTE misc	4		
AMEDA ONE-HAND BREAST PUMP misc	4		
AMEDA PLATINUM BREAST PUMP misc	4		
AMEDA PURELY YOURS BREAST PUMP misc	4		
AMEDA SILICONE TUBING misc	4		
AMEDA TUBING ADAPTER misc	4		
AMEDA VALVES misc	4		
AMERIGEL WOUND DRESSING gel	4		
<i>amielle restore vag exercisers misc</i>	4		
AMIELLE VAGINAL TRAINER misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amondys 45 100 mg/2ml iv soln</i>	6		
<i>anhydrous gel base gel</i>	1		
ARBEM H-COSMETIC crm	4		
ARBEM LIOPEN crm	4		
ARGYLE TRACH TUBE HOLDER misc	4		
ARIDA gel	4		
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
ASTAMED MYO cap	6		
ATREVIS HYDROGEL crm	4		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	2		
<i>aum mini insulin pen needle 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</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	2		
<i>aum pen needle 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</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	2		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	2		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
<i>autoclave air filter misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>autoclave paper 36" x 36" misc</i>	1		
<i>autoclave printer paper misc</i>	4		
AUTOJECT 2 misc	4		
AUTOSOFT 30 INFUSION SET misc	4		
AUTOSOFT 90 INFUSION SET misc	4		
AUTOSOFT XC INFUSION SET misc	4		
AUXIPRO VANISHING crm	4		
AVITENE pad	4		
AVO CREAM ext emul	4		
AVOSTARTGRIP misc	4		
<i>az cream crm</i>	4		
AZADROX gel	4		
<i>baby fridge misc</i>	4		
<i>baby skin protectant 41 % oint</i>	1		
<i>bamboo cane misc</i>	4		
<i>bandage scissors misc</i>	4		
<i>bariatric aluminum cane misc</i>	4		
BASADROX gel	4		
BASE PCCA CLARIFYING crm	4		
<i>base w301 crm</i>	1		
<i>bath bench with back misc</i>	4		
<i>bath/shower seat misc</i>	4		
<i>bathtub safety rail misc</i>	4		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD HYPODERMIC NEEDLE 18G X 1" misc	4		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE 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	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc,	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc			
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	1		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	1		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	2		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	1		
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	1		
BD PHLEBOTOMY SHARPS COLLECTOR misc	1		
BD SAFE CLIP NEEDLE CLIPPER misc	4		
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	1		
BD SHARPS COLLECTOR misc	1		
<i>bd sharps container home misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BD SHARPS DISPOSAL BY MAIL misc	1		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	1		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
<i>bed wedge misc</i>	4		
<i>beutlich ph test roll misc</i>	4		
BIAFINE ext emul	4		
<i>bi-focal magnifier misc</i>	4		
BIONECT 0.2 % crm, 0.2 % foam, 0.2 % gel	4		
<i>blood collection tube holder misc</i>	4		
<i>blood pressure smart card misc</i>	4		
<i>bmi digital smart scale misc</i>	4		
BOTOX COSMETIC 100 unit im soln, 50 unit im soln	4		
<i>bottle 120ml/spray/clr plastic misc</i>	1		
<i>bottle 2oz/blue glass/dropper misc</i>	1		
<i>bottle 500ml/boston round/cap misc</i>	1		
<i>bottle 8oz/boston round/cap misc</i>	1		
<i>bottle amber glass 33oz misc</i>	1		
<i>bottle amber graduated 16oz misc</i>	1		
<i>bottle amber graduated 8oz misc</i>	1		
<i>bottle/white 6oz w/twist top misc</i>	1		
<i>bottletop dispenser misc</i>	1		
<i>bottletop dispenser adapter misc</i>	1		
<i>breast pump misc</i>	4		
<i>breathe comfort nasal aspirato misc</i>	4		
<i>breathe comfort nasal irrigat misc</i>	4		
<i>breathe ease neb mask/child misc</i>	4		
<i>breathe ease neb mask/infant misc</i>	4		
<i>breathe ease pulse oximeter misc</i>	4		
BRIDION 200 mg/2ml iv soln, 500 mg/5ml iv soln	4		
<i>bubble point tester kit/wizard misc</i>	1		
<i>cane misc</i>	4		
<i>cane for blind folding misc</i>	4		
<i>cane holder misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cane tips misc</i>	4		
<i>cane tips 3/4" misc</i>	4		
<i>cane tips 7/8" misc</i>	4		
<i>cane tips for alum 3/4" misc</i>	4		
<i>cane tips for wood 3/4" misc</i>	4		
<i>cane tips for wood 5/8" misc</i>	4		
<i>cane tips for wood 7/8" misc</i>	4		
<i>cane wrist strap misc</i>	4		
<i>cane/offset handle misc</i>	4		
<i>cane/t-handle misc</i>	4		
<i>cantharidin 0.7 % ext soln</i>	1		
CARBOGEL 940 gel	4		
CARBOHOL 940 gel	4		
<i>carbomer aqueous gel</i>	1		
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	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>careone unifine pentips 31G X 8 MM misc</i>	2		
<i>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</i>	1		
CARETOUCH 2 CPAP HOSE HANGER misc	4		
CARETOUCH CPAP & BIPAP HOSE misc	4		
CARETOUCH CPAP MASK WIPES misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARETOUCH CPAP PRE-WASH SOLN misc	4		
CARETOUCH CPAP TUBE BRUSH misc	4		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
CARETOUCH 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, 32G X 5 MM misc, 33G X 4 MM misc	1		
CARETOUCH PULSE OXIMETER misc	4		
CARETOUCH UNIVERSL CPAP FILTER misc	4		
CAREX COCCYX CUSHION misc	4		
CAREX ULTRA GRABBER 32" misc	4		
CAREX WHEELCHAIR misc	4		
CARNITOR 330 mg tab	4		
CARNITOR 1 gm/10ml soln, 200 mg/ml iv soln	4		
CARNITOR SF 1 gm/10ml soln	4		
CAYA vag diaph	4		QL(1 / 365)
<i>cellpad sheet</i>	4		
CEQR SIMPLICITY 2U dev	4		
CEQR SIMPLICITY INSERTER misc	6		
<i>cervical pillow misc</i>	4		
<i>cervical pillow/cover misc</i>	4		
<i>cetyl myristoleate 20 % pwdr</i>	1		
<i>chemo transfer pin misc</i>	4		
<i>cherry syr</i>	1		
<i>cherry concentrate syr</i>	1		
<i>chloroform soln</i>	1		
CHRYSADERM DAY crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CHRYSADERM NIGHT crm	4		
CINIS PREEMIE HALO LARGE misc	4		
CINIS PREEMIE HALO MEDIUM misc	4		
CINIS PREEMIE HALO SMALL misc	4		
<i>classics rolling walker misc</i>	4		
<i>cleanroom tacky mat 18"x36" misc</i>	1		
<i>clear glass vial 10ml misc</i>	1		
<i>clear glass vials 2ml misc</i>	1		
CLEODERM crm	4		
CLEVER CHOICE BMI SCALE misc	4		
CLEVER CHOICE BREAST PUMP misc	4		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE HEARING AMPLIFIE misc	4		
CLEVER CHOICE HYDROTHERAPY SYS misc	4		
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
CLINERE EARWAX CLEANERS misc	4		
CLINERE EARWAX REMOVER misc	4		
CLIP & STOR misc	4		
<i>co monitor dev</i>	1		
<i>coatamax patch sheet</i>	4		
COMAR PRESS-IN BOTTLE ADAPTERS misc	4		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	1		
<i>comfort curve massage cushion misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		
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	1		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	2		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
COMFORT FIT FLANGES LARGE misc	4		
COMFORT PERSONAL CLEANS CART misc	4		
COMFORT PERSONAL MICROWAVE misc	4		
COMFORT PERSONAL SHAMPOO CAP misc	4		
COMFORT PERSONAL WARMER 14-CT misc	4		
COMFORT PERSONAL WARMER 28-CT misc	4		
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5	1		

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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, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc			
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>commode misc</i>	4		
<i>commode 3-in-1 misc</i>	4		
<i>commode bedside misc</i>	4		
<i>commode bedside/back misc</i>	4		
<i>commode pail misc</i>	4		
<i>commode splash guard misc</i>	4		
COMPLETE NEEDLE COLLECTION SYS misc	1		
<i>compressor nebulizer misc</i>	1		
<i>condoms misc</i>	1		QL(12 / 30)
<i>contour back cushion misc</i>	4		
<i>contour fitted sheets misc</i>	4		
<i>contour mattress cover misc</i>	4		
CORETEXT 1 ml inj susp, 2 ml inj susp	6		
<i>corn (syrup) syr</i>	1		
<i>coverall boots/disposable/univ misc</i>	1		
<i>coverall w/hood/3xl misc</i>	1		
<i>coverall w/hood/small misc</i>	1		
<i>coverall w/hood/xl misc</i>	1		
<i>coverall w/hood/xxl misc</i>	1		
<i>coveralls elast back/wrst/ankl misc</i>	1		
<i>cream base crm</i>	1		
<i>cream base niosomes crm</i>	1		
<i>cream base with liposome crm</i>	1		
<i>cream concentrate crm</i>	1		
<i>cream-heavy base niosomes crm</i>	1		
<i>crutch misc</i>	4		
<i>crutch accessory kit misc</i>	4		
<i>crutch handgrips misc</i>	4		
<i>crutch pillows/arm/hand misc</i>	4		
<i>crutch set misc</i>	4		
<i>crutch tips misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>crutch underarm pads misc</i>	4		
<i>crutches-aluminum misc</i>	4		
CRUTCH-MATE ADULT ARM misc	4		
CRUTCH-MATE ADULT FOREARM misc	4		
CRUTCH-MATE ADULT HAND GRIP LG misc	4		
CRUTCH-MATE ADULT HAND GRIPS misc	4		
CURAFIL WOUND DRESSING gel	4		
<i>custom-flex misc</i>	4		
<i>cutis plus crm</i>	4		
<i>cvs alkaline batteries size aa misc</i>	4		
<i>cvs cane misc</i>	4		
<i>cvs crutches misc</i>	4		
<i>cvs diabetic organizer misc</i>	4		
<i>cvs ear plugs misc</i>	4		
<i>cvs gel grip folding cane misc</i>	4		
<i>cvs inflatable vinyl cushion misc</i>	4		
<i>cvs manuka honey wound gel</i>	4		
<i>cvs needle collection/disposal misc</i>	1		
<i>cvs pill splitter misc</i>	4		
<i>cvs pulse oximeter misc</i>	4		
<i>cvs quad cane misc</i>	4		
<i>cvs ready set go bath bench misc</i>	4		
<i>cvs reusable sheet protector misc</i>	4		
<i>cvs rubber cushion misc</i>	4		
<i>daily moisturizer 41 % oint</i>	1		
DEEP-TISSUE misc	4		
<i>deferoxamine mesylate 2 gm inj soln, 500 mg inj soln</i>	5	DESFERAL	
<i>dental guard misc</i>	4		
<i>deodorant tubes 2.65oz-caps misc</i>	1		
DERPIXA gel	4		
DESFERAL 500 mg inj soln	6		
<i>desflurane inh soln</i>	1	SUPRANE	
<i>dial-a-dose syringe 15ml misc</i>	4		
<i>dial-a-dose syringe 30ml misc</i>	4		
<i>dial-a-dose syringe 60ml misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
DIFFUSER ULTRA SONIC misc	4		
DIGIFAB 40 mg iv soln	4		
<i>digital glass scale misc</i>	4		
<i>dimethyl sulfoxide soln</i>	1		
DINAMAP MONITOR PROBE COVERS misc	4		
<i>disp single head stethoscope misc</i>	4		
<i>dispenser 50ml/foamer pump misc</i>	4		
<i>dispenser md jar 50ml misc</i>	4		
<i>dispenser md pen 6.5ml misc</i>	4		
<i>dispenser md pump 0.5ml misc</i>	4		
<i>dispenser md pump 1.0ml misc</i>	4		
<i>dispenser md pump 1.5ml misc</i>	4		
<i>dispenser md pump bottle 100ml misc</i>	4		
<i>dispenser md pump bottle 150ml misc</i>	4		
<i>dispenser md pump bottle 15ml misc</i>	4		
<i>dispenser md pump bottle 200ml misc</i>	4		
<i>dispenser md pump bottle 240ml misc</i>	4		
<i>dispenser md pump bottle 30ml misc</i>	4		
<i>dispenser md pump bottle 50ml misc</i>	4		
<i>dispenser md pump bottle 80ml misc</i>	4		
<i>dispenser md syringe 10ml misc</i>	4		
<i>dispenser md syringe 5ml misc</i>	4		
<i>dispenser megapump airless misc</i>	4		
<i>dispenser megapump mezzo rnd misc</i>	4		
DISPENSER TIP CAP/PRECISED DOSE misc	4		
<i>dispenser/md foamer misc</i>	1		
<i>disposable bulb/valve misc</i>	4		
<i>diverter valve misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DOJOLVI 100 % liq	4		
<i>doptainers 10ml misc</i>	4		
DOVER COMMODE SPECIMEN COLLECT misc	4		
DOVER MIDSTREAM SPECIMEN CATCH misc	4		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>dropper & screw cap 4oz misc</i>	4		
<i>dropping bottle 30ml misc</i>	1		
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>dropsafe safety pen needles 31G X 5 MM misc</i>	2		
<i>droptainer tip caps misc</i>	4		
<i>droptainers ophthalmic 15ml misc</i>	4		
<i>droptainers ophthalmic 3ml misc</i>	4		
<i>droptainers ophthalmic 7ml misc</i>	4		
<i>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</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	1		
<i>dual paddle folding walker misc</i>	4		
DUNLAP FOAM RING CUSHION misc	4		
DUNLAP INFLATABLE VINYL RING misc	4		
DUODOTE 2.1-600 mg im soln auto-inj	4		
DURABASE crm	4		
DURABASE ADVANCED crm	4		
DUREX EXTRA SENSITIVE THIN dev	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
DYNAGEL 20 % gel	4		
<i>ear wax removal/tri-stream tip misc</i>	4		
<i>earplugs misc</i>	4		
EASIVENT misc	4		
EASIVENT MASK LARGE misc	4		
EASIVENT MASK MEDIUM misc	4		
EASIVENT MASK SMALL misc	4		
<i>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</i>	1		
<i>easy comfort insulin syringe 31G X 5/16" 0.3 ml misc</i>	2		
<i>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</i>	1		
<i>easy comfort pen needles 31G X 8 MM misc</i>	2		
<i>easy feed electric breast pump misc</i>	4		
<i>easy glide pen needles 33G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ml misc, 30G X	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc			
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" misc	4		
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" misc	4		
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	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 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	1		
EASY TOUCH 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	2		
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	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		
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	1		
EASYPOINT NEEDLE 18G X 1" misc	4		
Ebase CONTROLLER KIT misc	4		
ECO-SMARTFUNNEL 186ML misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>egg crate bed pad misc</i>	4		
<i>electrodes 2"x2"/reusable misc</i>	4		
<i>electrotherapy pain relief misc</i>	4		
ELON PROFESSIONAL NAIL CARE misc	4		
<i>elongated toilet seat elevator misc</i>	4		
ELOSHIELD FACE SHIELD misc	4		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
EMOLIVAN crm	4		
<i>emollient base crm</i>	1		
<i>empty vial 3ml misc</i>	1		
ENDARI 5 gm pckt	5		
ENDO AVITENE ext misc	4		
<i>endoscopic delivery system misc</i>	4		
<i>endurance four leg seat cane misc</i>	4		
ENDURANCE HD COMMODE misc	4		
ENLITE SERTER misc	4		
<i>enovarx-amitriptyline 2 % ext kit</i>	4		
EPICYN ext soln	4		
<i>eq bath & shower seat/back misc</i>	4		
<i>eq folding walker misc</i>	4		
<i>eq wheelchair folding black misc</i>	4		
<i>eq ear plugs/silicone misc</i>	4		
<i>eq insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>eql mustache/beard scissors misc</i>	4		
<i>eql skin care tool misc</i>	4		
<i>essentra wipes 9x9" 70 % sheet</i>	4		
EVERYDAY PICK misc	4		
EXCEL-GEL gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
<i>extendable bedside rail misc</i>	4		
<i>eye/ear dropper misc</i>	4		
E-Z LOCK RAISED TOILET SEAT misc	4		
EZY DOSE ADULT-LOCK PILL CUT misc	4		
EZY DOSE CUT N CRUSH misc	4		
EZY DOSE DELUXE PILL CUTTER misc	4		
EZY DOSE EZY CRUSH PILL CRUSH misc	4		
EZY DOSE MEDICINE CUPS misc	4		
EZY DOSE PILL CUTTER misc	4		
EZY DOSE PILL CUTTER ORIGINAL misc	4		
<i>face shield misc</i>	4		
<i>face shield full length misc</i>	4		
<i>face shield full length/clear misc</i>	4		
<i>fagron ls plus crm</i>	4		
<i>fagron natural crm</i>	4		
<i>fagron supreme crm</i>	4		
<i>fall mat misc</i>	4		
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
<i>fashion cane/t-handle misc</i>	4		
<i>fattibase oint</i>	1		
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		QL(1 / 365)
<i>fetal doppler misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
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	1		
<i>filter 0.2 micron/25mm misc</i>	1		
<i>filter 0.2 micron/32mm misc</i>	1		
<i>filter 0.2 micron/47mm misc</i>	1		
<i>filter 0.22 micron/73mm/1000ml misc</i>	1		
<i>filter air pp misc</i>	1		
<i>filter attachment misc</i>	1		
<i>filter fluorodyne/0.22 micron misc</i>	4		
<i>filter/millex-gp/50mm/clear misc</i>	4		
FITALITE crm	4		
FLA ADJUST AIR ANKLE WALKER misc	4		
<i>flaortho walker misc</i>	4		
FLAVOR BLEND susp	4		
<i>flavor sweet syr</i>	4		
<i>flavor sweet-sf syr</i>	4		
<i>flex & go folding cane misc</i>	4		
FLEX SHIELD WITH EAR LOOPS misc	4		
FLEX SHIELD WITH TIE STRINGS misc	4		
FLEX THERAPY misc	4		
FLEXICHAMBER dev	4		
FLEXICHAMBER ADULT MASK/SMALL misc	4		
FLEXICHAMBER CHILD MASK/LARGE misc	4		
FLEXICHAMBER CHILD MASK/SMALL misc	4		
<i>flight ear plugs misc</i>	4		
<i>foam chair cushion misc</i>	4		
<i>foam crutch pad misc</i>	4		
<i>foam cushion misc</i>	4		
<i>foam ear plugs misc</i>	4		
<i>foam invalid cushion misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>foam ring 2" misc</i>	1		
FOAMIL ext liq	6		
<i>foil wrapper 3" x 3" misc</i>	4		
<i>folding cane misc</i>	4		
<i>folding commode misc</i>	4		
<i>folding paddle walker misc</i>	4		
<i>folding reacher misc</i>	4		
<i>folding seat cane misc</i>	4		
<i>folding walker misc</i>	4		
<i>folding walker/adult misc</i>	4		
<i>folding walking cane misc</i>	4		
<i>food color blue liq</i>	1		
<i>foot massager misc</i>	4		
FORA GATEWAY misc	4		
FORA GW9014 TELEHEALTH GATEWAY misc	4		
FORA TN'G SCALE 550 misc	4		
FORANE inh soln	4		
<i>freds pharmacy unifine pentip+ 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>freds pharmacy unifine pentips 32G X 4 MM misc</i>	1		
FREE SPIRIT KNEE/LEG WALKER misc	4		
<i>freedom adaptaderm crm</i>	4		
<i>freedom derma serum crm</i>	4		
FREEDOM DERMA-D crm	4		
FREEDOM DERMA-N crm	4		
FREESTYLE DOUBLE BREASTPUMP misc	4		
GELFILM ext film	4		
GELFOAM COMPRESSED SIZE 100 ext misc	4		
GELFOAM DENTAL PACK SIZE 4 ext misc	4		
GELFOAM SPONGE 12-7 mm ext misc	4		
GELFOAM SPONGE SIZE 100 ext misc	4		
GELFOAM SPONGE SIZE 200 ext misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GELFOAM SPONGE SIZE 50 ext misc	4		
getgo rolling walker misc	4		
glass bottle 15ml misc	1		
glass bottle 30ml misc	1		
glass bottle 30ml/brush cap misc	1		
glass bottle 30ml/phenolic cap misc	1		
glass bottle 60ml misc	1		
glass serum bottles 20ml misc	1		
glass serum bottles 2ml misc	1		
glass serum bottles 30ml misc	1		
glass serum bottles 5ml misc	1		
glass vial 2ml misc	1		
glass vial amber 3ml misc	1		
GLEOLAN 1.5 gm soln	5		
global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
global ease inject pen needles 32G X 4 MM misc	2		
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	1		
global easy glide pen needles 32G X 4 MM misc	1		
global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 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	1		
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	2		
global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1		
<i>gnp assorted combs misc</i>	4		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp deluxe pulse oximeter misc</i>	4		
<i>gnp digital weight scale misc</i>	4		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	2		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	2		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	2		
<i>gnp nail clippers misc</i>	4		
<i>gnp pocket tissue misc</i>	4		
<i>gnp pulse oximeter misc</i>	4		
<i>gnp reacher 32" misc</i>	4		
<i>gnp tweezers slant tip misc</i>	4		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
GOJJI WEIGHT SCALE misc	4		
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>graduated bottle 2oz misc</i>	1		
<i>graduated bottle 4oz misc</i>	1		
<i>grape syrup syr</i>	4		
<i>groove rolling walker misc</i>	4		
<i>hand held shower spray misc</i>	4		
<i>haproderm gel</i>	4		
HARMONY BREASTPUMP misc	4		
<i>head covers 24" misc</i>	1		
<i>head halter misc</i>	4		
<i>head halter over door traction misc</i>	4		
<i>head lice comb misc</i>	4		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	1		
<i>healthwise mini pen needles 31G X 6 MM misc</i>	1		
<i>healthwise pen needles 29G X 12MM misc</i>	1		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>healthwise unifine pentips 32G X 4 MM misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1		
HEAT THERAPY misc	4		
<i>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</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
<i>heelboot large misc</i>	4		
<i>heelboot laundry bag misc</i>	4		
<i>heelboot liner large misc</i>	4		
<i>heelboot liner regular misc</i>	4		
<i>heelboot regular misc</i>	4		
<i>heelboot walk pad misc</i>	4		
HIBICLENS FOOT PEDAL misc	4		
HIBICLENS HAND PUMP 16OZ misc	4		
HIBICLENS HAND PUMP 32OZ misc	4		
HIBICLENS HAND PUMP GALLON misc	4		
HIBICLENS HAND PUMP NON FOAM misc	4		
HIBICLENS PUMP ASSEMBLY misc	4		
HIBICLENS WALL DISPENSER/FOOT misc	4		
HIBICLENS WALL DISPENSER/HAND misc	4		
<i>hm comfort foam ear plugs misc</i>	4		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	2		

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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	1		
<i>home style bed rails misc</i>	4		
<i>hormone cr heavy base niosomes crm</i>	1		
<i>hormone cream base niosomes crm</i>	1		
<i>hot-cold therapy misc</i>	4		
HUMATROPEN FOR 12MG dev	4		
HUMATROPEN FOR 24MG dev	4		
HUMATROPEN FOR 6MG dev	4		
HURRICAIN DISPENSING CAP misc	4		
HURRICAIN LIQUID DISPENSER misc	4		
HURRICAIN SPR EXTENSION TUBES misc	4		
HURRIKAK PERIO IRRIGATION TIPS misc	4		
HURRIKAK PERIODONTAL ANESTHETI misc	4		
HURRYCANE FREEDOM EDITION CANE misc	4		
HYDROGEL gel	4		
<i>hydrous emulsified base crm</i>	4		
<i>hygel 2.5 % gel</i>	4		
<i>hypodermic needle 18G X 1" misc</i>	4		
ICY DIAMOND TOTE CANVAS misc	4		
ICY DIAMOND TOTE NON LEATHER misc	4		
ICY HOT TENS THERAPY REFILL misc	4		
<i>illusions aa breast prosthesis misc</i>	4		
<i>illusions c breast prosthesis misc</i>	4		
INBRIJA 42 mg inh cap	6		
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>indicator/biological test kit</i>	4		
<i>inflatable neck rest misc</i>	4		
<i>inhalation vial cap/blue misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>inhalation vial cap/green misc</i>	1		
<i>inhalation vial cap/orange misc</i>	1		
<i>inhalation vial cap/red misc</i>	1		
<i>inhalation vial cap/white misc</i>	1		
<i>inhalation vial cap/yellow misc</i>	1		
<i>inhalation vial w/ cap/orange misc</i>	1		
<i>inhalation vial w/cap/blue misc</i>	1		
<i>inhalation vial w/cap/green misc</i>	1		
<i>inhalation vial w/cap/red misc</i>	1		
<i>inhalation vial w/cap/white misc</i>	1		
<i>inhalation vial w/cap/yellow misc</i>	1		
<i>inhalation vial w/o cap/amber misc</i>	1		
<i>inhalation work stat/50 holes misc</i>	1		
<i>inject-ease misc</i>	4		
INSPIREASE misc	4		
INSPIREASE RESERVOIR BAGS misc	4		
<i>insulin syringe 28G X 1/2" 0.5 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" 1 ml misc</i>	1		
<i>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</i>	2		
<i>insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>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</i>	1		
<i>insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc	1		
INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
INTERCEED pad	4		
INTRASITE GEL APPLIPAK gel	4		
<i>iodine strong 5 % soln</i>	1		
IODOFLEX 0.9 % pad	4		
<i>isoflurane inh soln</i>	1	FORANE	
<i>itouch sure pelvic exerciser misc</i>	4		
J & J ANTISEPTIC WIPES misc	4		
J & J INSTANT COLD PACK misc	4		
J & J TOURNIQUET misc	4		
<i>jar/8oz/white lid misc</i>	1		
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
<i>journey series rolling walker misc</i>	4		
<i>jug amber glass 4l misc</i>	1		
KABOOTI misc	4		
KABOOTI ICE misc	4		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
KANESON BREAST PUMP/NURSER misc	4		
KANGAROO RIGID CONTAINER misc	4		
<i>kegel ball trainer misc</i>	4		
<i>kegel fit misc</i>	4		
<i>kegel toner pelvic trainer misc</i>	4		
KERAGEL gel	4		
KERAGELT gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KERAMATRIX REPLICINE 10CMX10CM sheet	4		
KERAMATRIX REPLICINE 5CMX5CM sheet	4		
<i>ketamine hcl 100 mg Sublingual Troche</i>	1		
<i>ketamine hcl 30 mg/3ml inj soln pfs, 50 mg/5ml inj soln pfs</i>	2		
<i>ketamine hcl-sodium chloride 50- 0.9 mg/5ml-% iv soln pfs</i>	1		
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U- 100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U- 100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>krisgel 100 gel</i>	1		
<i>croger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>croger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i> kroger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	2		
K-Y ME & YOU EXTRA LUBRICATED dev	4		QL(12 / 30)
K-Y ME & YOU INTENSE dev	4		QL(12 / 30)
<i> lab coat-disposable misc</i>	4		
<i> lab coat-disposable large misc</i>	1		
<i> lab coat-disposable medium misc</i>	1		
<i> lab coat-disposable small misc</i>	1		
<i> lab coat-disposable xl misc</i>	1		
<i> lab coat-disposable xxl misc</i>	1		
<i> ladycare menopause misc</i>	4		
<i> lanolin anhydrous oint</i>	1		
LANSINOH BREASTFEEDING PILLOW misc	4		
LANSINOH BREASTMILK COLLECTOR misc	4		
LANSINOH EXTRA PUMPING SET misc	4		
LANSINOH MANUAL BREAST PUMP misc	4		
LANSINOH POSTPART WASH BOTTLE misc	4		
LANSINOH PUMP ADAPTERS misc	4		
LANSINOH SMART PUMP TOTE BAGS misc	4		
LANSINOH SMARTPUMP misc	4		
LANSINOH SMARTPUMP 2.0 misc	4		
LATCH ASSIST NIPPLE EVERTER misc	4		
<i> leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>lecithin oral gr</i>	1		
<i>lecithin organogel gel</i>	1		
<i>levocarnitine 200 mg/ml iv soln</i>	1		
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
<i>levocarnitine sf 1 gm/10ml soln</i>	1	CARNITOR	
LIOPEN ABSORPTION ENHANCING crm	4		
<i>lip balm base oint</i>	1		
<i>lipo cream base crm</i>	4		
LIPOBASE crm	1		
LIPOCREAM BASE crm	4		
<i>lipolayer crm</i>	4		
<i>lipopen ultra base crm</i>	4		
<i>liposomal heavy crm</i>	4		
<i>liposomal regular crm</i>	4		
LIPOZYME crm	4		
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	1		
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	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
<i>los yankauer holder misc</i>	4		
LUCEMYRA 0.18 mg tab	4		
<i>luer tip cap tray misc</i>	4		
<i>lullaby dbl elect breast pump misc</i>	4		
<i>lumbar cushion misc</i>	4		
<i>lumbar support cushion misc</i>	4		
LUXAMEND crm	4		

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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	1		
<i>magnifier hands-free misc</i>	4		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
<i>massager misc</i>	4		
<i>mattress cover misc</i>	4		
<i>mattress pad misc</i>	4		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
<i>mazerustar mixer/mix container misc</i>	4		
MEDELA DOUBLE BREAST PUMP misc	4		
MEDELA LACTINA DOUBLE PUMPING misc	4		
MEDELA PUMP IN STYLE misc	4		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine dropper misc</i>	4		
<i>medicine dropper/calibrated misc</i>	4		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		
<i>medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>medicine spoon misc</i>	4		
MEDI-COOLER misc	4		
MEDIDERM crm	4		
MEDI-FRIDGE IIX misc	4		
<i>medi-rdt blister packs misc</i>	4		
<i>medneb neb-with dispo neb kit misc</i>	4		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	2		
<i>metal reacher misc</i>	4		
<i>metered nasal spray pump 15ml misc</i>	1		
METHERGINE 0.2 mg tab	4		
<i>methohexital sodium 100 mg/10ml iv soln pfs</i>	1		
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
MICROCLENS WALL MOUNT BRACKET misc	4		
<i>microderm base crm</i>	4		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
MICROSOME BASE crm	4		
MINI COMPRESSOR misc	4		
MINI DIFFUSER misc	4		
<i>mini mallet 3/4" plastic misc</i>	4		
<i>mini transfer pin misc</i>	4		
MINIMED MIO ADVANCE INFUSE SET misc	4		
MINIMED PUMP RESERVOIR 3ML misc	4		
MINIMED QUICK SET INF SET 18" misc	4		
MINIMED QUICK SET INF SET 23" misc	4		
MINIMED QUICK SET INF SET 32" misc	4		
MINIMED QUICK SET INF SET 43" misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mitomycin pwdr</i>	5		
MITOSOL 0.2 mg ophth kit	4		
<i>mixer/mazerustar emp jar adp misc</i>	1		
<i>mixer/mazerustar kk-250s-300ss misc</i>	1		
<i>mixer/mazerustar kk-300ss misc</i>	1		
<i>mixer/mazerustar kk-400w misc</i>	1		
<i>mixer/mazerustar md pump adp misc</i>	1		
<i>mixer/mazerustar/jar adp set misc</i>	1		
<i>mixer/mazerustar/jar mxing adp misc</i>	1		
<i>mixer/mazerustar/unodose adapt misc</i>	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>mn8 misc</i>	4		
MOIST-SURE REPLACEMENT COVER/L misc	4		
MOIST-SURE REPLACEMENT COVER/M misc	4		
MOIST-SURE REPLACEMENT COVER/P misc	4		
MOISTUREPLUS COVER LARGE misc	4		
MOISTUREPLUS COVER/MEDIUM misc	4		
MOISTUREPLUS COVER/PETITE misc	4		
MONOJECT BLOOD COLLECTION SET misc	4		
MONOJECT BLOOD COLLECTION TUBE misc	4		
MONOJECT HYPODERMIC NEEDLE 18G X 1" misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	1		
MONOJECT MAGELLAN SAFETY NDL 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 5/8" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 5/8" misc, 25G X 1" misc, 25G X 5/8" misc	4		
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	1		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>mucosal atomization device misc</i>	4		
MULTIBASE crm	4		
MX-SOL syr	4		
MX-SOL BLEND susp	4		
MX-SOL BLEND SF susp	4		
MX-SOL SF syr	4		
MX-SOL SUSPEND susp	4		
<i>nail polish bottle/brush 15ml misc</i>	4		
<i>nailit misc</i>	4		
NASADOCK misc	4		
<i>nasal spray metered pump misc</i>	4		
<i>natural wood cane misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>natural wood walking stick misc</i>	4		
NATURESPIRIT misc	4		
NEXCARE COMFORT FOAM EAR PLUGS misc	4		
NEXCARE REUSABLE EAR PLUGS misc	4		
NG SECURE misc	4		
NIX ELECTRONIC LICE COMB misc	4		
NIX METAL TWO-SIDED COMB misc	4		
NOKOR VENTED NEEDLE 18G X 1" misc	4		
NORDIPEN 5 INJECTION DEVICE misc	4		
NORDIPEN DELIVERY SYSTEM misc	4		
<i>nouri auto misc</i>	4		
<i>nouri duo misc</i>	4		
NOURILITE crm	4		
NOURIVAN ANTIOX BASE crm	4		
<i>nova bath seat misc</i>	4		
<i>nova cushion gel seat pad misc</i>	4		
<i>nova quad tip-four prongs misc</i>	4		
NOVAFILM gel	4		
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM misc	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
NOVOPEN ECHO dev	4		
<i>nuaskin facial scrubber misc</i>	4		
<i>nuaskin skin tag remover misc</i>	4		
<i>nuaskin vacuum pro misc</i>	4		
NU-GEL gel	4		
<i>nvzzler pro double breast pump misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nvzzler single breast pump misc</i>	4		
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	4		
OASIS ULTRA TRI-LAYER MATRIX 5X7CM sheet, 7X10CM sheet, 7X20CM sheet	4		
OASIS WOUND MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	4		
OCCLUVAN oint	4		
<i>offset cane misc</i>	4		
<i>ointment tube/metal 1oz misc</i>	1		
<i>ointment tube/metal 2oz misc</i>	1		
<i>ointment tube/metal 4oz misc</i>	1		
<i>ointment tube/opth tip 1/8oz misc</i>	1		
<i>ointment tube/plastic 1oz misc</i>	1		
<i>ointment tube/plastic 2oz misc</i>	1		
<i>ointment tube/plastic 4oz misc</i>	1		
<i>ointment tube/plastic 6oz misc</i>	1		
<i>ointment tube/plastic 8oz misc</i>	1		
OMEGAVEN 10 gm/100ml iv emul, 5 gm/50ml iv emul	6		
OMNIBASE crm	4		
OMNIFLEX DIAPHRAGM vag diaph	4		QL(1 / 365)
OMNITROPE PEN 10 INJ DEVICE misc	4		
OMNITROPE PEN 5 INJ DEVICE misc	4		
<i>one ounce medicine cups misc</i>	4		
ONE-DAY-AT-A-TIME PLANNER misc	4		
ORA-BLEND susp	4		
ORA-BLEND SF susp	4		
<i>oral dose syringe misc</i>	4		
<i>oral endotracheal device misc</i>	4		
<i>oral medicine dropper misc</i>	4		
ORAL MIX susp	4		
ORAL MIX SF susp	4		
<i>oral suspend liq</i>	4		
<i>oral syringe/brush misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oral syrup syr</i>	4		
<i>oral syrup sf syr</i>	4		
ORAPENN SD ANHYD SWEETENED liq	4		
ORAPENN SD ANHYD UNSWEETEN liq	4		
ORA-PLUS liq	4		
ORA-SWEET syr	4		
ORA-SWEET SF syr	4		
ORIG MCKENZIE CERVICAL ROLL misc	4		
<i>o-ring cushion misc</i>	4		
<i>orphenadrine citrate 30 mg/ml inj soln</i>	2	NORFLEX	
OXBRYTA 500 mg tab	5		
<i>oxytocin-lactated ringers 30 unit/500ml iv soln</i>	1		
<i>oxytocin-sodium chloride 20-0.9 unit/l-% iv soln</i>	1		
PANHEMATIN 350 mg iv soln	6		
PARADIGM PUMP RESERVOIR 1.8ML misc	4		
PARADIGM PUMP RESERVOIR 3ML misc	4		
PARADIGM SILHOUETTE COMBO 23" misc	4		
PARADIGM SILHOUETTE COMBO 43" misc	4		
PARAGARD INTRAUTERINE COPPER iud	5		PA, QL(1 / 3650)
PARI ALTERA NEBULIZER HANDSET misc	4		
PARI ALTERA NEBULIZER SYSTEM misc	4		
PARI BABY CONVERSION KIT misc	4		
PARI ERAPID NEBULIZER HANDSET misc	4		
PARI ERAPID NEBULIZER SYSTEM misc	4		
PARI LC PLUS NEB SET PED MASK misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PARI LC PLUS NEBULIZER misc	4		
PARI LC PLUS VIOS PRO NEB misc	4		
PARI LC SPRINT NEBULIZER SET misc	4		
PARI PRONEB MAX LC PLUS misc	4		
PARI PRONEB MAX LC SPRINT misc	4		
PARI SINUS AEROSOL SYSTEM misc	4		
PARI TREK S COMBO PACK dev	4		
PARI TREK S W/12V DC ADAPTOR dev	4		
PARI VIOS PRO LC PLUS SYSTEM misc	4		
PARI VIOS PRO LC SPRINT SYSTEM misc	4		
<i>pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
PCCA ACACIA SYRUP BASE syr	4		
PCCA ALADERM BASE crm	4		
PCCA ANHYDROUS LIPODERM BASE crm	4		
PCCA BASE 7542 crm	4		
PCCA BIOPEPTIDE BASE crm	4		
PCCA CANNIDEX 2.0 CUSTOM BASE crm	4		
PCCA CANNIDEX CUSTOM BASE crm	4		
PCCA COBASE #1 oint	4		
PCCA COSMETIC HRT BASE crm	4		
PCCA CUSTOM LIPO-MAX crm	4		
PCCA EMOLLIENT CREAM BASE crm	4		
PCCA LIPODERM BASE crm	4		
PCCA LIPOSOMIC BASE DRY crm	4		
PCCA LIPOSOMIC BASE NORMAL crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PCCA LIPOSOMIC BASE OILY crm	4		
PCCA LIPOSOMIC BASE SENSITIVE crm	4		
PCCA MVC BASE crm	4		
PCCA NATACREAM crm	4		
PCCA POLYPEG BASE oint	4		
PCCA PRACASIL TM-PLUS BASE crm	4		
PCCA SWEET-SF syr	4		
PCCA SYRUP VEHICLE syr	4		
PCCA VANISHING CREAM BASE crm	4		
PCCA VANISHING CREAM LIGHT crm	4		
PCCA VANPEN BASE crm	4		
PCCA WAV CUSTOM BASE crm	4		
PCCA-PLUS susp	4		
<i>pedal exerciser misc</i>	4		
<i>pediatric compressor nebulizer misc</i>	1		
<i>peg oint</i>	1		
<i>peg blend oint</i>	1		
<i>peg ointment base oint</i>	1		
<i>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</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>pen needles 5/16" 31G X 8 MM misc</i>	2		
PENCREAM crm	4		
<i>penderm crm</i>	4		
<i>pensomal crm</i>	4		
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	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
PERSONALFIT FLEX CONNECTORS misc	4		
<i>petrolatum 42 % oint</i>	1		
<i>petrolatum white oint</i>	1		
<i>petroleum jelly oint</i>	1		
<i>petroleum jelly baby oint</i>	1		
PFCB crm	4		
<i>ph accessories storage sol misc</i>	4		
PHARMABASE ANTIOXIDANT crm	4		
PHARMABASE COSMETIC crm	4		
PHARMABASE COSMETIC NATURAL crm	4		
PHARMABASE HEAVY crm	4		
PHARMABASE LIGHT crm	4		
PHARMABASE VAGINAL crm	4		
PHYSIOLYTE irrig soln	4		
PHYSIOSOL IRRIGATION irrig soln	4		
PHYTOBASE crm	4		
<i>pill box 7 day misc</i>	4		
<i>pill counting tray/right hand misc</i>	4		
<i>pill crusher misc</i>	4		
<i>pill pouch misc</i>	4		
<i>pill splitter misc</i>	4		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	2		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	2		
<i>plastic bed pan misc</i>	4		
<i>plastic bottles 30ml misc</i>	1		
<i>plastic bottles 90ml misc</i>	1		
<i>plastic enema bottle misc</i>	1		
<i>plastic jar 6oz misc</i>	1		
<i>plastic scoop 1ml misc</i>	1		
<i>platform walker attachment misc</i>	4		
<i>platinum reacher 31" misc</i>	4		
PLO GEL - MEDIFLO ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PLO GEL - MEDIFLO 30 PRE-MIXED gel	4		
PLO GEL - MEDIFLO PRE-MIXED gel	4		
<i>plo transdermal crm</i>	4		
PLO20 FLOWABLE gel	4		
PLO20 NON-FLOWABLE gel	4		
<i>pocket magnifier misc</i>	4		
<i>pocket pro+ replacement sensor misc</i>	4		
<i>polidocanol 5 % iv soln</i>	2		
<i>poly hub needle 18G X 1" misc</i>	4		
<i>polypropylene cap-liner misc</i>	1		
POSIDYNE ELD FILTER/0.2UM misc	4		
<i>posture seat misc</i>	4		
<i>potassium phosphate dibasic gr</i>	1		
<i>power adaptor pump in style misc</i>	4		
PRAXBIND 2.5 gm/50ml iv soln	5		
PRECISION CATHETER URINE SYS kit	4		
PRECISION MIDSTREAM KIT kit	4		
PRECISION SPECIMEN CONTAINER misc	4		
PRECISION SPUTUM COLLECTOR misc	4		
PRECISION STOOL COLLECTOR misc	4		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
PRECISION TISSUE GRINDER misc	4		
PRECISION TISSUE GRINDER 15ML misc	4		
PRECISION TISSUE GRINDER 50ML misc	4		
PRECISION URINE SPECIMEN SYS kit, misc	4		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>			
<i>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</i>	1		
<i>premium pill crusher misc</i>	4		
<i>press-in bottle adapters misc</i>	1		
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	2		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
<i>pro comfort foot bath misc</i>	4		
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	1		
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>pro comfort pulse oximeter misc</i>	4		
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	1		
<i>protective safety eyeware misc</i>	4		
PROTEXT 0.25 ml inj susp, 0.5 ml inj susp, 1 ml inj susp, 2 ml inj susp	6		
<i>p-siloxan ds crm</i>	4		
<i>pulse oximeter misc</i>	4		
<i>pulse oximeter deluxe misc</i>	4		
<i>pulse oximeter for finger misc</i>	4		
PUMP IN STYLE ADVANCED misc	4		
PUMP IN STYLE/MAXFLOW misc	4		
PUMP IN STYLE/MAXFLOW TUBING misc	4		
<i>pure comfort leg comp massager misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>pure comfort pen needle 32G X 4 MM misc</i>	2		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>px shortlength pen needles 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	2		
<i>quad cane misc</i>	4		
<i>quad cane tips misc</i>	4		
<i>quad cane/small base misc</i>	4		
<i>quick-fit crutches misc</i>	4		
<i>ra deluxe pulse oximeter misc</i>	4		
<i>ra extra comfort night protect misc</i>	4		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>ra petroleum jelly oint</i>	1		
RADIAPLEXRX gel	4		
RADIOGARDASE 0.5 gm cap	4		
<i>raised toilet seat misc</i>	4		
<i>raised toilet seat/lock misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>raised toilet seat/lock & arms misc</i>	4		
<i>raspberry syrup syr</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	2		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
REALITY LATEX CONDOMS misc	4		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	4		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	4		QL(12 / 30)
RECONSTITUBE misc	4		
<i>reflections aa breast prothes misc</i>	4		
<i>reflections c breast prothes misc</i>	4		
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	1		
RELION MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION PULSE OXIMETER misc	4		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>replacement neckband straps misc</i>	4		
RESTORE HYDROGEL DRESSING gel	4		
REVCovi 2.4 mg/1.5ml im soln	6		
REVITADERM WOUND CARE gel	4		
<i>ring cushion 14" misc</i>	4		
<i>ring cushion 16" misc</i>	4		
<i>ring cushion 18" misc</i>	4		
<i>ringers irrigation irrig soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rollator ultra-light misc</i>	4		
<i>roller walker misc</i>	4		
<i>rolling walker/burgundy misc</i>	4		
<i>round shower stool misc</i>	4		
<i>rubber bath mat misc</i>	4		
<i>rubber inflatable cushion misc</i>	4		
RX LOCKING CAP misc	4		
<i>sa3 derm crm</i>	4		
SAFE-SENSE BEARD NET misc	4		
SAFE-SENSE COVERALL BOOTS misc	4		
SAFE-SENSE COVERALL/HOOD/L misc	4		
SAFE-SENSE COVERALL/HOOD/M misc	4		
SAFE-SENSE COVERALL/HOOD/S misc	4		
SAFE-SENSE COVERALL/HOOD/XL misc	4		
SAFE-SENSE HEAD COVER 21" misc	4		
SAFE-SENSE HEAD COVER CIRC 21" misc	4		
SAFE-SENSE LAB COAT-LARGE misc	4		
SAFE-SENSE LAB COAT-MEDIUM misc	4		
SAFE-SENSE LAB COAT-SMALL misc	4		
SAFE-SENSE LAB COAT-XLARGE misc	4		
SAFE-SENSE SHOE COVER NON-SKID misc	4		
<i>safety pen needles 30G X 5 MM misc, 30G X 8 MM misc</i>	1		
<i>salt durable cream crm</i>	4		
SALT STABLE LS ADVANCED crm	4		
SALTSTABLE LO crm	4		
SANARE ADVANCED SCAR THERAPY crm	4		
<i>sanare scar therapy crm</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1		
<i>scar care crm</i>	4		
<i>scarcinpad sheet</i>	4		
<i>scarsilk sheet</i>	4		
SEAL-TIGHT CAST/BANDAGE misc	4		
SEAL-TIGHT MID-ARM PROTECTOR misc	4		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	2		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		
SERAQUA ext liq	6		
<i>serum bottle misc</i>	1		
<i>serum bottle stopper 20mm misc</i>	1		
<i>serum bottles 30ml/amber glass misc</i>	1		
<i>serum bottles 50ml/clear glass misc</i>	1		
<i>serum bottles/amber glass 20ml misc</i>	1		
<i>settling plate sda/29ml/100x15 misc</i>	1		
<i>settling plate tsa/25ml/100x15 misc</i>	1		
<i>sevoflurane inh soln</i>	1	ULTANE	
<i>shapers layered breast shaper misc</i>	4		
<i>sharps collector misc</i>	1		
<i>sharps container misc</i>	1		
<i>sharps disposal by mail system misc</i>	1		
SHOPKO UNIFINE PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>shower-pak misc</i>	4		
SIGNATURE PRO ELEC BREAST PUMP misc	4		
SILHOUETTE 23" INFUSION SET misc	4		
SILHOUETTE 43" INFUSION SET misc	4		
SILHOUETTE INFUSION SET 18" misc	4		
<i>silicone ear plugs misc</i>	4		
<i>silicone ear plugs for kids misc</i>	4		
<i>silicone earplugs childrens misc</i>	4		
<i>silprotex plus crm</i>	4		
SILTREX sheet	4		
SILVERSEAL HYDROGEL DRESSING 2"X3" pad, 4"X5" pad	4		
<i>simple syrup syr</i>	1		
SIMPLE WISHES PUMPING BRA misc	4		
SIMPLYGO BREAST PUMP misc	4		
<i>sirolimus pwdr</i>	5		
<i>sitz bath misc</i>	4		
<i>skin protectant 44.28 % oint</i>	1		
<i>skyy derm crm</i>	4		
SLEEPRIGHT BREATHE AID misc	4		
SLEEPRIGHT DENTAL GUARD misc	4		
SLEEPRIGHT DENTAL GUARD DURA misc	4		
SLEEPRIGHT DENTAL GUARD SLIM misc	4		
SLEEPRIGHT SPORT BREATHE AID misc	4		
SLEEPRIGHT VAPOR INHALER misc	4		
<i>sm foam ear plugs misc</i>	4		
<i>sm walker/youth misc</i>	4		
<i>snap-on chlorobutyl stopper misc</i>	1		
SOFT HANDS COTTON GLOVE misc	4		
SOHONOS 5 mg cap	4		
SOLOSITE WOUND GEL gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SOLOX gel	4		
SOLYDRA ext liq	6		
SONAFINE ext emul	4		
SOOTHIES COOLING GEL PADS misc	4		
SOOTHIES GEL PADS misc	4		
SOSWEET syr	4		
<i>spiro pd dev</i>	4		
<i>splash shield full face misc</i>	4		
<i>splash shield short face misc</i>	4		
<i>split handgrips misc</i>	4		
<i>spray applicator kit misc</i>	1		
<i>spray bottle/plastic 120ml misc</i>	4		
SSKI 1 gm/ml soln	4		
<i>standard crutch tip misc</i>	4		
<i>steel rolling walker misc</i>	4		
<i>step counter misc</i>	4		
STEP N REST II WALKER misc	4		
STEP N REST WALKER misc	4		
<i>stethoscope misc</i>	4		
<i>stethoscope dual head misc</i>	4		
<i>stethoscope single head misc</i>	4		
STIMULEN gel	4		
<i>stirring rod/glass 12x1/4" misc</i>	1		
<i>stocking applicator petite misc</i>	4		
<i>stocking applicator regular misc</i>	4		
<i>stop lice egg & nit removal misc</i>	4		
<i>strainer/stainless steel/2.5" misc</i>	1		
STRATA GRT gel	4		
STRATAGRAFT sheet	4		
<i>suction grab bar misc</i>	4		
<i>suction tips misc</i>	4		
<i>suppository mold 2gm misc</i>	4		
<i>suppository mold/aluminum 2 gm misc</i>	1		
<i>suppository molds 1.3 ml misc</i>	4		
<i>suppository molds 2 cc/v-notch misc</i>	4		
<i>suppository molds 2 ml misc</i>	4		
<i>suppository molds 2.25 ml misc</i>	4		
<i>suppository molds 3 ml misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>suppository shell rack misc</i>	1		
<i>suppository shells 2.0 ml misc</i>	1		
<i>suppository shells 2.4ml misc</i>	1		
SUPRANE inh soln	4		
<i>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 X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>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</i>	2		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
SURE T INFUSION SET 23"/10MM misc	4		
SURE T INFUSION SET 23"/6MM misc	4		
SURE T INFUSION SET 23"/8MM misc	4		
SURE T INFUSION SET 32"/10MM misc	4		
SURE T INFUSION SET 32"/6MM misc	4		
SURE T INFUSION SET 32"/8MM misc	4		
SURELIFE CLEARWAVE II OXIMETER misc	4		
SURELIFE CLEARWAVE OXIMETER misc	4		
SUSPENDIT ANHYDROUS susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SUSPENDRX W/BITTERBLOC SWEET susp	4		
SUSPENDRX W/BITTERBLOC UNSWEET susp	4		
<i>suspension vehicle susp</i>	1		
<i>swim earplugs misc</i>	4		
SYMPHONY DOUBLE PUMPING SYSTEM misc	4		
SYRINGE AVITENE ext misc	4		
<i>syringe dial-a-dose misc</i>	1		
SYRPALTA syr, 85 % syr	4		
SYRPALTA (RED) syr	4		
SYRSPEND SF liq	4		
<i>syrup nf 85 % syr</i>	1		
<i>syrup vehicle syr</i>	1		
<i>syrup vehicle sf syr</i>	1		
T:FLEX T:LOCK CARTRIDGE 4.8ML misc	4		
T:SLIM X2 3ML CARTRIDGE misc	4		
T:SLIM X2/BASAL-IQ/ACC/INSTR misc	4		
T:SLIM X2/CONTROL-IQ/ACC/INSTR misc	4		
<i>tablet cutter/crusher misc</i>	4		
<i>tablet cutter/deluxe safety misc</i>	4		
<i>tablet cutter/safety shield misc</i>	4		
<i>tablet cutter-crusher misc</i>	4		
TACHOSIL 4.8 X 4.8 cm patch, 9.5 X 4.8 cm patch	4		
TAKEAWAY ENVIRONMENTAL RETURN misc	4		
TAP-N-CLICK SILICONE PAD misc	4		
TDC MAX crm	4		
<i>techlite insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
TEGADERM AG MESH 2"X2" pad, 4"X5" pad, 4"X8" pad, 8"X8" pad	4		
TEGADERM HYDROGEL WOUND FILLER gel	4		
<i>teroderm crm</i>	4		
<i>teroderm-plus crm</i>	4		
TERRELL inh soln	4		
THE DOCTORS NIGHTGUARD misc	4		
THE SIDE RESTER CUSHION misc	4		
THROMBI-GEL 10 pad	4		
THROMBI-GEL 100 pad	4		
THROMBI-GEL 40 pad	4		
THROMBI-PAD 3"X3" pad	4		
<i>tip rectal/vag w/perforations misc</i>	1		
TIS-U-SOL irrig soln	4		
<i>todays health mini pen needles 31G X 6 MM misc</i>	1		
<i>todays health pen needles 29G X 12MM misc</i>	1		
<i>todays health short pen needle 31G X 8 MM misc</i>	1		
<i>toilet safety frame misc</i>	4		
<i>toilet seat elevator misc</i>	4		
TOMMEE TIPPEE BREAST PUMP misc	4		
TOMMEE TIPPEE BREAST PUMP ADTP misc	4		
<i>tongue cleaner/comfort curve misc</i>	4		
<i>tongue depressors misc</i>	4		
<i>toothette bite block misc</i>	4		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>topi-click 1 port misc</i>	4		
<i>topi-click 140 misc</i>	4		
<i>topi-click 3 port misc</i>	4		
TOPI-CLICK APPLICATOR misc	4		
<i>topi-click applicator micro misc</i>	4		
<i>topi-click dose check misc</i>	4		
<i>topi-click micro angled aa misc</i>	4		
<i>topi-click micro pin point aa misc</i>	4		
<i>topi-click micro rounded aa misc</i>	4		
TOPI-CLICK NOZZLE misc	4		
TOPI-CLICK PERL APPLICATOR 4ML misc	4		
TOPI-CLICK PERL DOSE LOAD 35ML misc	4		
TOPI-CLICK PERL VAGINAL DOSING misc	4		
<i>topi-click uv blocking misc</i>	4		
<i>topi-click vaginal applicator misc</i>	4		
<i>topi-click vaginal dose loader misc</i>	4		
<i>topi-click vaginal dosing misc</i>	4		
<i>total comfort chair cushion misc</i>	4		
<i>total comfort seat cushion misc</i>	4		
<i>traction floor stand misc</i>	4		
<i>traction head halter rope misc</i>	4		
<i>traction pelvic belt misc</i>	4		
<i>traction weight bag misc</i>	4		
<i>transdermal pain base crm</i>	4		
<i>transfer bench misc</i>	4		
<i>transfer board misc</i>	4		
<i>transfer pin misc</i>	4		
<i>transport chair misc</i>	4		
<i>travel pouch misc</i>	4		
<i>traveler 3 wheel roll walker misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trigger release junior walker misc</i>	4		
<i>tri-grip bathtub rail misc</i>	4		
<i>trio rolling walker misc</i>	4		
<i>troche mold 30 cavity misc</i>	4		
TRUDHESA 0.725 mg/act nasal aer soln	6		
<i>true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>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</i>	1		
<i>true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
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	2		
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	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
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	1		
TRUSTEEL INFUSION SET misc	4		
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDED misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	4		QL(12 / 30)
TRUSTEX LUBRICATED misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	4		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	4		QL(12 / 30)
<i>tub transfer board misc</i>	4		
<i>twin medicine spoon misc</i>	4		
TYRVAYA 0.03 mg/act nasal soln	6		
TYVEK PROTECTIVE SLEEVES misc	4		
U-BASE crm	4		
ULTANE inh soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
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	1		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTILET SHARPS CONTAINER 1QT misc	1		
ULTILET SHARPS CONTAINER 2QT misc	1		
<i>ultra comfort body massager misc</i>	4		
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	1		
<i>ultra fit smart body scale misc</i>	4		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	1		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	2		
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	1		
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	2		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	1		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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			
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	1		
ULTRAFOAM SPONGE 2X6.25X7CM ext misc	4		
ULTRAFOAM SPONGE 8X12.5X1CM ext misc	4		
ULTRAFOAM SPONGE 8X12.5X3CM ext misc	4		
ULTRAFOAM SPONGE 8X25X1CM ext misc	4		
ULTRAFOAM SPONGE 8X6.25X1CM ext misc	4		
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	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
U-MILD shampoo	4		
UNGUATOR 100/200/57MM misc	4		
UNGUATOR 15/20/30/36MM misc	4		
UNGUATOR 50/43MM/DISP BLADES misc	4		
UNGUATOR APPLICATOR 1"- SHORT misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UNGUATOR APPLICATOR 2.5"- LONG misc	4		
UNGUATOR EXACTDOSE 0.5ML misc	4		
UNGUATOR JAR 100/140 BLUE LID misc	4		
UNGUATOR JAR 100/140 RED LID misc	4		
UNGUATOR JAR 15/20 BLUE LID misc	4		
UNGUATOR JAR 15/20 GREEN LID misc	4		
UNGUATOR JAR 15/20 RED LID misc	4		
UNGUATOR JAR 15/28 BLUE LID misc	4		
UNGUATOR JAR 20/33 BLUE misc	4		
UNGUATOR JAR 20/33 RED LID misc	4		
UNGUATOR JAR 20/33 WHITE misc	4		
UNGUATOR JAR 200/280 BLUE LID misc	4		
UNGUATOR JAR 200/280 GREEN LID misc	4		
UNGUATOR JAR 200/280 RED LID misc	4		
UNGUATOR JAR 200/280 WHITE misc	4		
UNGUATOR JAR 30/42 BLUE misc	4		
UNGUATOR JAR 30/42 BLUE LID misc	4		
UNGUATOR JAR 30/42 GREEN LID misc	4		
UNGUATOR JAR 30/42 RED LID misc	4		
UNGUATOR JAR 30/42 TURQUOISE misc	4		
UNGUATOR JAR 30/42 WHITE LID misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UNGUATOR JAR 30/42 YELLOW misc	4		
UNGUATOR JAR 50/70 BLUE misc	4		
UNGUATOR JAR 50/70 BLUE LID misc	4		
UNGUATOR JAR 50/70 GREEN LID misc	4		
UNGUATOR JAR 50/70 PINK misc	4		
UNGUATOR JAR 50/70 RED LID misc	4		
UNGUATOR JAR 50/70 TURQUOISE misc	4		
UNGUATOR JAR 50/70 WHITE LID misc	4		
UNGUATOR JAR 50/70 YELLOW misc	4		
UNGUATOR JAR AIRDYNAMIK misc	4		
UNGUATOR JAR W/SPINDLE 300/390 misc	4		
UNGUATOR JAR W/SPINDLE 500/600 misc	4		
UNGUATOR LID 1000ML misc	4		
<i>unguator lid 500ml misc</i>	4		
UNGUATOR VARIONOZZLE 1MM misc	4		
UNGUATOR VARIONOZZLE 4MM misc	4		
UNIFINE PEN NEEDLES 32G X 4 MM misc	2		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 8 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc			
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM misc	2		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNISPEND ANHYDROUS SWEETENED susp	4		
UNISPEND ANHYDROUS UNSWEETENED susp	4		
<i>universal quick adjust crutch misc</i>	4		
<i>universal tips misc</i>	4		
<i>universal walker organizer misc</i>	4		
UNODOSE APPLICATOR misc	4		
<i>vaginal suppository applicator misc</i>	1		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>valumark pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
VANIBASE crm	4		
<i>vanishing crm</i>	4		
<i>vanishing cream botanical base crm</i>	4		
<i>vanish-pen crm</i>	4		
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	1		
VANISHPOINT TUBE HOLDER misc	4		
VARISOFT INFUSION SET misc	4		
VARITHENA ADMINISTRATION PACK misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE 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	2		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VERSAFREE syr	4		
VERSAPLUS syr	4		
VERSAPRO crm, shampoo	4		
VERSAPRO ANHYDROUS BASE gel	4		
<i>versatile cream base crm</i>	4		
VERSATILE RICH BASE crm	4		
VERSIGEL crm	4		
VIBE 6 misc	4		
<i>vibrating foot bath misc</i>	4		
<i>vida cellular scale misc</i>	4		
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>vinyl inflatable cushion misc</i>	4		
VIOS AEROSOL DELIVERY SYSTEM misc	4		
VIOS LC PLUS misc	4		
VIOS LC PLUS DELUXE misc	4		
VIOS LC PLUS PEDIATRIC misc	4		
VIOS LC SPRINT misc	4		
VIOS LC SPRINT PEDIATRIC misc	4		
<i>virage custom breast prosthes misc</i>	4		
VISTOGARD 10 gm pckt	5		
VITRASE 200 unit/ml inj soln	4		
VIVI EPI misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VORTEX HOLD CHMBR/MASK/CHILD dev	4		
VORTEX HOLD CHMBR/MASK/TODDLER dev	4		
VORTEX VALVED HOLDING CHAMBER dev	4		
<i>vp dermabase crm</i>	4		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>walker misc</i>	4		
<i>walker auto glides misc</i>	4		
<i>walker basket misc</i>	4		
<i>walker glide wheels misc</i>	4		
<i>walker ski glides misc</i>	4		
<i>walker swivel wheels misc</i>	4		
<i>walker tall extension legs misc</i>	4		
<i>walker tips misc</i>	4		
<i>walker tips 1-1/8" misc</i>	4		
<i>walker wheels misc</i>	4		
<i>wall grab bar misc</i>	4		
<i>wash gloves pre-moistened misc</i>	4		
<i>waterproof sheeting misc</i>	4		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>weigh boat misc</i>	1		
WET-STOP 3 misc	4		
<i>wheelchair misc</i>	4		
<i>wheelchair cushion misc</i>	4		
<i>wheelchair invalid ring misc</i>	4		
<i>white petrolatum oint, 100 % oint</i>	1		
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	4		QL(1 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	4		QL(1 / 365)
<i>wooden cane 7/8" misc</i>	4		
<i>work belt misc</i>	4		
<i>wound care crm</i>	4		
<i>wound gel gel</i>	4		
<i>wound gel spray gel</i>	4		
WOUN'DRES gel	4		
<i>wrist brace misc</i>	4		
<i>wrist sleep support misc</i>	4		
XCEL 100 crm	4		
XEMATOP BASE crm	4		
<i>yellow petrolatum oint</i>	1		
<i>youth push button alum crutch misc</i>	4		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
ZEWA ELECTRODES misc	4		
<i>zippered mattress cover misc</i>	4		
<i>zoom 20 rolling walker misc</i>	4		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	4	POLYSPORIN	
AKTEN 3.5 % ophth gel	4		
ALCAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
<i>altafluor benox 0.25-0.4 % ophth soln</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	4		
atropine sulfate 0.01 % ophth soln	1		
atropine sulfate 1 % ophth oint	2		
atropine sulfate 1 % ophth soln	2	ISOPTO ATROPINE	
atropine sulfate 1 % ophth soln	2	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	2	POLYSPORIN	
bevacizumab 3 mg/0.12ml Intravitreal Solution Prefilled Syringe	5		
BIO GLO 1 mg ophth strip	4		
CEQUA 0.09 % ophth soln	4		
chondroitin sulfate 0.25 % ophth soln	1		
CYCLOGYL 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	4		
cyclopentolate hcl 2 % ophth soln	1	CYCLOGYL	
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln	2	CYCLOGYL	
cyclosporine 0.05 % ophth emul	1	RESTASIS	
CYCLOSPORINE IN KLARITY 0.1 % ophth emul	4		
ENSPRYNG 120 mg/ml sc soln pfs	6		
FLUCAINE 0.25-0.5 % ophth soln	4		
fluorescein sodium/benoxinate 0.3-0.4 % ophth soln	1		
fluorescein-benoxinate 0.25-0.4 % ophth soln	1		
FLUOR-I-STRIPS A.T. 1 mg ophth strip	4		
FLURA-SAFE 0.35-0.4 % ophth soln	4		
FUL-GLO 0.6 mg ophth strip, 1 mg ophth strip	4		
GELFILM ophth film	4		
GLOSTRIPS 1 mg ophth strip	4		
GREEN GLO LISSAMINE GREEN 1.5 mg ophth strip	4		
HOMATROPAIRE 5 % ophth soln	4		
ISOPTO ATROPINE 1 % ophth soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MIOCHOL-E 20 mg i-ocul soln	4		PA
MYDRIACYL 1 % ophth soln	4		
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	2	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	4		
PAREMYD 1-0.25 % ophth soln	4		
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	2		
PHOTREXA-PHOTREXA VISCOUS KIT 0.146 & 0.146-20 % Ophthalmic Solution Prefilled Syringe	5		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	2	ALCAINE	
<i>proparacaine-fluorescein 0.5-0.25 % ophth soln</i>	1		
RESTASIS 0.05 % ophth emul	4		
RESTASIS MULTIDOSE 0.05 % ophth emul	4		
RHOPRESSA 0.02 % ophth soln	4		
TEPEZZA 500 mg iv soln	6		
<i>tetracaine hcl 0.5 % ophth soln</i>	2		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	2	MYDRIACYL	
UPLIZNA 100 mg/10ml iv soln	6		
XIIDRA 5 % ophth soln	4		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIAL 2 % ophth soln	4		
<i>azelastine hcl 0.05 % ophth soln</i>	2	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	1	BEPREVE	
BEPREVE 1.5 % ophth soln	4		
<i>cromolyn sodium 4 % ophth soln</i>	2	OPTICROM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
CYCLAMYDRIL 0.2-1 % ophth soln	4		
<i>epinastine hcl 0.05 % ophth soln</i>	2	ELESTAT	
<i>eye allergy itch relief 0.2 % ophth soln</i>	4	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>hm eye allergy itch relief 0.2 % ophth soln</i>	4	PATADAY	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	2	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
PATADAY 0.2 % ophth soln	4		
<i>qc olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>sm olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln</i>	1		
<i>tropicamide-phenylephrine 1-2.5 % ophth soln</i>	1		
<i>tropic-proparaca-pe-ketorolac 1-0.5-2.5-0.5 % ophth soln</i>	1		
ZERVIAE 0.24 % ophth soln	4		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	2	ZYMAXID	
GENTAK 0.3 % ophth oint	4		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
KLARITY-A 1 % ophth soln	4		
<i>levofloxacin 0.5 % ophth soln</i>	2	QUIXIN	
<i>moxifloxacin hcl 0.3 mg/0.3ml Intraocular Solution Prefilled Syringe</i>	6		
<i>moxifloxacin hcl 0.5 % ophth soln</i>	2	VIGAMOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
<i>moxifloxacin hcl-bss 1 mg/ml Intravitreal Solution</i>	6		
OCUFLOX 0.3 % ophth soln	4		
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
TOBEX 0.3 % ophth oint	4		
VIGAMOX 0.5 % ophth soln	4		
VISIONBLUE 0.06 % Intraocular Solution Prefilled Syringe	4		
ZYMAXID 0.5 % ophth soln	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
ALPHAGAN P 0.15 % ophth soln	4		
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
AZOPT 1 % ophth susp	3		
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	2	ALPHAGAN	
<i>brimonidine-dorzolamide 0.15-2 % ophth soln</i>	1		
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
COSOPT 22.3-6.8 mg/ml ophth soln	4		
COSOPT PF 2-0.5 % ophth soln	4		
<i>dorzolamide hcl 2 % ophth soln</i>	2	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	2	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	2	COSOPT	
IOPIDINE 1 % ophth soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ISTALOL 0.5 % ophth soln	4		
latanoprost-timolol maleate 0.005-0.5 % ophth soln	1		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	2	NEPTAZANE	
OZURDEX 0.7 mg Intravitreal Implant	6		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTO CARPINE	
RETISERT 0.59 mg Intravitreal Implant	4		
SIMBRINZA 1-0.2 % ophth susp	4		
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	2	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	2	TIMOPTIC XE	
timolol maleate (once-daily) 0.5 % ophth soln	2	ISTALOL	
TIMOLOL MALEATE OCUDOSE 0.5 % ophth soln	4		
timolol maleate pf 0.5 % ophth soln	1	TIMOPTIC	
timolol-brimon-dorzol-latanopr 0.5-0.15-2 -0.005% ophth soln	1		
timolol-brimonidine-dorzolamid 0.5-0.15-2 % ophth soln	1		
timolol-dorzolamid-latanoprost 0.5-0.15-0.005 % ophth soln	1		
TIMOPTIC 0.25 % ophth soln, 0.5 % ophth soln	4		
TIMOPTIC OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	4		
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	4		
TRUSOPT 2 % ophth soln	4		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACULAR 0.5 % ophth soln	4		
ACULAR LS 0.4 % ophth soln	4		
ACUVAIL 0.45 % ophth soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALOMIDE 0.1 % ophth soln	4		
ALREX 0.2 % ophth susp	4		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	4		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
BROMSITE 0.075 % ophth soln	4		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	2	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>double pm 1-0.5 % ophth soln</i>	4		
DUREZOL 0.05 % ophth emul	3		
EYSUVIS 0.25 % ophth susp	4		
FLAREX 0.1 % ophth susp	4		
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	4		
FML FORTE 0.25 % ophth susp	4		
FML LIQUIFILM 0.1 % ophth susp	4		
ILEVRO 0.3 % ophth susp	4		
INVELTYS 1 % ophth susp	4		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	2	ACULAR	
KLARITY-L 0.2 % ophth emul, 0.5 % ophth emul	4		
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	4		
LOTEMAX 0.5 % ophth susp	4		
LOTEMAX SM 0.38 % ophth gel	4		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	2	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
MAXITROL 3.5-10000-0.1 ophth oint	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MAXITROL 3.5-10000-0.1 ophth susp	4		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	4		
NEVANAC 0.1 % ophth susp	4		
PRED FORTE 1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
PRED-G S.O.P. 0.3-0.6 % ophth oint	4		
<i>prednisol ace-moxiflox-bromfen 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	4	PRED FORTE	
<i>prednisolone acetate-nepafenac 1-0.1 % ophth susp</i>	1		
<i>prednisolone acet-moxifloxacin 1-0.5 % ophth susp</i>	1		
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
<i>prednisolone-bromfenac 1-0.075 % ophth soln, 1-0.075 % ophth susp</i>	1		
<i>prednisolone-gatifloxacin 1-0.5 % ophth susp</i>	4		
<i>prednisolone-moxifloxacin 1-0.5 % ophth soln</i>	1		
<i>prednisolon-gatiflox-bromfenac 1-0.5-0.075 % ophth soln, 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolon-moxiflox-bromfenac 1-0.5-0.075 % ophth soln</i>	1		
<i>prednisolon-moxiflox-nepafenac 1-0.5-0.1 % ophth susp</i>	1		
PROLENSA 0.07 % ophth soln	4		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TOBRADEX 0.3-0.1 % ophth oint	4		
TOBRADEX 0.3-0.1 % ophth susp	4		
TOBRADEX ST 0.3-0.05 % ophth susp	4		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	4		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	4		
UPNEEQ 0.1 % ophth soln	4		
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
ROCKLATAN 0.02-0.005 % ophth soln	4		
TRAVATAN Z 0.004 % ophth soln	4		
<i>travoprost (bak free) 0.004 % ophth soln</i>	2	TRAVATAN	
VYZULTA 0.024 % ophth soln	4		
XALATAN 0.005 % ophth soln	4		
XELPROS 0.005 % ophth emul	4		
ZIOPTAN 0.0015 % ophth soln	4		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	2	VOSOL	
CETRAXAL 0.2 % otic soln	4		
CIPRO HC 0.2-1 % otic susp	4		
CIPRODEX 0.3-0.1 % otic susp	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	2	CETRAXAL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	2	CIPRODEX	
<i>ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln</i>	1	OTOVEL	
CORTISPORIN-TC 3.3-3-10-0.5 mg/ml otic susp	4		
DERMOTIC 0.01 % otic oil	4		
FLAC 0.01 % otic oil	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	
OTOVEL 0.3-0.025 % otic soln	4		
PRAMOTIC 1-0.1 % otic liq	4		
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]			
<i>aler-cap 25 mg cap</i>	2		
<i>alertab 25 mg tab</i>	2		
ALKA-SELTZER PLUS ALLERGY 25 mg tab	2		
<i>allergy 25 mg cap</i>	2		
<i>allergy relief 25 mg cap, 25 mg tab</i>	2		
<i>anti-hist allergy 25 mg tab</i>	2		
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	2	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	2	ASTEPRO	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
BANOPHEN 25 mg cap, 25 mg tab	2		
BENADRYL ALLERGY 25 mg cap, 25 mg tab	2		
BENADRYL ALLERGY ULTRATABS 25 mg tab	2		
<i>carbinoxamine maleate 6 mg tab</i>	1		
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
CLARINEX 5 mg tab	4		
<i>clemastine fumarate 0.67 mg/5ml syr</i>	1		
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CLOBETEX 5 & 0.05 mg & % cmb pack	4		
complete allergy medicine 25 mg cap, 25 mg tab	2		
complete allergy relief 25 mg tab	2		
cvs allergy 25 mg cap	2		
cvs allergy relief 25 mg cap, 25 mg tab	2		
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	2	CLARINEX	
DICOPANOL FUSEPAQ 5 mg/ml susp	4		
DICOPANOL RAPIDPAQ 5 mg/ml susp	4		
diphen 25 mg tab	2		
diphenhist 25 mg cap	2		
diphenhydramine hcl 25 mg cap, 25 mg tab	2		
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
diphenhydramine hcl 12.5 mg/5ml oral elix	2	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	4		
eq allergy relief 25 mg cap, 25 mg tab	2		
eq allergy 25 mg tab	2		
eq allergy relief 25 mg tab	2		
ft allergy relief 25 mg cap, 25 mg tab	2		
geri-dryl 25 mg tab	2		
gnp allergy 25 mg cap, 25 mg tab	2		
gnp allergy relief 25 mg cap, 25 mg tab	2		
goodsense allergy relief 25 mg cap	2		
hm allergy relief 25 mg cap, 25 mg tab	2		
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	2	ATARAX	

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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	2	VISTARIL	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	2	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	4		
kls allergy medicine 25 mg tab	2		
levocetirizine dihydrochloride 2.5 mg/5ml soln	2	XYZAL	
MEDI-PHEDRYL 25 mg cap	2		
meijer antihistamine allergy 25 mg cap	2		
MM ALLER-BEN 25 mg tab	2		
olopatadine hcl 0.6 % nasal soln	2	PATANASE	
PATANASE 0.6 % nasal soln	4		
pharbedryl 25 mg cap	2		
px allergy 25 mg cap, 25 mg tab	2		
qc allergy relief 25 mg cap, 25 mg tab	2		
qc complete allergy medicine 25 mg tab	2		
QUZYTIR 10 mg/ml iv soln	6		
ra allergy 25 mg tab	2		
ra allergy medication 25 mg cap, 25 mg tab	2		
ra allergy relief 25 mg cap	2		
ra complete allergy 25 mg tab	2		
RYCLORA 2 mg/5ml soln	4		
RYVENT 6 mg tab	4		
sb allergy 25 mg cap	2		
sb allergy medicine 25 mg tab	2		
sm allergy relief 25 mg tab	2		
total allergy 25 mg tab	2		
VISTARIL 25 mg cap, 50 mg cap	4		
WAL-DRYL ALLERGY 25 mg cap, 25 mg tab	2		
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
AIRDUO DIGIHALER 113-14 mcg/act inh aer pwr br act, 232-14 mcg/act inh aer pwr br act, 55-14 mcg/act inh aer pwr br act	4		QL(1 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	4		QL(12.2 / 30), ST
ARMONAIR DIGIHALER 113 mcg/act inh aer pwdr br act, 232 mcg/act inh aer pwdr br act, 55 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ARNUIITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUIITY ELLIPTA 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	4		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	4		QL(25 / 25)
<i>budesonide 1 mg/2ml inh susp</i>	1	PULMICORT	
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(60 / 30), AL
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	3		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	QL(25 / 25)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
PROAIR DIGIHALER 108 (90 Base) mcg/act inh aer pwr br act	4		
PROPEL 370 mcg nasal implant	3		
PROPEL MINI 370 mcg nasal implant	3		
PULMICORT 1 mg/2ml inh susp	4		
PULMICORT 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	4		QL(60 / 30), AL
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(10.6 / 30)
XHANCE 93 mcg/act Nasal Exhaler Suspension	4		
ZETONNA 37 mcg/act nasal aer soln	4		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
ACCOLATE 10 mg tab, 20 mg tab	4		
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	2	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	4		
<i>zafirlukast 10 mg tab, 20 mg tab</i>	2	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	2	ZYFLO CR	
ZYFLO 600 mg tab	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 25)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GLYRX-PF 0.2 mg/ml inj soln	6		
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwdr br act	4		QL(28 / 30), ST
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	2	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	2	DUONEB	QL(360 / 30)
LONHALA MAGNAIR REFILL KIT 25 mcg/ml inh soln	4		
LONHALA MAGNAIR STARTER KIT 25 mcg/ml inh soln	4		
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	4		QL(30 / 30), ST
YUPELRI 175 mcg/3ml inh soln	4		
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	2	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AUVI-Q 0.1 mg/0.1ml inj soln auto-inj	4		
BROVANA 15 mcg/2ml inh neb soln	4		QL(60 / 30)
<i>epinephrine 0.1 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs</i>	6		
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	4	XOPENEX HFA	QL(30 / 30), ST
PERFOROMIST 20 mcg/2ml inh neb soln	4		
PRIMATENE MIST 0.125 mg/act inh aer	6		
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	3		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	4		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	6		
<i>terbutaline sulfate 1 mg/ml inj soln</i>	1	BRETHINE	
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	4		QL(216 / 15)
XOPENEX CONCENTRATE 1.25 mg/0.5ml inh neb soln	4		QL(30 / 15)
XOPENEX HFA 45 mcg/act inh aer	4		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BETHKIS 300 mg/4ml inh neb soln	6		
CAYSTON 75 mg inh soln	6		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt, 50 mg pckt, 75 mg pckt	6		PA
KITABIS PAK 300 mg/5ml inh neb soln	6		PA
ORKAMBI 100-125 mg pckt, 100-125 mg tab, 150-188 mg pckt, 200-125 mg tab	6		
PULMOZYME 2.5 mg/2.5ml inh soln	6		PA
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	6		
TOBI 300 mg/5ml inh neb soln	6		
TOBI PODHALER 28 mg inh cap	6		
<i>tobramycin 300 mg/4ml inh neb soln</i>	6	BETHKIS	
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
TRIKAFTA 100-50-75 & 150 mg tab pack, 50-25-37.5 & 75 mg tab pack	6		
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	QL(240 / 30)
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	4		
ELIXOPHYLLIN 80 mg/15ml oral elix	4		
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	4		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	2		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADCIRCA 20 mg tab	6		
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	5	FLOLAN	PA
FLOLAN 0.5 mg iv soln, 1.5 mg iv soln	6		
LETAIRIS 10 mg tab, 5 mg tab	6		PA
OPSUMIT 10 mg tab	5		PA
ORENITRAM 0.125 mg tab er, 0.25 mg tab er, 1 mg tab er, 2.5 mg tab er, 5 mg tab er	6		
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	4		PA
REVATIO 10 mg/12.5ml iv soln	5		
REVATIO 20 mg tab	6		
REVATIO 10 mg/ml susp	6		
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	5	ADCIRCA	PA
TRACLEER 125 mg tab, 32 mg tab sol, 62.5 mg tab	6		
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	1	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	6		
TYVASO REFILL 0.6 mg/ml inh soln	6		
TYVASO STARTER 0.6 mg/ml inh soln	6		
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 1800 mcg iv soln, 200 & 800 mcg	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
tab pack, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab			
VELETTRI 0.5 mg iv soln, 1.5 mg iv soln	6		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
ESBRIET 267 mg cap, 801 mg tab	6		
<i>pirfenidone 534 mg tab</i>	5		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acacia 1:20 sc soln</i>	6		
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	
ADRENALIN 0.1 % nasal soln	4		
ADVAIR DISKUS 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	3		QL(60 / 30)
ADVAIR HFA 45-21 mcg/act inh aer	3		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer	3		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
<i>alder 1:20 sc soln</i>	6		
<i>american beech 1:20 sc soln</i>	6		
<i>american cockroach 1:20 sc soln</i>	6		
<i>american elm 1:20 sc soln</i>	6		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	4		
<i>arizona cypress 1:20 sc soln</i>	6		
<i>aspergillus fumigatus 1:10 inj soln, 1:20 inj soln</i>	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aureobasidium pullulans</i> 1:20 inj soln	6		
<i>bahia</i> 1:20 sc soln	6		
<i>bald cypress</i> 1:20 sc soln	6		
<i>bayberry (wax myrtle)</i> 1:20 sc soln	6		
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
benzonatate 150 mg cap	2	ZONATUSS	
<i>bermuda grass</i> 10000 bau/ml inj soln, 10000 bau/ml sc soln	6		
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
<i>botrytis cinerea</i> 1:20 inj soln, 43000 pnu/ml inj soln	6		
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	4		
<i>brome</i> 1:20 sc soln	6		
BRONCHITOL 40 mg inh cap	4		
BRONCHITOL TOLERANCE TEST 40 mg inh cap	4		
<i>california pepper tree</i> 1:20 sc soln	6		
<i>candida albicans extract</i> 1:1000 inj soln, 100 mg/ml inj soln	6		
<i>cat hair extract</i> 10000 bau/ml inj soln, 10000 bau/ml sc soln, 5000 bau/ml inj soln	6		
<i>cattle epithelium</i> 1:20 sc soln	6		
<i>cedar elm</i> 1:20 sc soln	6		
<i>cladosporium cladosporioides</i> 1:20 i-dermal soln, 1:20 inj soln, 64000 pnu/ml inj soln	6		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		
<i>cocklebur</i> 1:20 sc soln	6		
<i>corn pollen</i> 1:20 sc soln	6		
CUROSURF 120 mg/1.5ml Intratracheal Suspension	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dandelion 1:20 sc soln</i>	6		
<i>dog epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
<i>dog fennel 1:20 sc soln</i>	6		
DUAKLIR PRESSAIR 400-12 mcg/act inh aer pwdr br act	4		
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	4		QL(13 / 30), ST
<i>eastern cottonwood 1:20 sc soln</i>	6		
<i>epicoccum nigrum 1:10 inj soln</i>	6		
<i>epinephrine hcl (nasal) 0.1 % nasal soln</i>	1		
FASENRA 30 mg/ml sc soln pfs	5		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA
<i>fire ant 1:10 sc soln, 1:20 sc soln</i>	6		
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>german cockroach 1:20 sc soln</i>	6		
GILPHEX TR 10-388 mg tab	4		
<i>goldenrod 1:20 sc soln</i>	6		
<i>grass pollen(k-o-r-t-swt vern) 100000 bau/ml inj soln</i>	6		
GRASTEK 2800 bau tab subl	6		
<i>hackberry 1:20 sc soln</i>	6		
<i>horse epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
HYCODAN 5-1.5 mg/5ml soln	4		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	2	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	4		
INFASURF 35-0.9 mg/ml-% Intratracheal Suspension	4		
<i>johnson grass 1:20 sc soln</i>	6		
<i>june grass pollen standardized 100000 bau/ml sc soln</i>	6		
<i>kochia 1:20 sc soln</i>	6		
<i>lenscale 1:20 sc soln</i>	6		
<i>meadow fescue grass pollen 100000 bau/ml sc soln</i>	6		
<i>melaleuca 1:20 sc soln</i>	6		
<i>mesquite 1:20 sc soln</i>	6		
<i>mite (d. farinae) 10000 au/ml sc soln</i>	6		
<i>mite (d. pteronyssinus) 10000 au/ml sc soln</i>	6		
<i>mixed ragweed 1:20 sc soln</i>	6		
<i>mountain cedar 1:20 sc soln</i>	6		
<i>mouse epithelium 1:20 sc soln</i>	6		
<i>mucor 1:20 i-dermal soln, 1:20 inj soln</i>	6		
<i>mugwort 1:20 sc soln</i>	6		
NEBUSAL 3 % inh neb soln, 6 % inh neb soln	4		
NUCALA 100 mg sc soln	5		
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	6		
OFEV 100 mg cap, 150 mg cap	6		
<i>olive tree 1:20 sc soln</i>	6		
<i>orchard grass pollen 100000 bau/ml sc soln</i>	6		
PALFORZIA (12 MG DAILY DOSE) 2 x 1 MG & 10 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (160 MG DAILY DOSE) 3 x 20 MG & 100 mg Oral Capsule Sprinkle Therapy Pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PALFORZIA (20 MG DAILY DOSE) 20 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (200 MG DAILY DOSE) 2 x 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (240 MG DAILY DOSE) 2 x 20 MG & 2 x 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (3 MG DAILY DOSE) 3 x 1 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (300 MG MAINTENANCE) 300 mg pckt	6		
PALFORZIA (300 MG TITRATION) 300 mg pckt	6		
PALFORZIA (40 MG DAILY DOSE) 2 x 20 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (6 MG DAILY DOSE) 6 x 1 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (80 MG DAILY DOSE) 4 x 20 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 mg Oral Capsule Sprinkle Therapy Pack	6		
<i>penicillium notatum 1:10 inj soln, 1:20 inj soln</i>	6		
<i>perennial rye grass pollen 100000 bau/ml inj soln</i>	6		
<i>privet 1:20 sc soln</i>	6		
<i>promethazine vc 6.25-5 mg/5ml syr</i>	4	PHENERGAN VC	
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	2		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	2		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	2	PHENERGAN VC	
PULMOSAL 7 % inh neb soln	4		
<i>queen palm 1:20 sc soln</i>	6		
<i>rabbit epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
RAGWITEK 12 amb a 1-u tab subl	6		
<i>red maple 1:20 sc soln</i>	6		
<i>red mulberry 1:20 sc soln</i>	6		
<i>red top grass pollen 100000 bau/ml sc soln</i>	6		
<i>ribavirin 6 gm inh soln</i>	5	VIRAZOLE	
<i>rough marsh elder 1:20 sc soln</i>	6		
<i>rough pigweed 1:20 sc soln</i>	6		
<i>russian thistle 1:20 sc soln</i>	6		
<i>saccharomyces cerevisiae 1:20 inj soln</i>	6		
<i>shagbark hickory 1:20 sc soln</i>	6		
<i>sheep sorrel 1:20 sc soln</i>	6		
<i>short ragweed pollen ext 1:20 sc soln</i>	6		
SINUVA 1350 mcg nasal implant	3		
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	2	HYPERSAL	
<i>spiny pigweed 1:20 sc soln</i>	6		
<i>stahist tp 2.5-10 mg tab</i>	6		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	4		
SURVANTA 25-0.9 mg/ml-% Intratracheal Suspension	4		
<i>sweet gum 1:20 sc soln</i>	6		
<i>sweet vernal grass pollen 100000 bau/ml sc soln</i>	6		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
<i>tall ragweed 1:20 sc soln</i>	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>timothy grass pollen allergen 10000 bau/ml inj soln, 100000 bau/ml inj soln, 100000 bau/ml sc soln</i>	6		
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	4		
<i>trichophyton mentagrophytes 1:20 sc soln</i>	6		
TUXARIN ER 54.3-8 mg tab er 12 hr	4		
TUZISTRA XR 14.7-2.8 mg/5ml susp er	4		
VIRAZOLE 6 gm inh soln	6		
<i>western juniper 1:20 sc soln</i>	6		
<i>white birch 1:20 sc soln</i>	6		
<i>white mulberry 1:20 sc soln</i>	6		
<i>white oak 1:20 sc soln</i>	6		
<i>white pine 1:20 sc soln</i>	6		
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1		QL(60 / 30)
<i>yellow dock 1:20 sc soln</i>	6		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	4		
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	2	SOMA	
<i>chlorzoxazone 250 mg tab</i>	1		
<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	2	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr</i>	1	AMRIX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CYCLOPHENE RAPIDPAQ 5 % td crm	4		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
FEXMID 7.5 mg tab	4		
LORZONE 375 mg tab, 750 mg tab	4		
METAXALL CP 800 & 0.025 mg & % cmb kit	4		
<i>metaxalone 400 mg tab, 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
<i>rocuronium bromide 100 mg/10ml iv soln pfs</i>	2		
SOMA 250 mg tab, 350 mg tab	4		
<i>succinylcholine chloride 140 mg/7ml iv soln pfs</i>	1		
TABRADOL FUSEPAQ 1 mg/ml susp	4		
TABRADOL RAPIDPAQ 1 mg/ml susp	4		
VANADOM 350 mg tab	4		
<i>vecuronium bromide 10 mg/10ml iv soln pfs</i>	1		
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
AMBIEN 10 mg tab, 5 mg tab	4		
AMBIEN CR 12.5 mg tab er, 6.25 mg tab er	4		
BYFAVO 20 mg iv soln	6		
DORAL 15 mg tab	4		
EDLUAR 10 mg tab subl, 5 mg tab subl	4		
<i>estazolam 1 mg tab, 2 mg tab</i>	2	PROSOM	
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	LUNESTA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	2	DALMANE	
HALCION 0.25 mg tab	4		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	4		
<i>quazepam 15 mg tab</i>	2	DORAL	
RESTORIL 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	4		
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	2	RESTORIL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	2	HALCION	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	2	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	4		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	NUVIGIL	
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	4		
<i>cvs sleep aid 25 mg tab</i>	2		
<i>cvs sleep aid nighttime 25 mg tab</i>	2		
<i>cvs sleepaid (diphenhydramine) 25 mg tab</i>	2		
DAYVIGO 10 mg tab, 5 mg tab	4		
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	
<i>eql nighttime sleep aid 25 mg tab</i>	2		
<i>ft nighttime sleep aid 25 mg tab</i>	2		
<i>gnp sleep aid nighttime 25 mg tab</i>	2		
HETLIOZ 20 mg cap	6		
HETLIOZ LQ 4 mg/ml susp	6		
<i>hm nighttime sleep aid 25 mg tab</i>	2		
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	
<i>night time sleep aid 25 mg tab</i>	2		
<i>nighttime sleep aid 25 mg tab</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NUVIGIL 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	4		
NYTOL QUICKCAPS 25 mg tab	2		
PROVIGIL 100 mg tab, 200 mg tab	4		
<i>qc rest simply 25 mg tab</i>	2		
<i>ra nighttime sleep aid 25 mg tab</i>	2		
<i>ra sleep aid (diphenhydramine) 25 mg tab</i>	2		
<i>ramelteon 8 mg tab</i>	2	ROZEREM	
ROZEREM 8 mg tab	4		
<i>sb sleep 25 mg tab</i>	2		
SILENOR 3 mg tab, 6 mg tab	4		
SIMPLY SLEEP 25 mg tab	2		
<i>sleep aid (diphenhydramine) 25 mg tab</i>	2		
<i>sleep tabs 25 mg tab</i>	2		
<i>sleep-tabs 25 mg tab</i>	2		
<i>sm nighttime sleep aid 25 mg tab</i>	2		
SOMINEX 25 mg tab	2		
SOMINEX NIGHTTIME SLEEP-AID 25 mg tab	2		
SUNOSI 150 mg tab, 75 mg tab	4		
WAKIX 17.8 mg tab, 4.45 mg tab	4		
XYREM 500 mg/ml soln	6		PA
XYWAV 500 mg/ml soln	5		
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]			
<i>ferrous sulfate 300 (60 Fe) mg/5ml soln</i>	1		AL
<i>kcl (0.149%) in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln</i>	1		
<i>kcl (0.298%) in nacl 40-0.9 meq/l-% iv soln</i>	1		

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<i>adjustable aluminum cane 7/8</i>	214	<i>ak-poly-bac</i>	276
<i>adjustable commode 3-in-1</i>	214	AKTEN	276
<i>adjustable folding cane</i>	214	AKYNZEO	55
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OVACE PLUS	145	PALFORZIA (200 MG DAILY DOSE)	298
OVEEZA	161	PALFORZIA (240 MG DAILY DOSE)	298
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<i>oxacillin sodium</i>	39	PALFORZIA (300 MG MAINTENANCE)	298
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<i>oxandrolone</i>	185	PALFORZIA (40 MG DAILY DOSE)	298
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<i>oxcarbazepine</i>	49	<i>palonosetron hcl</i>	57
<i>oxianujo</i>	145	PALYNZIQ	173
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<i>oxiavarry</i>	145	<i>pamidronate disodium</i>	212
<i>oxiazar</i>	145	PANCREAZE	174
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OXISTAT	60	PANHEMATIN	250
OXLUMO	178	PANRETIN	77
OXTELLAR XR	49	<i>pantoprazole sodium</i>	172
<i>oxybutynin chloride</i>	176	PANZYGA	206
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OXYCONTIN	17	PARADIGM SILHOUETTE COMBO 43	250
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<i>oxytocin-sodium chloride</i>	250	PARI ALTERA NEBULIZER HANDSET	250
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PATANASE	287	<i>peg 3350</i>	170
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PAXIL CR.....	53	<i>peg blend</i>	252
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<i>pb-hyoscy-atropine-scopolamine</i>	166	<i>peg-3350/electrolytes</i>	170
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<i>pc pediatric poly-vita/fe drop</i>	161	PEGASYS	88
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PCCA BIOPEPTIDE BASE	251	<i>penicillin g sodium</i>	39
PCCA CANNIDEX 2.0 CUSTOM BASE	251	<i>penicillin v potassium</i>	39
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PHARMABASE LIGHT	253	<i>pill pouch</i>	253
PHARMABASE VAGINAL.....	253	<i>pill splitter</i>	253
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<i>phenazopyridine hcl</i>	178	<i>pimozide</i>	82
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<i>white oak</i>	300
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XHANCE	289
XIAFLEX	149
XIFAXAN	36
XIGDUO XR	98
XIIDRA	278
XIMINO	43
XOFIGO	70
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ZAFEMY	197	<i>zidovudine</i>	89
<i>zafirlukast</i>	289	ZIEXTENZO	209
<i>zaleplon</i>	302	<i>zileuton er</i>	289
<i>zalvit</i>	165	ZILRETTA	183
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ZITHROMAX.....	40	<i>zonisamide</i>	44
ZITHROMAX TRI-PAK.....	40	ZONTIVITY	109
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ZOCOR	124	ZORTRESS.....	205
ZOKINVY	208	ZORVOLEX.....	15
ZOLADEX	70	ZOVIA 1/35 (28)	197
<i>zoledronic acid</i>	212	ZOVIRAX	88
ZOLGENSMA 10.1-10.5 KG	175	ZTLIDO	28
ZOLGENSMA 10.6-11.0 KG	175	ZUBSOLV	29
ZOLGENSMA 11.1-11.5 KG	175	ZULRESSO	51
ZOLGENSMA 11.6-12.0 KG	175	ZUMANDIMINE	197
ZOLGENSMA 12.1-12.5 KG	175	ZYCLARA.....	150
ZOLGENSMA 12.6-13.0 KG	175	ZYCLARA PUMP	150
ZOLGENSMA 13.1-13.5 KG	175	ZYDELIG.....	75
ZOLGENSMA 2.6-3.0 KG	175	ZYFLO.....	289
ZOLGENSMA 3.1-3.5 KG	175	ZYKADIA.....	75
ZOLGENSMA 3.6-4.0 KG	175	ZYLET	284
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ZOLGENSMA 4.6-5.0 KG	175	ZYLOTROL-L	28
ZOLGENSMA 5.1-5.5 KG	175	ZYMAXID	280
ZOLGENSMA 5.6-6.0 KG	175	ZYNLONTA	77
ZOLGENSMA 6.1-6.5 KG	175	ZYNRELEF	15
ZOLGENSMA 6.6-7.0 KG	175	ZYPITAMAG	124
ZOLGENSMA 7.1-7.5 KG	175	ZYPREXA	85
ZOLGENSMA 7.6-8.0 KG	175	ZYPREXA RELPREVV	85
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ZOLGENSMA 9.1-9.5 KG	176	ZYVOX.....	36
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