Lista de Medicamentos de 2026

(Actualizado en Septiembre 2026)

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

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

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - 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 % Topical Cream	4		
acetaminophen 10 mg/ml iv soln	1	OFIRMEV	
ALLZITAL 25-325 mg tab	4		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	2	ESGIC	QL(90 / 30)
butalbital-acetaminophen 50-300 mg cap	1		
butalbital-acetaminophen 50-300 mg tab	2	ORBIVAN CF	QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	2	PHRENILIN	QL(90 / 30)
butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab	2	ESGIC	QL(90 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	2	FIORICET	QL(90 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	2	FIORINAL	QL(90 / 30)
enovarx-tramadol 5 % Topical Cream	4		
FIORICET 50-300-40 mg cap	4		QL(90 / 30)
levatio 0.03-5 % Topical Patch	4		
NEURAPTINE 10 % Topical Cream	4		
QUTENZA 8 % Topical Kit	6		PA
QUTENZA (2 PATCH) 8 % Topical Kit	6		PA
QUTENZA (4 PATCH) 8 % Topical Kit	5		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
turpentine Topical Spirit	1		
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
ANAPROX DS 550 mg tab	4		
arthritis pain reliever 1 % Topical Gel	4	VOLTAREN	
arthritis relief 1 % Topical Gel	4	VOLTAREN	
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	4		
aspercreme arthritis pain 1 % Topical Gel	4	VOLTAREN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
aspirin 300 mg rect supp, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin 81 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin adult low dose 81 mg tab dr	1		QL(30 / 30), AL
aspirin adult low strength 81 mg tab dr	1		QL(30 / 30), AL
aspirin childrens 81 mg tab chew	1		QL(30 / 30), AL
aspirin ec adult low dose 81 mg tab dr	1		QL(30 / 30), AL
aspirin ec low dose 81 mg tab dr	1		QL(30 / 30), AL
aspirin ec low strength 81 mg tab dr	1		QL(30 / 30), AL
aspirin low dose 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin regimen 81 mg tab dr	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		
capsinac 0.025-1.5 % Topical Therapy Pack	4		
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	4		
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	2	CELEBREX	ST
childrens aspirin 81 mg tab chew	1		QL(30 / 30), AL
cvs aspirin adult low dose 81 mg tab chew	1		QL(30 / 30), AL
cvs aspirin adult low strength 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin ec 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin low dose 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin low strength 81 mg tab dr	1		QL(30 / 30), AL
cvs diclofenac sodium 1 % Topical Gel	4	VOLTAREN	
diclofenac epolamine 1.3 % Topical Patch	2	FLECTOR	
diclofenac potassium 25 mg tab	1		
diclofenac potassium 50 mg tab	2	CATAFLAM	
diclofenac potassium 25 mg cap	2	ZIPSOR	
diclofenac potassium(migraine) 50 mg pckt	2		
diclofenac sodium 2 % Topical Solution	2	PENNSAID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diclofenac sodium 1.5 % Topical Solution	2	PENNSAID	
diclofenac sodium 3 % Topical Gel	2	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	2	VOLTAREN	
diclofenac sodium 1 % Topical Gel	4	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	2	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	2	ARTHROTEC	
diclopr 1 & 10-30 % Topical Kit	4		
diclostream 1.5-10 % Topical Therapy Pack	4		
diclovix m 1.5-8 % Topical Therapy Pack	4		
diflunisal 500 mg tab	2	DOLOBID	
dimentho 1.5 & 10 % Topical Therapy Pack	4		
dual complex formula 1 kit Topical Cream	4		
DUEXIS 800-26.6 mg tab	4		
EC-NAPROSYN 375 mg tab dr, 500 mg tab dr	4		
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
enovarx-diclofenac sodium 2.5 % Topical Cream	4		
enovarx-ibuprofen 10 % Topical Cream	4		
enovarx-naproxen 10 % Topical Cream	4		
eq arthritis pain 1 % Topical Gel	4	VOLTAREN	
eq arthritis pain reliever 1 % Topical Gel	4	VOLTAREN	
eq aspirin adult low dose 81 mg tab dr	1		QL(30 / 30), AL
eq aspirin low dose 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
eql aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
eql aspirin low dose 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	2	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	2	LODINE XL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fbl kit 15-4-5 % Topical Cream	4		
fenoprofen calcium 200 mg cap	1		
fenoprofen calcium 400 mg cap	2	NALFON	
FLECTOR 1.3 % Topical Patch	4		
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
FROTEK 10 % Topical Cream	4		
ft arthritis pain 1 % Topical Gel	4	VOLTAREN	
ft aspirin 81 mg tab chew	1		QL(30 / 30), AL
ft aspirin adult low dose 81 mg tab dr	1		QL(30 / 30), AL
ft aspirin low dose 81 mg tab dr	1		QL(30 / 30), AL
ft enteric coated aspirin 325 mg tab dr	1		QL(30 / 30), AL
gnp adult aspirin low strength 81 mg tab chew	1		QL(30 / 30)
gnp arthritis pain 1 % Topical Gel	4	VOLTAREN	
gnp aspirin 325 mg tab dr, 81 mg tab dr	1		QL(30 / 30), AL
gnp aspirin low dose 81 mg tab dr	1		QL(30 / 30)
gnp diclofenac sodium 1 % Topical Gel	4	VOLTAREN	
goodsense arthritis pain 1 % Topical Gel	4	VOLTAREN	
goodsense aspirin 81 mg tab chew	1		QL(30 / 30)
goodsense aspirin low dose 81 mg tab dr	1		QL(30 / 30)
goodsense aspirin low dose 81 mg tab dr	1		QL(30 / 30), AL
h-e-b aspirin 81 mg tab dr	1		QL(30 / 30)
ibu 600 mg tab	1	MOTRIN	
ibu 400 mg tab, 800 mg tab	4	MOTRIN	
IBUPAK 600 mg oral kit	4		
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen-famotidine 800-26.6 mg tab	1	DUEXIS	
indocin 50 mg rect supp	4		
INDOCIN 25 mg/5ml susp	4		
indomethacin 25 mg/5ml susp	2		
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
INFLAMMACIN 75 & 0.025 mg-% Multiple Routes Therapy Pack	4		
INFLATHERM 75 & 3-3 mg & % Multiple Routes Therapy Pack	4		
K.B.G.L IN TERODERM 15-4-10-2 % Topical Cream	4		
ketoprofen 25 mg cap	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ketoprofen 50 mg cap	1	ORUDIS	
ketoprofen 75 mg cap	2	ORUDIS	
ketoprofen er 200 mg cap er 24 hr	2	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		QL(20 / 25)
ketorolac tromethamine 30 mg/ml inj soln	2	TORADOL	QL(20 / 25)
ketorolac tromethamine 10 mg tab	2	TORADOL	QL(20 / 30)
ketorolac tromethamine 15 mg/ml inj soln	2	TORADOL	QL(40 / 25)
ketorolac tromethamine +rfid 30 mg/ml inj soln	2	TORADOL	QL(20 / 25)
ketorolac-ropiv-ketamine 15-100-30 mg/50ml inj soln pfs	6		
kls arthritis pain relief 1 % Topical Gel	4	VOLTAREN	
kls aspirin low dose 81 mg tab dr	1		QL(30 / 30)
kls diclofenac sodium 1 % Topical Gel	4	VOLTAREN	
kp aspirin 81 mg tab dr	1		QL(30 / 30)
LICART 1.3 % Topical Patch 24 Hour	4		
LODINE 400 mg tab	4		
meclofenamate sodium 100 mg cap, 50 mg cap	2	MECLOMEN	
mefenamic acid 250 mg cap	2	PONSTEL	
meijer aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
meloxicam 15 mg tab, 7.5 mg tab	2	MOBIC	
meloxicam 10 mg cap, 5 mg cap	1	VIVLODEX	
mm arthritis pain reliever 1 % Topical Gel	4	VOLTAREN	
mm aspirin 81 mg tab dr	1		QL(30 / 30), AL
motrin arthritis pain 1 % Topical Gel	4	VOLTAREN	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
napro 15 % Topical Cream	1		
NAPROSYN 500 mg tab	4		
naproxen 375 mg tab dr, 500 mg tab dr	1	NAPROSYN	
naproxen 250 mg tab, 375 mg tab, 500 mg tab	2	NAPROSYN	
naproxen 125 mg/5ml susp	2	NAPROSYN	
naproxen dr 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	2	ANAPROX	
naproxen sodium er 375 mg tab er 24	1	NAPRELAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
hr, 750 mg tab er 24 hr			
naproxen sodium er 500 mg tab er 24 hr	2	NAPRELAN	
naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr	1	VIMOVO	
oxaprozin 600 mg tab	2	DAYPRO	
PENNSAID 2 % Topical Solution	4		
pharmacist choice diclofenac 1 % Topical Gel	4	VOLTAREN	
piroxicam 10 mg cap, 20 mg cap	2	FELDENE	
PRASTERA 200 & 400 mg oral kit	4		
PREVIDOLRX ANALGESIC 75-20-0.025 mg-mg-% Multiple Routes Therapy Pack	4		
previdolrx plus analgesic 75 & 0.025 mg-% Multiple Routes Therapy Pack	4		
qc aspirin 325 mg tab dr	1		QL(30 / 30), AL
qc aspirin low dose 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30)
qc aspirin low dose 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
qc diclofenac sodium 1 % Topical Gel	4	VOLTAREN	
qc enteric aspirin 325 mg tab dr	1		QL(30 / 30), AL
ra aspirin adult low dose 81 mg tab chew	1		QL(30 / 30)
ra aspirin adult low strength 81 mg tab chew	1		QL(30 / 30)
ra aspirin childrens 81 mg tab chew	1		QL(30 / 30)
ra aspirin ec 81 mg tab dr	1		QL(30 / 30)
ra aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
ra aspirin ec adult low st 81 mg tab dr	1		QL(30 / 30)
RELAFEN DS 1000 mg tab	4		
salsalate 500 mg tab, 750 mg tab	2	DISALCID	
sb aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
sb childrens aspirin 81 mg tab chew	1		QL(30 / 30)
sb low dose asa ec 81 mg tab dr	1		QL(30 / 30)
sm aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
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
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
sure result dss premium pack 1.5 &	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
0.025 % Topical Therapy Pack			
tolmetin sodium 200 mg tab	2		
tolmetin sodium 400 mg cap, 600 mg tab	2	TOLECTIN	
TORONOVA II SUIK 30 mg/ml Multiple Routes Kit	4		
TORONOVA SUIK 30 mg/ml Multiple Routes Kit	4		
triple complex formula 3 kit 20-2-10 % Topical Cream	4		
VAROPHEN 1.5-10-15 % Topical Kit	4		
VENNGEL ONE 1 % Topical Kit	4		
VIMOVO 500-20 mg tab dr	4		
voltaren arthritis pain 1 % Topical Gel	4	VOLTAREN	
vp fc kit Topical Cream	4		
vp gkl kit 20-2-10 % Topical Cream	4		
ZICLOPRO 1.5 & 0.025 % Topical Therapy Pack	4		
ZIPSOR 25 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
buprenorphine 15 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	1	BUTRANS	PA
buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch	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
DISKETS 40 mg tab sol	1		
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	1	DURAGESIC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	2	DURAGESIC	PA
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	1		
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	1	HYSINGLA ER	
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	1		PA
HYSINGLA ER 100 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	4		
INFUMORPH 200 200 MG/20ML (10 mg/ml) inj soln	4		
INFUMORPH 500 500 MG/20ML (25 mg/ml) inj soln	4		
methadone hcl 40 mg tab sol	1		
methadone hcl 5 mg/5ml soln	1		
methadone hcl 10 mg tab, 5 mg tab	1	DOLOPHINE	
methadone hcl 10 mg/5ml soln, 10 mg/ml inj soln	1	DOLOPHINE	
methadone hcl 10 mg/ml oral conc	1	METHADOSE	
methadone hcl intensol 10 mg/ml oral conc	4	METHADOSE	
methadose 40 mg tab sol	4		
METHADOSE 10 mg/ml oral conc	4		
METHADOSE SUGAR-FREE 10 mg/ml oral conc	4		
mitigo 200 MG/20ML (10 mg/ml) inj	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln, 500 MG/20ML (25 mg/ml) inj soln			
morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp	1		
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	2	KADIAN	PA
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	2	MS CONTIN	PA
morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr	2	AVINZA	PA
MS CONTIN 15 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	6		
oxycodone hcl 5 mg cap	2	OXYIR	
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
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	1	OPANA ER	
oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr	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		
tramadol hcl (er biphasic) 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg	1	CONZIP	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cap er 24 hr			
tramadol hcl (er biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	2	RYZOLT	PA
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	2	ULTRAM ER	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]			
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	1	TYLENOL WITH CODEINE	
acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln	1	TYLENOL WITH CODEINE	
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	
apap-caff-dihydrocodeine 320.5-30-16 mg cap	1		
ascomp-codeine 50-325-40-30 mg cap	4	FIORINAL WITH CODEINE	
butalbital-apap-caff-cod 50-300-40-30 mg cap	1	FIORICET WITH CODEINE	
butalbital-apap-caff-cod 50-325-40-30 mg cap	2	FIORICET WITH CODEINE	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	2	FIORINAL WITH CODEINE	
butorphanol tartrate 10 mg/ml nasal soln	1	STADOL	QL(2.5 / 30)
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	2		
DEMEROL 50 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 subl	4		
duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln	4		
endocet 10-325 mg tab, 5-325 mg tab,	1	PERCOCET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
7.5-325 mg tab			
endocet 2.5-325 mg tab	4	PERCOCET	
fentanyl cit-ropivacaine-nacl 0.4-0.1-0.9 mg/200ml-% epidur soln	2		
fentanyl citrate 100 mcg/2ml iv soln pfs	1		
fentanyl citrate 100 mcg/2ml inj soln pfs, 1500 mcg/30ml iv soln pfs, 2500 mcg/50ml iv soln, 2750 mcg/55ml iv soln pfs	2		
fentanyl citrate 5000 mcg/100ml iv soln	6		
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	1		
fentanyl citrate (pf) 50 mcg/ml inj soln pfs	6	fentaNYL Citrate (PF)	
fentanyl citrate (pf) 1000 mcg/20ml inj soln	1	SUBLIMAZE	
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, 5-0.9 mg/250ml-% iv soln, 500-0.9 mcg/50ml-% iv soln pfs	1		
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	2		
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	1		
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	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
hydrocodone-acetaminophen 10-325 mg tab, 2.5-325 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-acetaminophen 10-325 mg/15ml soln	1	ZAMICET	
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 0.5-0.9 mg/0.5ml-% iv soln pfs, 2-0.9 mg/ml-% iv soln pfs, 20-0.9 mg/100ml-% inj soln	2		
levorphanol tartrate 3 mg tab	1		
levorphanol tartrate 2 mg tab	1		PA
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	
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	1		
morphine sulfate 15 mg tab, 30 mg tab	2		
morphine sulfate (concentrate) 100 mg/5ml soln	1	ROXANOL	
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	1		
morphine sulfate-nacl 50-0.9 mg/50ml-	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
% iv soln pfs			
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	2		
nalocet 2.5-300 mg tab	4	PRIMALEV	
norgesic forte 50-770-60 mg tab	2		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	3		
ORPHENGESIC FORTE 50-770-60 mg tab	4		
oxycodone hcl 15 mg tab abuse-deterr	2		
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ROXICODONE	
oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln	2	ROXICODONE	
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	
oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	2	PERCOCET	
oxycodone-acetaminophen 2.5-300 mg tab	1	PRIMALEV	
oxycodone-acetaminophen 10-300 mg tab, 5-300 mg tab	1	PRIMLEV	
oxycodone-acetaminophen 10-300 mg/5ml soln	1	PROLATE	
oxycodone-acetaminophen 5-325 mg/5ml soln	2	ROXICET	
oxymorphone hcl 10 mg tab, 5 mg tab	2	OPANA	
pentazocine-naloxone hcl 50-0.5 mg tab	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		
ROXICODONE 15 mg tab, 30 mg tab	4		
ROXYBOND 15 mg tab abuse-deterr, 30 mg tab abuse-deterr	4		
tramadol hcl 100 mg tab	1		
tramadol hcl 50 mg tab	1	ULTRAM	
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
TREZIX 320.5-30-16 mg cap	4		
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ACCUCAINE 1 % Multiple Routes Kit	4		
agoneaze 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
anesthesia s/i-40a 200 mg/20ml iv kit	2		
anesthesia s/i-40h 200 mg/20ml iv kit	2		
anesthesia s/i-40s 200 mg/20ml iv kit	2		
anlido 24 4 % Topical Patch	4	LIDOCARE	
anodyne lpt 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
aspercreme lidocaine 4 % Topical Patch	4	LIDOCARE	
asperflex pain relieving 4 % Topical Patch	4	LIDOCARE	
ASTERO 4 % Topical Gel	4		
blue-emu pain relief dry 4 % Topical Patch	4	LIDOCARE	
bupivacaine fisiopharma 0.5 % inj soln, 2.5 mg/ml inj soln	4	MARCAINE	
bupivacaine hcl 0.125 % (50 ml) inj soln pfs, 0.125 % inj soln, 0.25 % (10 ml) inj soln pfs	1		
bupivacaine hcl 0.25 % inj soln, 0.5 % inj soln	1	MARCAINE	
bupivacaine hcl (pf) 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	1	MARCAINE	
bupivacaine hcl-nacl 0.125-0.9 % epidur soln	6		
CADIRAMD 2.5-2.5 % Topical Kit	4		
CETACAINE 2-2-14 % Topical Aerosol, 2-2-14 % Topical Gel, 2-2-14 % Topical Liquid	4		
CLOROTEKAL 50 mg/5ml it soln	6		
cocaine hcl 40 mg/ml nasal soln	1		
cvs lidocaine pain relief 4 % Topical Patch	4	LIDOCARE	
cvs lidocaine pain-relieving 4 % Topical Patch	4	LIDOCARE	
cvs pain relief 4 % Topical Patch	4	LIDOCARE	
DERMACINRX LIDOGEL 2.8 % Topical Gel	4		
DERMACINRX PHN 5 & 5 % Topical	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Therapy Pack			
DERMACINRX ZRM 5 % Topical Therapy Pack	4		
eha 4 % Topical Lotion	4		
enovarx-lidocaine hcl 10 % Topical Cream, 5 % Topical Cream	4		
enznonuty 20-10-10 % Topical Ointment	4		
eq lidocaine pain relieving 4 % Topical Patch	4	LIDOCARE	
ethyl chloride Topical Aerosol	1		
EXPAREL 1.3 % inj susp	4		
ft pain relief max strength 4 % Topical Patch	4	LIDOCARE	
GEBAUERS PAIN EASE Topical Aerosol	4		
GEBAUERS SPRAY AND STRETCH Topical Aerosol	4		
glydo 2 % Topical Prefilled Syringe	4	GLYDO	
gnp lidocaine pain relief 4 % Topical Patch	4	LIDOCARE	
healthwise pain relief 4 % Topical Patch	4	LIDOCARE	
l.e.t. 4-0.05-0.5 % Topical Gel	4		
l.e.t. (racepinephrine) 4-0.05-0.5 % Topical Solution	1		
l.e.t. (racepinephrine) 4-0.05-0.5 % Topical Gel	4		
LDO PLUS 4 % Topical Gel	4		
lets kit	4		
LIDO BDK 2.5-2.5 % Topical Kit	4		
lido king 4 % Topical Patch	4	LIDOCARE	
lido-racepinephrine-tetracaine 4-0.05-0.5 % Topical Solution	1		
LIDO-SORB 3 % Topical Lotion	4		
lidocaine 5 % Topical Ointment	2		
lidocaine 4 % Topical Patch	4	LIDOCARE	
lidocaine 5 % Topical Patch	2	LIDODERM	
lidocaine hcl 4.12 % Topical Cream	1		
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, 9 mg/ml inj soln pfs	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lidocaine hcl 3 % Topical Lotion	1	LIDAMANTLE	
lidocaine hcl 3 % Topical Cream	2	LIDAMANTLE	
lidocaine hcl 0.5 % inj soln, 1 % inj soln, 2 % inj soln	1	XYLOCAINE	
lidocaine hcl 4 % Topical Solution	2	XYLOCAINE	
lidocaine hcl (pf) 4 % inj soln	1		
lidocaine hcl (pf) 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln	1	XYLOCAINE	
lidocaine hcl urethral/mucosal 2 % Topical Prefilled Syringe	1	GLYDO	
lidocaine hcl urethral/mucosal 2 % Topical Gel	1	XYLOCAINE	
lidocaine max st 24 hours 4 % Topical Patch	4	LIDOCARE	
lidocaine pain relief 4 % Topical Patch	4	LIDOCARE	
lidocaine pain relief max st 4 % Topical Patch	4	LIDOCARE	
lidocaine pain relieving 4 % Topical Patch	4	LIDOCARE	
lidocaine-prilocaine 2.5-2.5 % Topical Cream	2	EMLA	
lidocaine-prilocaine 2.5-2.5 % Topical Kit	1	EMLA/TEGADERM	
lidocanna 4 % Topical Patch	4	LIDOCARE	
lidocare arm/neck/leg 4 % Topical Patch	4	LIDOCARE	
lidocare back/shoulder 4 % Topical Patch	4	LIDOCARE	
lidocore 4 % Topical Patch	4	LIDOCARE	
LIDODERM 5 % Topical Patch	4		
lidoguard 4 % Topical Patch	4	LIDOCARE	
lidopin 3.25 % Topical Cream	4		
lidopin 3 % Topical Cream	1	LIDAMANTLE	
LIDOPURE PATCH 5 % Topical Kit	4		
LIDOREX 2.8 % Topical Gel	4		
lidorx 3 % Topical Gel	4		
lidostream 5 & 10 % Topical Kit	4		
LIDOTHOL 4.5-5 % Topical Gel	4		
LIDOTRAL 3.88 % Topical Cream	4		
lidotrode 4 % Topical Patch	4	LIDOCARE	
lidovix l 5 % Topical Kit	4		
LIDTOPIC MAX 10 % Topical Cream	4		
LIVIXIL PAK 2.5-2.5 % Topical Kit	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
LMR PLUS 5 & 0.5-0.5 % Topical Kit	4		
LYDEXA 4.12 % Topical Cream	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		
marlido 2 & 0.5 % inj kit	4		
MARLIDO-25 1 & 0.25 % inj kit	4		
MARVONA SUIK 0.5 % Multiple Routes Kit	4		
neurocaine 4 % Topical Patch	4	LIDOCARE	
NUMBRINO 40 mg/ml nasal soln	4		
pain relief 4 % Topical Patch	4	LIDOCARE	
pain relief max str 4 % Topical Patch	4	LIDOCARE	
pain relief maximum strength 4 % Topical Patch	4	LIDOCARE	
pain relieving lidocaine 4 % Topical Patch	4	LIDOCARE	
paingo kft 2.5-2.5-10-30 % Topical Kit	4		
pharmacist choice lidocaine 4 % Topical Patch	4	LIDOCARE	
PLIAGLIS 7-7 % Topical Cream	4		
premium lidocaine 5 % Topical Ointment	2		
premium scar 2-4-30 % Topical Patch	4		
prepiv supply 2.5-2.5 & 0.9 % Multiple Routes Kit	4		
prilovix 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
prilovix plus 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
qc lidocaine pain relief 4 % Topical Patch	4	LIDOCARE	
ra lidocaine pain relieving 4 % Topical Patch	4	LIDOCARE	
ra pain relieving 4 % Topical Patch	4	LIDOCARE	
re-lieved maximum strength 4 % Topical Patch	4	LIDOCARE	
relador pak 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
relador pak plus 2.5-2.5 % Topical Kit	4	EMLA/TEGADERM	
ropiv-clonidine-ketorolac 123-0.04-15 mg/50ml Periarticular Solution Prefilled Syringe	6		
ropivacaine hcl-nacl 0.1-0.9 % inj soln	6		
salonpas pain relieving 4 % Topical	4	LIDOCARE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Patch			
sensorcaine 0.25 % inj soln, 0.5 % inj soln	4	MARCAINE	
sensorcaine-mpf 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	4	MARCAINE	
SOOTHEE 0.5-0.0375-5-2 % Topical Patch	4		
STERILE TOPICAL L.E.T. GEL 4-0.18-0.5 % Topical Gel	4		
SX1 MEDICATED POST-OPERATIVE 2 % Topical Kit	4		
theracare lidocaine max str 4 % Topical Patch	4	LIDOCARE	
theracare pain relief 4 % Topical Patch	4	LIDOCARE	
ultra lido 4 % Topical Patch	4	LIDOCARE	
VENIPUNCTURE PX1 PHLEBOTOMY 2 % Topical Kit	4		
welmate lidocaine pain reliev 4 % Topical Patch	4	LIDOCARE	
wpr plus wound healing system 4 & 10-30 % Topical Therapy Pack	4		
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		
zeruvia 4-1 % Topical Patch	4		
zionodil 3 % Topical Lotion	4	LIDAMANTLE	
zionodil 100 3 % Topical Lotion	4	LIDAMANTLE	
ZTLIDO 1.8 % Topical Patch	4		
zynalox 4 % Topical Patch	4	LIDOCARE	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA]			
Angiotensin Ii Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina Ii - Medicamentos Para La Presión Sanguínea]			
ATACAND 32 mg tab	4		
candesartan cilexetil 32 mg tab	2	ATACAND	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
acamprosate calcium 333 mg tab dr	2	CAMPRAL	PA
disulfiram 250 mg tab, 500 mg tab	2	ANTABUSE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 0.3 mg/ml inj soln	1	BUPRENEX	
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	2	SUBUTEX	PA
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	1	SUBOXONE	PA
buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl	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]			
ft naloxone hcl 4 mg/0.1ml nasal liq	2	NARCAN	
gnp naloxone hcl 4 mg/0.1ml nasal liq	2	NARCAN	
KLOXXADO 8 mg/0.1ml nasal liq	4		
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	1	NARCAN	
naloxone hcl 4 mg/0.1ml nasal liq	2	NARCAN	
naltrexone hcl 50 mg tab	2	REVIA	PA
narcan 4 mg/0.1ml nasal liq	2	NARCAN	
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
bupropion hcl er (smoking det) 150 mg tab er 12 hr	1	ZYBAN	PA
bupropion hcl er (smoking det) 150 mg tab er 12 hr	2	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	4		PA, QL(120 / 365)
CHANTIX 1 mg tab	4		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	4		PA, QL(106 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab pack	4		PA, QL(106 / 365)
cvs nicotine 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cvs nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum	2	NICORETTE	PA, QL(2772 / 365)
cvs nicotine 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
cvs nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
eq nicotine 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
eq nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
eq nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
eq nicotine step 3 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
ft nicotine 7 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(28 / 365)
ft nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
ft nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
ft nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
gnp nicotine 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
gnp nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
gnp nicotine 4 mg m/t gum	2	NICORETTE	PA, QL(2772 / 365)
gnp nicotine 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
goodsense nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
goodsense nicotine 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
goodsense nicotine policrilex 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
habitrol 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
kls quit2 2 mg m/t gum, 2 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
kls quit4 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicoderm cq 7 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(28 / 365)
nicoderm cq 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4	NICODERM CQ	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	NICORETTE	PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
nicorette mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicorette starter kit 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
nicotine 21-14-7 mg/24hr td kit	2		QL(112 / 365)
nicotine 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex mini 2 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nicotine step 3 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
nicotine step 3 7 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(28 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
ra nicotine 2 mg m/t gum, 4 mg m/t gum	2	NICORETTE	PA, QL(2772 / 365)
ra nicotine gum 2 mg m/t gum, 4 mg m/t gum	2	NICORETTE	PA, QL(2772 / 365)
ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
thrive 2 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
varenicline tartrate 0.5 mg tab	1	CHANTIX	PA, QL(120 / 365)
varenicline tartrate 1 mg tab	1	CHANTIX	PA, QL(224 / 365)
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
anucort-hc 25 mg rect supp	2		
ANUSOL-HC 25 mg rect supp	4		
ANUSOL-HC 2.5 % Topical Cream	4		
HEMMOREX-HC 25 mg rect supp, 30 mg rect supp	4		
hydrocortisone (perianal) 2.5 % Topical Cream	2	ANUSOL HC	
hydrocortisone (perianal) 1 % Topical Cream	2	PROCTOCORT	
hydrocortisone acetate 25 mg rect supp	2		
hydrocortisone acetate 30 mg rect supp	2	PROCTOCORT	
procto-med hc 2.5 % Topical Cream	4	ANUSOL HC	
PROCTOCORT 30 mg rect supp	4		
PROCTOCORT 1 % Topical Cream	4		
proctosol hc 2.5 % Topical Cream	4	ANUSOL HC	
proctozone-hc 2.5 % Topical Cream	4	ANUSOL HC	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
amikacin sulfate 500 mg/2ml inj soln	1	AMIKIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ARIKAYCE 590 mg/8.4ml inh susp	6		
gentamicin sulfate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	GARAMYCIN	
HUMATIN 250 mg cap	4		
neomycin sulfate 500 mg tab	1		
neomycin-polymyxin b gu 40-200000 irrig soln	1		
streptomycin sulfate 1 gm im soln	1		
ZEMDRI 500 mg/10ml iv soln	4		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ARZOL SILVER NIT APPLICATORS 75-25 % Topical Miscellaneous	4		
benzalkonium chloride Topical Solution, 50 % Topical Solution	1		
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		
chloramphenicol sod succinate 1 gm iv soln	1	CHLOROMYCETIN	
CLEOCIN 150 mg cap, 300 mg cap, 75 mg cap	4		
CLEOCIN 75 mg/5ml soln	4		
CLEOCIN-T 1 % Topical Lotion	4		
clindacin etz 1 % Topical Swab	4	CLEOCIN-T	
clindacin-p 1 % Topical Swab	4	CLEOCIN-T	
CLINDAGEL 1 % Topical Gel	4		ST
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	2	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	2	CLEOCIN	
clindamycin phos (once-daily) 1 % Topical Gel	2	CLEOCIN-T	ST
clindamycin phos (twice-daily) 1 % Topical Gel	2	CLEOCIN-T	
clindamycin phosphate 1 % Topical Swab	2	CLEOCIN-T	
clindamycin phosphate 1 % Topical Lotion, 1 % Topical Solution	2	CLEOCIN-T	
clindamycin phosphate 1 % Topical Foam	2	EVOCLIN	
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	2	CLEOCIN	
colistimethate sodium (cba) 150 mg inj	5	COLY-MYCIN	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln			
COLY-MYCIN M 150 mg inj soln	6		PA
dalbavancin hcl 500 mg iv soln	2		
DALVANCE 500 mg iv soln	4		
daptomycin 350 mg iv soln	5		PA
daptomycin 500 mg iv soln	5	CUBICIN	PA
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
fosfomycin tromethamine 3 gm pckt	2	MONUROL	
glutaraldehyde 25 % Topical Solution	1		
HIPREX 1 gm tab	4		
HYCLODEX 0.012 % Topical Solution	4		
iodosorb 0.9 % Topical Gel	4		
KIMYRSA 1200 mg iv soln	6		
LINCOCIN 300 mg/ml inj soln	4		
lincomycin hcl 300 mg/ml inj soln	1	LINCOCIN	
linezolid 600 mg tab	2	ZYVOX	PA
linezolid 100 mg/5ml susp	2	ZYVOX	PA
linezolid 600 mg/300ml iv soln	5	ZYVOX	PA
linezolid in sodium chloride 600-0.9 mg/300ml-% iv soln	1	ZYVOX	
lugols strong iodine 5-10 % Topical Solution	4		
MACROBID 100 mg cap	4		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	4		
me/naphos/mb/hyo1 81.6 mg tab	4		
methenamine hippurate 1 gm tab	2	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	1		
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 375 mg cap	2	FLAGYL	
mupirocin 2 % Topical Ointment	1	BACTROBAN	
mupirocin calcium 2 % Topical Cream	2	BACTROBAN	
NEO-SYNALAR 0.5-0.025 % Topical Cream	4		
nitrofurantoin 25 mg/5ml susp	2	FURADANTIN	
nitrofurantoin macrocrystal 25 mg cap, 50 mg cap	1	MACRODANTIN	
nitrofurantoin macrocrystal 100 mg cap	2	MACRODANTIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nitrofurantoin monohyd macro 100 mg cap	2	MACROBID	
ORBACTIV 400 mg iv soln	4		
phenol liq	1		
polymyxin b sulfate 500000 unit inj soln	1		
povidone-iodine 5 % ophth soln	1	BETADINE OPHTHALMIC PREP	
SILVADENE 1 % Topical Cream	4		
silver nitrate 0.5 % Topical Solution	1		
silver sulfadiazine 1 % Topical Cream	1	SILVADENE	
SIVEXTRO 200 mg iv soln, 200 mg tab	5		PA
ssd 1 % Topical Cream	4	SILVADENE	
SULFAMYLON 85 mg/gm Topical Cream	4		
tigecycline 50 mg iv soln	1	TYGACIL	
trimethoprim 100 mg tab	1	PROLOPRIM	
TRIMO-SAN 0.025-0.01 % vag gel	4		
TYGACIL 50 mg iv soln	4		
URELLE 81 mg tab	4		
URETRON D/S 81.6 mg tab	4		
uro-mp 118 mg cap	2		
UROGESIC-BLUE 81.6 mg tab	4		
VANCOCIN 125 mg cap, 250 mg cap	4		
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	1		
vancomycin hcl 1.5 gm iv soln	2		
vancomycin hcl 25 mg/ml soln	2		PA
vancomycin hcl 250 mg/5ml soln	1	FIRVANQ	PA
vancomycin hcl 125 mg cap, 250 mg cap	2	VANCOCIN	
vancomycin hcl in nacl 1-0.9 gm/200ml-% iv soln	1		
VANCOMYCIN+SYRSPEND SF 50 mg/ml susp	4		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
XIFAXAN 200 mg tab, 550 mg tab	6		PA
ZYVOX 600 mg tab	4		PA
ZYVOX 100 mg/5ml susp	4		PA
ZYVOX 600 mg/300ml iv soln	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
AVYCAZ 2.5 (2-0.5) gm iv soln	4		
cefaclor 250 mg cap	1	CECLOR	
cefaclor 250 mg/5ml susp	1	CECLOR	
cefaclor 500 mg cap	2	CECLOR	
cefaclor er 500 mg tab er 12 hr	2	CECLOR CD	
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 1 gm tab	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefazolin sodium 1 gm inj soln, 10 gm inj soln	1	ANCEF	
cefazolin sodium-dextrose 2-4 gm/100ml-% iv soln	1		
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp	1	OMNICEF	
cefdinir 250 mg/5ml susp	2	OMNICEF	
cefepime hcl 100 gm iv soln	1		
cefepime hcl 2 gm iv soln	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	2	SUPRAX	
CEFOTAN 1 gm inj soln, 2 gm inj soln	4		
cefotaxime sodium 1 gm inj soln, 2 gm inj soln	1	CLAFORAN	
cefotetan disodium 1 gm inj soln, 2 gm inj soln	1	CEFOTAN	
cefoxitin sodium 10 gm iv soln	1		
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefprozil 250 mg tab, 500 mg tab	2	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	2	CEFZIL	
ceftazidime 2 gm iv soln	1		
ceftazidime 1 gm inj soln, 6 gm inj soln	1	FORTAZ	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab	1	CEFTIN	
cefuroxime axetil 500 mg tab	2	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 750 mg cap	2	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	
tazicef 2 gm iv soln	4		
TAZICEF 1 gm iv soln, 6 gm iv soln	4		
tazicef 1 gm inj soln	4	FORTAZ	
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]			
amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin 250 mg tab chew	2	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	2	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	2	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	2	AUGMENTIN XR	
ampicillin 500 mg cap	2		
ampicillin-sulbactam sodium 3 (2-1) gm inj soln	1	UNASYN	
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		
dicloxacillin sodium 250 mg cap, 500 mg cap	2	DYCILL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FETROJA 1 gm iv soln	4		
nafcillin sodium 10 gm iv soln	1		
nafcillin sodium 1 gm inj soln	1	NALLPEN	
oxacillin sodium 1 gm inj soln, 10 gm iv soln	1		
penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln	2	PFIZERPEN	
penicillin g sodium 5000000 unit inj soln	2		
penicillin v potassium 500 mg tab	2	PEN-VEE K	
penicillin v potassium 250 mg tab	2	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	2	VEETIDS	
pfizerpen 5000000 unit inj soln	4	PFIZERPEN	
piperacillin sod-tazobactam so 4.5 (4-0.5) gm iv soln	1	ZOSYN	
UNASYN 3 (2-1) gm inj soln	4		
Carbapenems- Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ertapenem sodium 1 gm inj soln	5	INVANZ	PA
imipenem-cilastatin 250 mg iv soln	5	PRIMAXIN	PA
meropenem 500 mg iv soln	1	MERREM	
meropenem-sodium chloride 1 gm/50ml iv soln, 500 mg/50ml iv soln	1	MERREM	
RECARBRIO 1.25 gm iv soln	4		
VABOMERE 2 (1-1) gm iv soln	4		
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 250 mg tab, 500 mg tab	1	ZITHROMAX	
azithromycin 600 mg tab	2	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	2	ZITHROMAX	
clarithromycin 250 mg tab	1	BIAXIN	
clarithromycin 500 mg tab	2	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	2	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	2	BIAXIN XL	
DIFICID 200 mg tab	4		
DIFICID 40 mg/ml susp	4		
E.E.S. 400 400 mg tab	4		
E.E.S. GRANULES 200 mg/5ml susp	4		
ery 2 % Topical Pad	2		
ERYGEL 2 % Topical Gel	4		
ERYPED 400 400 mg/5ml susp	4		
erythromycin 250 mg tab dr, 333 mg	1	ERY-TAB	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab dr, 500 mg tab dr			
erythromycin 2 % Topical Solution	2	ERYDERM	
erythromycin 2 % Topical Gel	2	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	2		
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	ERY-TAB	
erythromycin base 500 mg tab	2	ERY-TAB	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	2	ERYPED	
fidaxomicin 200 mg tab	2		
ZITHROMAX 250 mg tab, 500 mg tab	4		
ZITHROMAX 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		
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	2	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	2	LEVAQUIN	
levofloxacin 25 mg/ml soln	2	LEVAQUIN	
moxifloxacin hcl 400 mg tab	2	AVELOX	
moxifloxacin hcl in nacl 400 mg/250ml iv soln	1	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	2	FLOXIN	
XEPI 1 % Topical Cream	4		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
BACTRIM 400-80 mg tab	4		
BACTRIM DS 800-160 mg tab	4		
KLARON 10 % Topical Lotion	4		
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	2	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % Topical Lotion	2	KLARON	
sulfadiazine 500 mg tab	2		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	2	SEPTRA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sulfatrim pediatric 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
avidoxy 100 mg tab	2	ADOXA	
AVIDOXY DK 100 mg Multiple Routes Kit	4		
BENZODOX 30 x 100 MG & 4.4% Multiple Routes Therapy Pack, 60 x 100 MG & 4.4% Multiple Routes Therapy Pack	4		
demeclocycline hcl 150 mg tab, 300 mg tab	2	DECLOMYCIN	
doxy 100 100 mg iv soln	4	DOXY	
doxycycline hyclate 50 mg tab, 80 mg tab dr	1		
doxycycline hyclate 150 mg tab, 75 mg tab	1	ACTICLATE	
doxycycline hyclate 200 mg tab dr, 50 mg tab dr	1	DORYX	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr	2	DORYX	
doxycycline hyclate 100 mg iv soln	1	DOXY	
doxycycline hyclate 20 mg tab	2	PERIOSTAT	
doxycycline hyclate 100 mg tab	2	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	2	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	2	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	2	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	2	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	2	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	2	MINOCIN	
minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr	1	SOLODYN	
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	2	SOLODYN	
mondoxyne nl 100 mg cap	4	MONODOX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NUZYRA 150 mg tab	4		
NUZYRA 100 mg iv soln	6		
SEYSARA 100 mg tab, 150 mg tab, 60 mg tab	4		
targadox 50 mg tab	4		
tetracycline hcl 250 mg cap, 500 mg cap	2		
XERAVA 100 mg iv soln, 50 mg iv soln	6		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
brivaracetam 10 mg tab, 75 mg tab	2		
brivaracetam 10 mg/ml soln, 50 mg/5ml iv soln	2		
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, 500 mg/5ml 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	KEPPRA	
SPRITAM 250 mg tab disint sol, 500 mg tab disint sol	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
topiramate er 100 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	2	TROKENDI XR	
TROKENDI XR 100 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	4		
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		
ethosuximide 250 mg cap	2	ZARONTIN	
ethosuximide 250 mg/5ml soln	2	ZARONTIN	
ZARONTIN 250 mg cap	4		
ZARONTIN 250 mg/5ml soln	4		
ZONEGRAN 100 mg cap, 25 mg cap	4		
zonisamide 100 mg cap, 50 mg cap	1	ZONEGRAN	
zonisamide 25 mg cap	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]			
clobazam 2.5 mg/ml susp	1	ONFI	
clobazam 10 mg tab, 20 mg tab	2	ONFI	
clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint	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		
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	2	DIASTAT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium 125 mg cap dr sprinkle	2	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE ER	
FANATREX FUSEPAQ 25 mg/ml susp	4		
gabapentin 800 mg tab	1	NEURONTIN	QL(120 / 30)
gabapentin 600 mg tab	1	NEURONTIN	QL(180 / 30)
gabapentin 400 mg cap	1	NEURONTIN	QL(270 / 30)
gabapentin 300 mg cap	1	NEURONTIN	QL(360 / 30)
gabapentin 300 mg/6ml soln	1	NEURONTIN	QL(420 / 30)
gabapentin 100 mg cap	1	NEURONTIN	QL(1080 / 30)
gabapentin 250 mg/5ml soln	2	NEURONTIN	QL(420 / 30)
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		
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	2		
phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix	2		
primidone 50 mg tab	1	MYSOLINE	
primidone 250 mg tab	2	MYSOLINE	
SABRIL 500 mg pckt, 500 mg tab	6		PA
SYMPAZAN 10 mg oral film, 20 mg oral film, 5 mg oral film	4		
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	2	GABITRIL	
valproic acid 250 mg cap	2	DEPAKENE	
valproic acid 250 mg/5ml soln	2	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	4		
VALTOCO 15 MG DOSE 2 x 7.5 mg/0.1ml Nasal Liquid Therapy Pack	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
VALTOCO 20 MG DOSE 2 x 10 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	4		
vigabatrin 500 mg pckt, 500 mg tab	5	SABRIL	PA
vigadrone 500 mg pckt	6	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
felbamate 400 mg tab, 600 mg tab	2	FELBATOL	
felbamate 600 mg/5ml susp	2	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	6		PA
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 mg tab er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr	4		
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew	1	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint	2	LAMICTAL	
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	2	LAMICTAL ODT	
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	2	LAMICTAL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lamotrigine starter kit-blue 35 x 25 mg oral kit	1	LAMICTAL STARTER	
lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit	1	LAMICTAL STARTER	
lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit	1	LAMICTAL STARTER	
perampanel 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	2	Fycompa	
perampanel 0.5 mg/ml susp	2	Fycompa	
subvenite 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	4	LAMICTAL	
subvenite starter kit-blue 35 x 25 mg oral kit	4	LAMICTAL STARTER	
subvenite starter kit-green 84 x 25 MG & 14x100 mg oral kit	4	LAMICTAL STARTER	
subvenite starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit	4	LAMICTAL STARTER	
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4		
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	4		
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	2	TOPAMAX	
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	1	QUDEXY XR	
topiramate er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	2	TROKENDI XR	
TROKENDI XR 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	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		
carbamazepine 200 mg tab chew	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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]			
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7-10 mg cap er 24 hr	4		
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	
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	2	NAMENDA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
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 TITRATION PAK 28 x 5 MG & 21 x 10 mg tab	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		
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (sr) 200 mg tab er 12 hr	2	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg tab er 24 hr	2	FORFIVO XL	
bupropion hcl er (xl) 150 mg tab er 24 hr	1	WELLBUTRIN XL	
bupropion hcl er (xl) 300 mg tab er 24 hr	2	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	4		
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	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		
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
phenelzine sulfate 15 mg tab	1	NARDIL	
tranylcypromine sulfate 10 mg tab	1	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	4		
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	2	CELEXA	
citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln	2	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	2	PRISTIQ	
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	2	CYMBALTA	PA
duloxetine hcl 40 mg cap dr prt	1	IRENKA	
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	4		
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	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		
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluoxetine hcl 10 mg tab, 20 mg tab, 60	2	PROZAC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab, 90 mg cap dr			
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	2	SARAFEM	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	2	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	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		
nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab	1	SERZONE	
nefazodone hcl 100 mg tab, 150 mg tab	2	SERZONE	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	2	SYMBYAX	
paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	
paroxetine hcl 30 mg tab	2	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	2	PAXIL CR	
paroxetine mesylate 7.5 mg cap	1	BRISDELLE	
PAXIL 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	4		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	4		
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
sertraline hcl 150 mg cap, 200 mg cap	6		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
SYMBYAX 3-25 mg cap, 6-25 mg cap	4		
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	
trazodone hcl 300 mg tab	2	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		
venlafaxine hcl 100 mg tab, 25 mg tab,	1	EFFEXOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
37.5 mg tab, 50 mg tab, 75 mg tab			
venlafaxine hcl er 150 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	1		
venlafaxine hcl er 225 mg tab er 24 hr	2		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	2	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		
vilazodone hcl 10 mg tab, 40 mg tab	2	VIIBRYD	
ZOLOFT 100 mg tab, 25 mg tab, 50 mg tab	4		
ZOLOFT 20 mg/ml oral conc	4		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ELAVIL	
amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab	2	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	2	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	4		
chlordiazepoxide-amitriptyline 10-25 mg tab	1	LIMBITROL	
chlordiazepoxide-amitriptyline 5-12.5 mg tab	2	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	2	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	NORPRAMIN	
doxepin hcl 10 mg cap	1	SINEQUAN	
doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	2	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
NORPRAMIN 10 mg tab, 25 mg tab	4		
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nortriptyline hcl 10 mg/5ml soln	1	PAMELOR	
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	4		
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	2	TRIAVIL	
protriptyline hcl 10 mg tab, 5 mg tab	2	VIVACTIL	
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	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 iv soln, 300-0.5 mg cap	5		PA
AKYNZEO (TO-BE-DILUTED) 235-0.25 mg/20ml iv soln	2		
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		
cvs motion sickness relief 25 mg tab chew	2		
DICLEGIS 10-10 mg tab dr	4		
dimenhydrinate 50 mg/ml inj soln	1		
doxylamine-pyridoxine 10-10 mg tab dr	2	DICLEGIS	
dramamine motion sickness 25 mg tab chew	2		
ft motion sickness 25 mg tab chew	2		
gnp motion sickness relief 25 mg tab chew	2		
meclizine hcl 25 mg tab chew	2		
meclizine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	1	ANTIVERT	
motion sickness relief 25 mg tab chew	2		
motion-time 25 mg tab chew	2		
PHENERGAN 25 mg/ml inj soln, 50 mg/ml inj soln	2		
promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln	1	PHENERGAN	
promethazine hcl 12.5 mg rect supp, 25	2	PHENERGAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg rect supp			
promethazine hcl 50 mg/ml inj soln	2	PHENERGAN	
PROMETHEGAN 50 mg rect supp	4		
promethegan 12.5 mg rect supp, 25 mg rect supp	2	PHENERGAN	
qc travel ease 25 mg tab chew	2		
ra motion sickness relief 25 mg tab chew	2		
scopolamine 1 mg/3days td patch 72 hr	2	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	2		
travel-ease 25 mg tab chew	2		
trimethobenzamide hcl 100 mg/ml im soln	1		
trimethobenzamide hcl 300 mg cap	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)
aprepitant 80 & 125 mg cap pack	1	EMEND	
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap pack, 80 mg cap	2	EMEND	
CINVANTI 130 mg/18ml iv emul	6		
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	2	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	5		
EMEND 150 mg iv soln	5		PA
EMEND BIPACK 80 mg cap	5		PA
EMEND TRIPACK 80 & 125 mg cap pack	5		
fosaprepitant dimeglumine 150 mg iv soln	5	EMEND	PA
granisetron hcl 1 mg/ml iv soln, 4 mg/4ml iv soln	2	KYTRIL	
granisetron hcl 1 mg tab	2	KYTRIL	QL(6 / 30)
MARINOL 2.5 mg cap	2		QL(60 / 30)
metoclopramide hcl 5 mg/ml inj soln	1	REGLAN	
metoclopramide hcl +rfid 5 mg/ml inj soln	1	REGLAN	
ondansetron 4 mg tab disint, 8 mg tab disint	2	ZOFRAN ODT	QL(9 / 30)
ondansetron hcl 4 mg/2ml inj soln pfs	2		
ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln	2	ZOFRAN	
ondansetron hcl 24 mg tab	2	ZOFRAN	QL(1 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ondansetron hcl 4 mg tab, 8 mg tab	2	ZOFRAN	QL(9 / 30)
ondansetron hcl +rfid 4 mg/2ml inj soln pfs	2		
palonosetron hcl 0.25 mg/2ml iv soln, 0.25 mg/5ml iv soln pfs	6		PA
palonosetron hcl 0.25 mg/5ml iv soln	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		PA
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]			
amphotericin b 50 mg iv soln	5	FUNGIZONE	PA
ANCOBON 250 mg cap, 500 mg cap	6		PA
BREXAFEMME 150 mg tab	4		
CANCIDAS 70 mg iv soln	6		PA
caspofungin acetate 70 mg iv soln	5	CANCIDAS	PA
ciclodan 8 % Topical Solution	4	PENLAC	PA
ciclopirox 0.77 % Topical Gel	2	LOPROX	
ciclopirox 1 % Topical Shampoo	2	LOPROX	
ciclopirox 8 % Topical Solution	2	PENLAC	PA
ciclopirox olamine 0.77 % Topical Cream	2	LOPROX	
ciclopirox olamine 0.77 % Topical Suspension	2	LOPROX	
ciclopirox treatment 8 % Topical Kit	2	PENLAC	
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole-betamethasone 1-0.05 % Topical Cream	2	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % Topical Lotion	2	LOTRISONE	
CRESEMBA 186 mg cap, 372 mg iv soln	4		PA
DERMACINRX THERAZOLE PAK 1-0.05 & 20 % Topical Therapy Pack	4		
DIFLUCAN 40 mg/ml susp	4		
difmetioxrime 4-2-1-4 % Topical Solution	4		
econazole nitrate 1 % Topical Cream	2	SPECTAZOLE	
ECOZA 1 % Topical Foam	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ERAXIS 100 mg iv soln	5		PA
ERTACZO 2 % Topical Cream	4		
EXELDERM 1 % Topical Cream	4		
EXELDERM 1 % Topical Solution	4		
EXODERM 25-1 % Topical Lotion	4		
fluconazole 100 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 150 mg tab	1	DIFLUCAN	QL(2 / 28)
fluconazole 10 mg/ml susp, 40 mg/ml susp	2	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	2	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	2	GRIS-PEG	
hixdefrima 8-1-1 % Topical Solution	4		
hydrocortisone-iodoquinol 1-1 % Topical Cream	1		
imioxia 1-4 % Topical Cream	4		
iodoquimez-hc 1-1.9 % Topical Cream	4	VYTONE	
iodoquinol-hc-aloe polysacch 1-2-1 % Topical Gel	2	ALCORTIN A	
iodoquinol-hydrocortisone-aloe 1-1.9 % Topical Cream	1	VYTONE	
itraconazole 10 mg/ml soln	1	SPORANOX	PA
itraconazole 100 mg cap	2	SPORANOX	PA
JUBLIA 10 % Topical Solution	4		
ketoconazole 2 % Topical Foam	2	EXTINA	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % Topical Cream	2	NIZORAL	
ketoconazole 2 % Topical Shampoo	2	NIZORAL	
ketodan 2 % Topical Foam	4	EXTINA	
luliconazole 1 % Topical Cream	1	LUZU	
LUZU 1 % Topical Cream	4		
micafungin sodium 100 mg iv soln	5	MYCAMINE	PA
miconazole-zinc oxide-petrolat 0.25-15-81.35 % Topical Ointment	2	VUSION	
MYCAMINE 100 mg iv soln	6		PA
naftifine hcl 1 % Topical Cream	1	NAFTIN	
naftifine hcl 2 % Topical Cream	2	NAFTIN	
NAFTIN 2 % Topical Gel	4		
NATACYN 5 % ophth susp	4		
NOXAFIL 300 mg/16.7ml iv soln, 40	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/ml susp			
nyamyc 100000 unit/gm Topical Powder	4	MYCOSTATIN	
nystatin 100000 unit/gm Topical Cream, 100000 unit/gm Topical Ointment, 100000 unit/gm Topical Powder	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% Topical Cream, 100000-0.1 unit/gm-% Topical Ointment	2	MYCOLOG	
nystop 100000 unit/gm Topical Powder	4	MYCOSTATIN	
ONYCHO-MED 2-250 %-mg Topical Kit	4		
ORAVIG 50 mg bucc tab	4		
oxiconazole nitrate 1 % Topical Cream	2	OXISTAT	
OXISTAT 1 % Topical Lotion	4		
pheodoyo 1-2.5-2 % Topical Cream	4		
pheyo 2.5-2 % Topical Cream	4		
posaconazole 40 mg/ml susp	5		PA
posaconazole 300 mg/16.7ml iv soln	2	NOXAFIL	
posaconazole 100 mg tab dr	5	NOXAFIL	PA
SPORANOX 100 mg cap	4		PA
sulconazole nitrate 1 % Topical Cream	1	EXELDERM	
sulconazole nitrate 1 % Topical Solution	1	EXELDERM	
tavaborole 5 % Topical Solution	1	KERYDIN	
terbinafine hcl 250 mg tab	1	LAMISIL	PA
tolsura 65 mg cap	4		PA
VFEND 40 mg/ml susp	6		PA
VFEND IV 200 mg iv soln	6		
voriconazole 200 mg iv soln	5	VFEND	
voriconazole 200 mg tab, 50 mg tab	6	VFEND	PA
voriconazole 40 mg/ml susp	6	VFEND	PA
VUSION 0.25-15-81.35 % Topical Ointment	4		
VYTONE 1-1.9 % Topical Cream	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]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	2	COLCRYS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
colchicine 0.6 mg cap	1	MITIGARE	
colchicine-probenecid 0.5-500 mg tab	2	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	2	ULORIC	
GLOPERBA 0.6 mg/5ml soln	4		
MITIGARE 0.6 mg cap	4		
probenecid 500 mg tab	2	BENEMID	
ULORIC 40 mg tab, 80 mg tab	4		
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		
dihydroergotamine mesylate 1 mg/ml inj soln	1	D.H.E. 45	QL(24 / 30)
dihydroergotamine mesylate 4 mg/ml nasal soln	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	4		
ergotamine-caffeine 1-100 mg tab	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	4		
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		PA
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	6		PA
REYVOW 100 mg tab, 50 mg tab	4		
UBRELVY 100 mg tab, 50 mg tab	4		PA
VYEPTI 100 mg/ml iv soln	5		PA
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
almotriptan malate 12.5 mg tab, 6.25 mg tab	2	AXERT	QL(6 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	2	RELPAX	QL(6 / 30)
FROVA 2.5 mg tab	4		QL(9 / 30)
frovatriptan succinate 2.5 mg tab	2	FROVA	QL(9 / 30)
IMITREX 100 mg tab, 25 mg tab, 50 mg tab	4		QL(9 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	4		QL(2 / 30)
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 & % Multiple Routes Therapy Pack	4		
naratriptan hcl 1 mg tab, 2.5 mg tab	2	AMERGE	QL(9 / 30)
ONZETRA XSAIL 11 mg/nosepc nasal exha pwdr	4		
RELPAX 20 mg tab, 40 mg tab	4		QL(6 / 30)
rizatriptan benzoate 10 mg tab, 5 mg tab	2	MAXALT	QL(9 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	2	MAXALT MLT	QL(9 / 30)
SUMANSETRON 50 & 4 mg tab pack	4		
sumatriptan 20 mg/act nasal soln	2	IMITREX	QL(6 / 30)
sumatriptan 5 mg/act nasal soln	2	IMITREX	QL(12 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln	2	IMITREX	QL(2 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	2	IMITREX	QL(9 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln auto-inj	2	IMITREX STATDOSE	QL(2 / 30)
sumatriptan succinate refill 6 mg/0.5ml sc soln cart	2	IMITREX STATDOSE	QL(2 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	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		
zolmitriptan 5 mg tab, 5 mg tab disint	2	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		QL(6 / 30)
zomig 5 mg tab	4	ZOMIG	QL(3 / 30)
zomig 2.5 mg tab	4	ZOMIG	QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
BLOXIVERZ 10 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		
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		
PRIFTIN 150 mg tab	4		
pyrazinamide 500 mg tab	2		
rifampin 150 mg cap, 300 mg cap	2	RIFADIN	
RIFAMPIN+SYRSPEND SF 25 mg/ml susp	4		
SIRTURO 100 mg tab, 20 mg tab	5		PA
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
busulfan 6 mg/ml iv soln	5	BUSULFEX	PA
carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600	6	PARAPLATIN	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/60ml iv soln			
cyclophosphamide 1 gm inj soln, 2 gm inj soln, 500 mg inj soln	5		PA
cyclophosphamide 25 mg cap, 50 mg cap, 50 mg tab	6		PA
cyclophosphamide 1 gm/5ml iv soln, 500 mg/2.5ml iv soln	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
melphalan hcl 50 mg iv soln	6	ALKERAN	PA
MYLERAN 2 mg tab	6		PA
PARAPLATIN 1000 mg/100ml iv soln	6		
TEMODAR 100 mg iv soln	6		PA
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	6	TEMODAR	PA
thiotepa 15 mg inj soln	6	THIOPLEX	PA
Antiandrogens - Chemotherapy Agents [Antiandrógenos - Agentes De Quimioterapia]			
abiraterone acetate 250 mg tab	5	ZYTIGA	PA
abiraterone acetate 500 mg tab	6	ZYTIGA	PA
bicalutamide 50 mg tab	6	CASODEX	
CASODEX 50 mg tab	6		PA
ERLEADA 60 mg tab	5		PA
nilutamide 150 mg tab	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		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab	5	ZYTIGA	PA
abiraterone acetate 500 mg tab	6	ZYTIGA	PA
bicalutamide 50 mg tab	6	CASODEX	
CASODEX 50 mg tab	6		PA
ERLEADA 60 mg tab	5		PA
nilutamide 150 mg tab	5	NILANDRON	PA
NUBEQA 300 mg tab	5		PA
ZYTIGA 250 mg tab, 500 mg tab	6		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5	5	REVLIMID	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg cap			
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, 50 mg cap	6		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
FARESTON 60 mg tab	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
tamoxifen citrate 10 mg tab, 20 mg tab	6	NOLVADEX	
toremifene citrate 60 mg tab	6	FARESTON	PA
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	5	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
fluorouracil 0.5 % Topical Cream	5	CARAC	PA
fluorouracil 5 % Topical Cream	5	EFUDEX	PA
fluorouracil 2 % Topical Solution, 5 % Topical Solution	5	EFUDEX	PA
HYDREA 500 mg cap	6		PA
hydroxyurea 500 mg cap	6	HYDREA	PA
mercaptopurine 2000 mg/100ml susp	6		PA
mercaptopurine 50 mg tab	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 % Topical Cream	5		PA
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 100 mcg/0.5ml sc soln	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
arsenic trioxide 12 mg/6ml iv soln	5	TRISENOX	PA
bendamustine hcl 100 mg/4ml iv soln	2		PA
bendamustine hcl 100 mg iv soln, 25 mg iv soln	5	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	5		PA
bleomycin sulfate 15 unit inj soln, 30	6	BLENOXANE	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
unit inj soln			
bortezomib 3.5 mg inj soln	5	VELCADE	PA
carmustine 100 mg iv soln	5	BICNU	PA
cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln	6		PA
cladribine 10 mg/10ml iv soln	6	LEUSTATIN	PA
clofarabine 1 mg/ml iv soln	5	CLOLAR	PA
cytarabine 20 mg/ml inj soln	6		PA
cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln	6		PA
dacarbazine 100 mg iv soln, 200 mg iv soln	6		PA
dactinomycin 0.5 mg iv soln	6	COSMEGEN	PA
daunorubicin hcl 20 mg/4ml iv soln	6		PA
decitabine 50 mg iv soln	6	DACOGEN	PA
dexrazoxane hcl 250 mg iv soln, 500 mg iv soln	5	ZINECARD	PA
docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc	5	TAXOTERE	PA
doxorubicin hcl 10 mg iv soln, 50 mg iv soln	5		PA
doxorubicin hcl 2 mg/ml iv soln	2	ADRIAMYCIN	PA
doxorubicin hcl liposomal 2 mg/ml iv susp	5		PA
ELZONRIS 1000 mcg/ml iv soln	6		
eribulin mesylate 1 mg/2ml iv soln	5		PA
floxuridine 0.5 gm inj soln	6	FUDR	PA
fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln	6		PA
fulvestrant 250 mg/5ml im soln pfs	5	FASLODEX	PA
gemcitabine hcl 2 gm iv soln	5		PA
gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln	5		PA
gemcitabine hcl 1 gm iv soln, 200 mg iv soln	5	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	6		PA
idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln	6	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	6		PA
ifosfamide 1 gm iv soln, 3 gm iv soln	5	IFEX	PA
ifosfamide 1 gm/20ml iv soln, 3	5	IFEX	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
gm/60ml iv soln			
irinotecan hcl 500 mg/25ml iv soln	5		PA
irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln	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
mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln	6	MUTAMYCIN	PA
MVASI 100 mg/4ml iv soln, 400 mg/16ml iv soln	6		PA
nelarabine 5 mg/ml iv soln	5	ARRANON	PA
OPDIVO 120 mg/12ml iv soln	6		
oxaliplatin 100 mg iv soln, 50 mg iv soln	5	ELOXATIN	PA
oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln	5	ELOXATIN	PA
paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc	6	TAXOL	PA
paclitaxel protein-bound part 100 mg iv susp	5	ABRAXANE	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
romidepsin 27.5 mg/5.5ml iv soln	6		
TABLOID 40 mg tab	6		PA
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
vinblastine sulfate 1 mg/ml iv soln	5		PA
vincristine sulfate 1 mg/ml iv soln, 2 mg/2ml iv soln	6	VINCASAR	PA
vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln	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	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/16ml iv soln			
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
ASPARLAS 3750 unit/5ml iv soln	6		
carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln	6	PARAPLATIN	PA
DARZALEX FASPRO 1800-30000 mg-ut/15ml sc soln	6		
fludarabine phosphate 50 mg/2ml iv soln	5		PA
fludarabine phosphate 50 mg iv soln	5	FLUDARA	PA
HYDREA 500 mg cap	6		PA
hydroxyurea 500 mg cap	6	HYDREA	PA
INQOVI 35-100 mg tab	6		
ISTODAX 10 mg iv soln	6		PA
LEDERLE LEUCOVORIN 5 mg tab	6		PA
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	6		PA
leucovorin calcium 100 mg/10ml inj soln, 500 mg/50ml inj soln	6		PA
levoleucovorin calcium 50 mg iv soln	5	FUSILEV	PA
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	6		
LUTATHERA 370 mbq/ml iv soln	6		PA
mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc	5		PA
mitoxantrone hcl 20 mg/10ml iv conc	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		
valrubicin 40 mg/ml i-vesic soln	5	VALSTAR	PA
VALSTAR 40 mg/ml i-vesic soln	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
XOFIGO 30 mcci/ml iv soln	6		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA
ZOLINZA 100 mg cap	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
anastrozole 1 mg tab	6	ARIMIDEX	
ARIMIDEX 1 mg tab	6		PA
AROMASIN 25 mg tab	6		PA
exemestane 25 mg tab	5	AROMASIN	PA
FEMARA 2.5 mg tab	6		PA
letrozole 2.5 mg tab	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
etoposide 50 mg cap	5		PA
etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	5	VEPESID	PA
HYCAMTIN 0.25 mg cap, 1 mg cap	6		PA
topotecan hcl 4 mg/4ml iv soln	6		PA
topotecan hcl 4 mg iv soln	6	HYCAMTIN	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
bosutinib 100 mg tab, 500 mg tab	5		PA
BRAFTOVI 75 mg cap	6		PA
BRUKINSA 80 mg cap	6		
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	6		
CALQUENCE 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		
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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
dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		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
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	5	TARCEVA	PA
etoposide 50 mg cap	5		PA
everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA
everolimus 10 mg tab	6	AFINITOR	PA
everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	6	AFINITOR DISPERZ	PA
FOTIVDA 0.89 mg cap, 1.34 mg cap	6		
GAVRETO 100 mg cap	6		
gefitinib 250 mg tab	6	IRESSA	PA
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	6		
GLEEVEC 100 mg tab, 400 mg tab	6		PA
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
imatinib mesylate 100 mg tab, 400 mg tab	5	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
KEYTRUDA 100 mg/4ml iv soln	6		PA
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		
lapatinib ditosylate 250 mg tab	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
nilotinib hcl 150 mg cap, 200 mg cap, 50 mg cap	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		
pazopanib hcl 200 mg tab, 400 mg tab	5		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	6		
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	6		
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
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
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	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		
TAGRISSO 40 mg tab, 80 mg tab	6		
TALZENNA 0.25 mg cap, 1 mg cap	6		
TARCEVA 100 mg tab	6		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TAZVERIK 200 mg tab	6		
temsirolimus 25 mg/ml iv soln	5	TORISEL	PA
TEPMETKO 225 mg tab	6		
TIBSOVO 250 mg tab	6		
topotecan hcl 4 mg/4ml iv soln	6		PA
topotecan hcl 4 mg iv soln	6	HYCAMTIN	PA
TUKYSA 150 mg tab, 50 mg tab	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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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 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		
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]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
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		
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
LIBTAYO 350 mg/7ml 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		PA
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		
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		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
ZYNLONTA 10 mg iv soln	6		
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	5	TARGRETIN	PA
bexarotene 1 % Topical Gel	5	TARGRETIN	PA
PANRETIN 0.1 % Topical Gel	6		PA
TARGRETIN 75 mg cap	6		PA
TARGRETIN 1 % Topical Gel	6		PA
tretinoin 10 mg cap	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
mesna 100 mg/ml iv soln	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
VORAXAZE 1000 unit iv soln	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS -			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
albendazole 200 mg tab	2	ALBENZA	
benznidazole 100 mg tab, 12.5 mg tab	1		
BILTRICIDE 600 mg tab	4		
EGATEN 250 mg tab	4		
EMVERM 100 mg tab chew	4		
ivermectin 3 mg tab	2	STROMECTOL	
praziquantel 600 mg tab	1	BILTRICIDE	
STROMECTOL 3 mg tab	4		
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ARAKODA 100 mg tab	4		
artesunate 110 mg iv soln	6		
atovaquone 750 mg/5ml susp	2	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	
chloroquine phosphate 250 mg tab	1		
chloroquine phosphate 500 mg tab	1	ARALEN	
COARTEM 20-120 mg tab	4		
DARAPRIM 25 mg tab	6		PA
hydroxychloroquine sulfate 100 mg tab, 300 mg tab, 400 mg tab	1		
hydroxychloroquine sulfate 200 mg tab	1	PLAQUENIL	
IMPAVIDO 50 mg cap	5		PA
KRINTAFEL 150 mg tab	4		
LAMPIT 120 mg tab, 30 mg tab	4		
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
mefloquine hcl 250 mg tab	2		
MEPRON 750 mg/5ml susp	6		PA
NEBUPENT 300 mg inh soln	4		
nitazoxanide 500 mg tab	1	ALINIA	
PENTAM 300 mg inj soln	4		
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
pentamidine isethionate 300 mg inj soln	1	PENTAM	
PLAQUENIL 200 mg tab	4		
primaquine phosphate 26.3 (15 Base) mg tab	1		
pyrimethamine 25 mg tab	5	DARAPRIM	PA
pyrimethamine-leucovorin 12.5-2.5 mg	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
quinine sulfate 324 mg cap	2	QUALAQUIN	
SOLOSEC 2 gm pckt	4		
tinidazole 250 mg tab, 500 mg tab	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % Topical Lotion	4		PA
cvs ivermectin lice treatment 0.5 % Topical Lotion	1	SKLICE	PA
ELIMITE 5 % Topical Cream	4		PA
eq ivermectin 0.5 % Topical Lotion	1	SKLICE	PA
EURAX 10 % Topical Cream	4		PA
ivermectin 0.5 % Topical Lotion	1	SKLICE	PA
malathion 0.5 % Topical Lotion	2	OVIDE	PA
NATROBA 0.9 % Topical Suspension	4		PA
OVIDE 0.5 % Topical Lotion	4		PA
permethrin 5 % Topical Cream	2	ELIMITE	PA
rid one & done 0.5 % Topical Lotion	1	SKLICE	PA
sklice 0.5 % Topical Lotion	1	SKLICE	PA
spinosad 0.9 % Topical Suspension	2		PA
sulfurated lime Topical Solution	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]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
benztropine mesylate 1 mg/ml inj soln	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab	1	ARTANE	
trihexyphenidyl hcl 5 mg tab	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	2		
amantadine hcl 100 mg cap, 100 mg tab	2	SYMMETREL	
entacapone 200 mg tab	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		PA
ONGENTYS 25 mg cap, 50 mg cap	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab			
DUOPA 4.63-20 mg/ml enter susp	5		PA
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		
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		
rasagiline mesylate 0.5 mg tab, 1 mg tab	2	AZILECT	
selegiline hcl 5 mg tab	2		
selegiline hcl 5 mg cap	2	ELDEPRYL	
XADAGO 100 mg tab, 50 mg tab	5		PA
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ADASUVE 10 mg inh aer pwdr br act	4		
chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc	1		
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	2		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	THORAZINE	
compro 25 mg rect supp	1	COMPRO	
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	2	PROLIXIN	
HALDOL DECANOATE 100 mg/ml im soln	4		
haloperidol 0.5 mg tab, 20 mg tab	1	HALDOL	
haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	HALDOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc	2	HALDOL	
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	2	LOXITANE	
molindone hcl 10 mg tab, 25 mg tab, 5 mg tab	1	MOBAN	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	TRILAFON	
pimozide 1 mg tab, 2 mg tab	2	ORAP	
prochlorperazine 25 mg rect supp	1	COMPRO	
prochlorperazine edisylate 10 mg/2ml inj soln	1		
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	2	MELLARIL	
thiothixene 1 mg cap	1	NAVANE	
thiothixene 10 mg cap, 2 mg cap, 5 mg cap	2	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	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		
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		PA
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		
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ABILIFY	
aripiprazole 1 mg/ml soln	2	ABILIFY	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
aripiprazole 10 mg tab disint, 15 mg tab disint	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		PA
ARISTADA INITIO 675 mg/2.4ml im pfs	5		PA
asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	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 A 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		PA
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	6		PA
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		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	4		
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	LATUDA	
NUPLAZID 10 mg tab, 34 mg cap	5		PA
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	2	ZYPREXA	
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	2	ZYPREXA ZYDIS	
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	2	INVEGA	
PERSERIS 120 mg Subcutaneous	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe			
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	1	SEROQUEL	
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	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		PA
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 Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
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	2	RISPERDAL	
risperidone 1 mg/ml soln	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 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		PA
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ziprasidone mesylate 20 mg im soln	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]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	2	FAZACLO	
CLOZARIL 100 mg tab, 25 mg tab	4		
VERSACLOZ 50 mg/ml susp	4		
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 20000 mcg/20ml it soln, 50 mcg/ml Intrathecal Solution Prefilled Syringe	5	GABLOFEN	
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
baclofen 10 mg/20ml it soln, 40 mg/20ml it soln	5	LIORESAL	
baclofen (bulk) 500 mg/125ml soln	5		
DANTRIUM 25 mg cap	4		
dantrolene sodium 100 mg cap, 25 mg cap	1	DANTRIUM	
dantrolene sodium 50 mg cap	2	DANTRIUM	
enovarx-baclofen 1 % Topical Cream	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	5		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/20ml it soln, 10 mg/5ml it soln, 40 mg/20ml it soln			
RYANODEX 250 mg iv susp	4		
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	2	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	4		
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]			
cidofovir 75 mg/ml iv soln	1	VISTIDE	
foscarnet sodium 6000 mg/250ml iv soln	1	FOSCAVIR	
FOSCAVIR 6000 mg/250ml iv soln	4		
ganciclovir sodium 500 mg/10ml iv soln	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		PA
VALCYTE 50 mg/ml soln	6		PA
valganciclovir hcl 450 mg tab	2	VALCYTE	
valganciclovir hcl 50 mg/ml soln	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]			
adefovir dipivoxil 10 mg tab	5	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	6		
BARACLUDE 0.5 mg tab, 1 mg tab	6		PA
entecavir 0.5 mg tab, 1 mg tab	1	BARACLUDE	PA
lamivudine 100 mg tab	1	EPIVIR HBV	PA
VEMLIDY 25 mg tab	6		PA
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
ledipasvir-sofosbuvir 90-400 mg tab	5	HARVONI	
MAVYRET 100-40 mg tab	5		PA
MAVYRET 50-20 mg pckt	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	6		PA
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
VOSEVI 400-100-100 mg tab	6		
ZEPATIER 50-100 mg tab	6		PA
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	6		PA
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 50 mg tab	4		PA
TIVICAY PD 5 mg tab sol	4		PA
VOCABRIA 30 mg tab	4		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
EDURANT 25 mg tab	5		PA
efavirenz 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 400 mg tab er 24 hr	5	VIRAMUNE XR	PA
PIFELTRO 100 mg tab	4		PA
rilpivirine hcl 25 mg tab	5		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
DESCOVY 120-15 mg tab, 200-25 mg tab	6		PA
emtricitabine 200 mg cap	4	EMTRIVA	PA
EMTRIVA 200 mg cap	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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
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 20 mg/ml soln	4		PA
zidovudine 100 mg cap, 300 mg tab	6	RETROVIR	PA
zidovudine 50 mg/5ml syr	6	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
maraviroc 150 mg tab	5	SELZENTRY	PA
RUKOBIA 600 mg tab er 12 hr	4		PA
SELZENTRY 150 mg tab, 300 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
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	5	REYATAZ	PA
darunavir 600 mg tab, 800 mg tab	5	PREZISTA	PA
fosamprenavir calcium 700 mg tab	2	LEXIVA	PA
NORVIR 100 mg tab	4		PA
NORVIR 100 mg pckt	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
ritonavir 100 mg tab	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]			
abacavir sulfate-lamivudine 600-300 mg tab	5	EPZICOM	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
BIKTARVY 50-200-25 mg tab	5		PA
CABENUVA 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release	4		PA
CIMDUO 300-300 mg tab	4		PA
COMPLERA 200-25-300 mg tab	6		PA
DELSTRIGO 100-300-300 mg tab	4		PA
DESCOVY 200-25 mg tab	6		PA
DOVATO 50-300 mg tab	5		PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	5	ATRIPLA	PA
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	4	SYMFI	PA
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	4	SYMFI LO	PA
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	6		PA
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	5	TRUVADA	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
lamivudine-zidovudine 150-300 mg tab	5	COMBIVIR	PA
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	4	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
SYMTUZA 800-150-200-10 mg tab	4		PA
TRIUMEQ 600-50-300 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]			
oseltamivir phosphate 45 mg cap, 75 mg cap	2	TAMIFLU	QL(10 / 180)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(120 / 180)
RAPIVAB 200 mg/20ml iv soln	4		
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(20 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
TAMIFLU 45 mg cap, 75 mg cap	4		QL(10 / 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		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 5 % Topical Cream, 5 % Topical Ointment	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
DENAVIR 1 % Topical Cream	4		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	5	FAMVIR	
penciclovir 1 % Topical Cream	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 % Topical Cream	4		
ZOVIRAX 5 % Topical Cream, 5 % Topical Ointment	4		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	4		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		QL(30 / 5), AL
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
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]			
dexmedetomidine hcl 200 mcg/2ml iv	1	PRECEDEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln			
dexmedetomidine hcl in nacl 1000 mcg/250ml iv soln	2		
dexmedetomidine hcl in nacl 200 mcg/50ml iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln	1	PRECEDEX	
meprobamate 200 mg tab, 400 mg tab	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]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	2	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		
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	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		
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	BUSPAR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	
diazepam 5 mg/ml inj soln, 5 mg/ml oral conc	2		
diazepam 10 mg tab, 2 mg tab, 5 mg tab	2	VALIUM	
diazepam 5 mg/5ml soln	2	VALIUM	
diazepam intensol 5 mg/ml oral conc	4		
droperidol 2.5 mg/ml inj soln	1		
lorazepam 4 mg/ml inj soln	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg	1	ATIVAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
lorazepam 2 mg/ml inj soln	1	ATIVAN	
lorazepam 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
lorazepam intensol 2 mg/ml oral conc	2	LORAZEPAM INTENSOL	
LOREEV XR 1 mg cap er 24 hr sprinkle, 2 mg cap er 24 hr sprinkle, 3 mg cap er 24 hr sprinkle	6		
midazolam hcl 2 mg/ml syr	1		
midazolam hcl-sodium chloride 100-0.9 mg/100ml-% iv soln, 50-0.9 mg/50ml-% iv soln	1		
midazolam hcl-sodium chloride 50-0.9 mg/50ml-% iv soln, 55-0.9 mg/55ml-% iv soln pfs	2		
midazolam-sodium chloride 50-0.9 mg/50ml-% iv soln	2		
MIDAZOLAM+SYRSPEND SF 1 mg/ml susp	4		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	2	SERAX	
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		
lithium 8 meq/5ml soln	2		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	2	ESKALITH CR	
lithium carbonate er 300 mg tab er	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			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Diabetes]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	2	PRECOSE	
ACTOPLUS MET 15-850 mg tab	4		
ACTOS 15 mg tab, 30 mg tab, 45 mg tab	4		
alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab	4	NESINA	ST
alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab	4	KAZANO	ST
alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	4	OSENI	ST
CYCLOSET 0.8 mg tab	4		
dapagliflozin base-metformin er 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1		
dapagliflozin 10 mg tab, 5 mg tab	1		
dapagliflozin-saxagliptin 10-5 mg tab	2		ST
DUETACT 30-2 mg tab, 30-4 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 2.5 mg tab	2		
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	2	METAGLIP	
GLUCOTROL XL 10 mg tab er 24 hr, 5 mg tab er 24 hr	4		
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
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	4		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr			
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
linagliptin-metformin hcl 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
liraglutide 18 mg/3ml sc soln pen-inj	2	Victoza	
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl 500 mg/5ml soln	1	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	GLUMETZA	
metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	FORTAMET	
miglitol 100 mg tab, 25 mg tab, 50 mg tab	1	GLYSET	
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	3		PA
nateglinide 120 mg tab, 60 mg tab	2	STARLIX	
ONGLYZA 5 mg tab	4		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	1	DUETACT	
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	2	PRANDIN	
RIOMET 500 mg/5ml soln	4		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		PA
saxagliptin hcl 2.5 mg tab, 5 mg tab	2	Onglyza	ST
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	2	Kombiglyze XR	ST
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	4		ST
sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab	1		
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	4		
STEGLATRO 15 mg tab, 5 mg tab	4		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	4		ST
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 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	3		PA
VICTOZA 18 mg/3ml sc soln pen-inj	3		PA
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr			
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		
diazoxide 50 mg/ml susp	1	PROGLYCEM	
glucagon emergency 1 mg/ml inj soln	1		
glucagon emergency 1 mg inj soln	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 1 mg/0.2ml sc soln pfs	4		
KORLYM 300 mg tab	4		PA
mifepristone 300 mg tab	2		
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	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cart			
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)
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)
insulin asp prot & asp flexpen (70-30) 100 unit/ml sc susp pen-inj	1	NOVOLOG MIX 70/30	
insulin aspart 100 unit/ml inj soln	1	NOVOLOG	
insulin aspart flexpen 100 unit/ml sc soln pen-inj	1	NOVOLOG FLEXPEN	
insulin aspart penfill 100 unit/ml sc soln cart	1	NOVOLOG PENFILL	
insulin aspart prot & aspart (70-30) 100 unit/ml sc susp	1	NOVOLOG MIX 70/30	
insulin glargine solostar 300 unit/ml sc soln pen-inj	1		QL(15 / 30)
insulin lispro 100 unit/ml inj soln	1	HUMALOG	QL(20 / 30)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	1		QL(15 / 30)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	1		QL(15 / 30)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
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		
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NOVOLOG PENFILL 100 unit/ml sc soln cart	4		
NOVOLOG RELION 100 unit/ml inj soln	4		
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	4		QL(15 / 30)
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 Extracorporeal Solution	4		
ACTIVASE 100 mg iv soln, 50 mg iv soln	4		
anticoagulant sodium citrate 4 % Extracorporeal Solution, 4 gm/100ml Extracorporeal Solution	1		
BD HEPARIN POSIFLUSH 10 unit/ml iv soln, 100 unit/ml iv soln	1		
bivalirudin trifluoroacetate 250 mg/50ml iv soln	6		
CATHFLO ACTIVASE 2 mg inj soln	4		
ELIQUIS 0.15 mg cap sprinkle, 2.5 mg tab, 5 mg tab	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
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	2	LOVENOX	PA
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	6	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln pfs,	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unt/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			
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	1		
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	2		
heparin na (pork) lock flsh pf 10 unit/ml iv soln, 100 unit/ml iv soln	1		
heparin sod (pork) lock flush 10 unit/ml iv soln, 100 unit/ml iv soln	1		
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	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln, 5000 unit/ml inj soln	1		
hepmed 100&0.9&2.5-2.5 ut/ml&%&% Multiple Routes Kit	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	COUMADIN	
jantoven 7.5 mg tab	4	COUMADIN	
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
rivaroxaban 2.5 mg tab	2	Xarelto	
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	4		
sodium citrate lock flush 120 mg/3ml iv soln pfs	2		
TRICITRASOL 46.7 % Extracorporeal Concentrate	4		
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab, 20 mg tab			
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		
anagrelide hcl 0.5 mg cap, 1 mg cap	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
azacitidine 100 mg inj susp	6	VIDAZA	PA
eltrombopag olamine 50 mg tab	2	Promacta	PA
eltrombopag olamine 12.5 mg pckt, 12.5 mg tab, 25 mg tab, 75 mg tab	5	Promacta	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	6		PA
FULPHILA 6 mg/0.6ml sc soln pfs	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		
NEULASTA ONPRO 6 mg/0.6ml sc soln pfs	6		
NPLATE 125 mcg sc soln, 250 mcg sc soln, 500 mcg sc soln	4		PA
PROCRIT 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	6		PA
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
PROMACTA 12.5 mg pckt	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
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	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
aminocaproic acid 1000 mg tab	1	AMICAR	
aminocaproic acid 0.25 gm/ml soln	1	AMICAR	
aminocaproic acid 500 mg tab	2	AMICAR	QL(10 / 30)
ANDEXXA 200 mg iv soln	4		
ASTRINGYN 259 mg/gm Topical Solution	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		PA
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
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 Topical Kit	4		
GEL-FLOW NT Topical Prefilled Syringe	4		
GELFOAM-JMI POWDER Topical Kit	4		
GELFOAM-JMI SPONGE Topical 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		
IXINITY 1000 unit iv soln, 1500 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	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
monsels ferric subsulfate Topical Solution	4		
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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
obizur 500 unit iv soln	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 Topical Solution Reconstituted, 5000 unit Topical Solution Reconstituted	4		
RECOTHROM SPRAY KIT 20000 unit Topical Solution Reconstituted	4		
RIASTAP iv soln	6		
rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
SEVENFACT 1 mg iv soln, 5 mg iv soln	6		
THROMBIN-JMI 20000 unit Topical Kit, 5000 unit Topical Kit	4		
THROMBIN-JMI EPISTAXIS 5000 unit Topical Kit	4		
THROMBOGEN 1000 unit Topical Solution Reconstituted, 10000 unit Topical Kit, 10000 unit Topical Solution Reconstituted	4		
TISSEEL 10 ml Topical Kit, 2 ml Topical Kit, 4 ml Topical Kit	4		
TISSEEL Topical Solution	4		
tranexamic acid 1000 mg/10ml iv soln	5	CYKLOKAPRON	PA
tranexamic acid 650 mg tab	1	LYSTEDA	
tranexamic acid-nacl 1000-0.7 mg/100ml-% iv soln	1		
TRETTEN 2500 unit iv soln	6		
VONVENDI 1300 unit iv soln, 650 unit	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
iv soln			
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		
aspirin-dipyridamole er 25-200 mg cap er 12 hr	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
CABLIVI 11 mg inj kit	6		
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	2	PERSANTINE	
DOPTELET 20 mg tab	6		
EFFIENT 10 mg tab, 5 mg tab	4		
PLAVIX 75 mg tab	4		
prasugrel hcl 10 mg tab, 5 mg tab	2	EFFIENT	
TAVALISSE 100 mg tab, 150 mg tab	6		
ticagrelor 60 mg tab, 90 mg tab	2	Brilinta	
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		
clonidine 0.1 mg/24hr tdwk patch, 0.2	2	CATAPRES-TTS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch			
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	2	CATAPRES	
EMERPHED 5 mg/ml iv soln	6		
ephedrine sulf (pressors)+rfid 25 mg/5ml iv soln pfs	2		
ephedrine sulfate (pressors) 50 mg/5ml iv soln pfs	1		
ephedrine sulfate (pressors) 25 mg/5ml iv soln pfs	2		
ephedrine sulfate (pressors) 50 mg/ml iv soln	1	AKOVAZ	
epinephrine hcl-nacl 4-0.9 mg/250ml-% iv soln, 8-0.9 mg/250ml-% iv soln	2		
epinephrine-dextrose 2-5 mg/250ml-% iv soln	2		
epinephrine-nacl 1-0.9 mg/10ml-% iv soln pfs, 2-0.9 mg/250ml-% iv soln	2		
guanfacine hcl 1 mg tab, 2 mg tab	2	TENEX	
methyldopa 250 mg tab	1	ALDOMET	
methyldopa 500 mg tab	2	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROAMATINE	
norepinephrine-dextrose 8-5 mg/500ml-% iv soln	2		
norepinephrine-sodium chloride 8-0.9 mg/500ml-% iv soln	2		
phenylephrine hcl 0.4 mg/10ml iv soln pfs, 0.8 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs	2		
phenylephrine hcl 0.8 mg/10ml iv soln, 1 mg/10ml iv soln	6		
phenylephrine hcl (pf) 0.5 mg/5ml iv soln	6		
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	1		
phenylephrine hcl-nacl +rfid 1-0.9 mg/10ml-% iv soln pfs	1		
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
DIBENZYLINE 10 mg cap	5		PA
phenoxybenzamine hcl 10 mg cap	2	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	2		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	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	4		
azilsartan medoxomil 40 mg tab	1		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	4		
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	2	ATACAND	
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		
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	2	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	1	COZAAR	
MICARDIS 40 mg tab, 80 mg tab	4		
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	1	BENICAR	
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	2	MICARDIS	
valsartan 80 mg tab	1	DIOVAN	
valsartan 160 mg tab, 320 mg tab, 40 mg tab	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
ALTACE 2.5 mg cap	4		
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2	CAPOTEN	
enalapril maleate 1 mg/ml soln	1	EPANED	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2	VASOTEC	
EPANED 1 mg/ml soln	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
LOTENSIN 10 mg tab, 20 mg tab, 40 mg tab	4		
moexipril hcl 15 mg tab	1	UNIVASC	
moexipril hcl 7.5 mg tab	2	UNIVASC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	2	ACEON	
QBRELIS 1 mg/ml soln	4		
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	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]			
amiodarone hcl 200 mg tab	1	CORDARONE	
amiodarone hcl 100 mg tab, 400 mg tab	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		
disopyramide phosphate 100 mg cap, 150 mg cap	2	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	2	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	2	TAMBOCOR	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	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,	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
esmolol hcl 2000 mg/100ml iv soln, 2500 mg/250ml iv soln	2		
HEMANGEOL 4.28 mg/ml soln	5		PA
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		
labetalol hcl 400 mg tab	1		
labetalol hcl 20 mg/4ml iv soln pfs	6		
labetalol hcl 100 mg tab	1	NORMODYNE	
labetalol hcl 200 mg tab, 300 mg tab	2	NORMODYNE	
labetalol hcl +rfid 20 mg/4ml iv soln pfs	6		
LOPRESSOR 100 mg tab, 12.5 mg tab, 50 mg tab	4		
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	2	TOPROL XL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	2	CORGARD	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	BYSTOLIC	
pindolol 10 mg tab, 5 mg tab	2	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	2	INDERAL	
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	2	INDERAL LA	
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	4		
timolol maleate 10 mg tab, 20 mg tab, 5	2	BLOCADREN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab			
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		
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
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, 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	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	CARDIZEM CD	
CONJUPRI 2.5 mg tab, 5 mg tab	4		
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	DILACOR XR	
diltiazem hcl 30 mg tab, 60 mg tab	1	CARDIZEM	
diltiazem hcl 120 mg tab, 90 mg tab	2	CARDIZEM	
diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	2		
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	2	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	DILACOR XR	
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	2	TIAZAC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr	1	CARDIZEM CD	
diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2	CARDIZEM CD	
diltiazem hcl-dextrose 125-5 mg/125ml-% iv soln	1		
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	
isradipine 2.5 mg cap	1	DYNACIRC	
isradipine 5 mg cap	2	DYNACIRC	
KATERZIA 1 mg/ml susp	4		
matzim la 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	4		
nicardipine hcl 20 mg cap, 30 mg cap	2	CARDENE	
nicardipine hcl in nacl 1-0.9 mg/10ml-% iv soln pfs	2		
nicardipine hcl in nacl 20-0.86 mg/200ml-% iv soln, 40-0.83 mg/200ml-% iv soln	5		
nicardipine hcl in nacl 20-0.9 mg/200ml-% iv soln, 40-0.9 mg/200ml-% iv soln	6		
nifedipine 10 mg cap, 20 mg cap	2	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	ADALAT CC	
nifedipine er 90 mg tab er 24 hr	2	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	PROCARDIA XL	
nifedipine er osmotic release 90 mg tab er 24 hr	2	PROCARDIA XL	
nimodipine 30 mg cap	2	NIMOTOP	
nisoldipine er 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	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		
tiadylt er 120 mg cap er 24 hr, 180 mg	4	TIAZAC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
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		
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	2	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ABLYSINOL Intra-arterial Solution	6		
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab	4		
aliskiren fumarate 150 mg tab, 300 mg tab	2	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	2	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	2	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	2	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	2	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	2	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25	2	EXFORGE HCT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab			
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	4		
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	
atropine sulfate 0.4 mg/ml iv soln, 1 mg/ml iv soln	1		
atropine sulfate 8 mg/20ml inj soln	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		
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	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		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	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		
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	2	ATACAND HCT	
captopril-hydrochlorothiazide 50-15 mg tab	1	CAPOZIDE	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab	2	CAPOZIDE	
CORLANOR 5 mg tab, 7.5 mg tab	4		
CORLANOR 5 mg/5ml soln	4		
dehydrated alcohol Intra-arterial Solution	6		
DEMSER 250 mg cap	4		
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	2	LANOXIN	
digoxin 0.05 mg/ml soln	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		
ephedrine sulfate-nacl 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs	1		
ephedrine sulfate-nacl +rfid 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs	1		
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		
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	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		
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
ivabradine hcl 5 mg tab, 7.5 mg tab	2	Corlanor	
KERENDIA 10 mg tab, 20 mg tab	4		
LANOXIN 125 mcg tab, 250 mcg tab, 62.5 mcg tab	4		
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	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		
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	2	LOPRESSOR HCT	
metyrosine 250 mg cap	5	DEMSER	PA
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	4		
milrinone lactate 10 mg/10ml iv soln, 20 mg/20ml iv soln, 50 mg/50ml iv soln	1		
milrinone lactate in dextrose 20-5 mg/100ml-% iv soln, 40-5 mg/200ml-%	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
iv soln			
NEXLIZET 180-10 mg tab	4		
NIPRIDE RTU 20-0.9 mg/100ml-% iv soln	6		
nitroprusside sodium-nacl 20-0.9 mg/100ml-% iv soln	6		
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	2	TRIBENZOR	
pentoxifylline er 400 mg tab er	1	TRENTAL	
PRESTALIA 14-10 mg tab, 3.5-2.5 mg tab, 7-5 mg tab	4		
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	2	ACCURETIC	
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2	RANEXA	
sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2	Entresto	
spironolactone-hctz 25-25 mg tab	2	ALDACTAZIDE	
sure result o3d3 system 1 & 1000 gm & unit oral kit	4		
TEKTURNA 150 mg tab, 300 mg tab	4		
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	2	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	2	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	4		
TENORETIC 50 50-25 mg tab	4		
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	2	TARKA	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	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		
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg	1	DIOVAN HCT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab, 320-25 mg tab, 80-12.5 mg tab			
VASERETIC 10-25 mg tab	4		
vasopressin-dextrose 20-5 ut/100ml-% iv soln	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		
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	
BUMEX 0.5 mg tab	4		
EDECRIN 25 mg tab	4		
ethacrynic acid 25 mg tab	2	EDECRIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	1	LASIX	
furosemide in sodium chloride 100-0.9 mg/100ml-% iv soln	6		
LASIX 20 mg tab, 40 mg tab, 80 mg tab	4		
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	4		
amiloride hcl 5 mg tab	2	MIDAMOR	
CAROSPIR 25 mg/5ml susp	4		
DYRENIUM 100 mg cap, 50 mg cap	4		
eplerenone 25 mg tab, 50 mg tab	2	INSPRA	
INSPRA 25 mg tab, 50 mg tab	4		
spironolactone 25 mg/5ml susp	1		
spironolactone 25 mg tab, 50 mg tab	1	ALDACTONE	
spironolactone 100 mg tab	2	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	2	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	
DIURIL 250 mg/5ml susp	4		
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5	1	MICROZIDE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab			
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	
THALITONE 15 mg tab	4		
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
fenofibrate 120 mg tab, 40 mg tab	2	FENOGLIDE	
fenofibrate 150 mg cap, 50 mg cap	2	LIPOFEN	
fenofibrate 134 mg cap, 200 mg cap, 67 mg cap	1	TRICOR	
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	2	TRICOR	
fenofibrate micronized 130 mg cap, 43 mg cap	2	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	2	TRICOR	
fenofibric acid 105 mg tab, 35 mg tab	2	FIBRICOR	
fenofibric acid 135 mg cap dr, 45 mg cap dr	2	TRILIPIX	
gemfibrozil 600 mg tab	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
LOPID 600 mg tab	4		
TRICOR 145 mg tab, 48 mg tab	4		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	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		
flolipid 20 mg/5ml susp, 40 mg/5ml susp	4		
fluvastatin sodium 20 mg cap, 40 mg cap	2	LESCOL	
fluvastatin sodium er 80 mg tab er 24 hr	1	LESCOL XL	
LESCOL XL 80 mg tab er 24 hr	4		
LIPITOR 10 mg tab, 20 mg tab, 40 mg	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab, 80 mg tab			
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab	2		
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	2	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	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]			
cholestyramine 4 gm pckt	2	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	2	QUESTRAN	
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	2	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	2	WELCHOL	
COLESTID 1 gm tab	4		
COLESTID 5 gm oral gr	4		
colestipol hcl 1 gm tab, 5 gm pckt	2	COLESTID	
colestipol hcl 5 gm oral gr	2	COLESTID	
EVKEEZA 1200 mg/8ml iv soln	6		
ezetimibe 10 mg tab	2	ZETIA	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	2	VYTORIN	
icosapent ethyl 1 gm cap	1	VASCEPA	
icosapent ethyl 0.5 gm cap	2	VASCEPA	
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	6		
LIPFENDRA 20 mg cap	3		PA
LOVAZA 1 gm cap	4		
NEXLETOL 180 mg tab	4		
niacin (antihyperlipidemic) 500 mg tab	2	NIACOR	
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	2	NIASPAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NIACOR 500 mg tab	4		
omega-3-acid ethyl esters 1 gm cap	2	LOVAZA	
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	5		PA
prevalite 4 gm pckt	4	QUESTRAN LIGHT	
prevalite 4 gm/dose oral pwdr	4	QUESTRAN LIGHT	
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	3		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		PA
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]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	1	LONITEN	
papaverine hcl 30 mg/ml inj soln	1		
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	4		
isosorbide dinitrate 40 mg tab	1	ISORDIL TITRADOSE	
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	
isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
isosorbide mononitrate er 120 mg tab er 24 hr	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	4		
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	2	NITRO-DUR	
nitroglycerin 0.4 mg/spray tl soln	2	NITROLINGUAL	
nitroglycerin 0.6 mg tab subl	1	NITROSTAT	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl	2	NITROSTAT	
NITROLINGUAL 0.4 mg/spray tl soln	4		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	4		
CATHARTICS AND LAXATIVES [PURGANTES Y LAXANTES]			
Cathartics And Laxatives [Purgantes Y Laxantes]			
sorbitol candy base misc	2		
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		
amphet-dextroamphet 3-bead er 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr	2	Mydayis	
amphetamine sulfate 10 mg tab, 5 mg	1	Evekeo	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	2	ADDERALL XR	
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	ADDERALL	
AZSTARYS 26.1-5.2 mg cap, 39.2-7.8 mg cap, 52.3-10.4 mg cap	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		
lisdexamfetamine dimesylate 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2	Vyvanse	
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	PROCENTRA	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		
zenzedi 2.5 mg tab, 7.5 mg tab	4		
zenzedi 10 mg tab, 5 mg tab	4	DEXTROSTAT	
zenzedi 15 mg tab, 20 mg tab, 30 mg	4	ZENZEDI	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
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 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	4		
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	STRATTERA	
clonidine hcl er 0.1 mg tab er 12 hr	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		
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	FOCALIN	
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	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		
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	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	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
RITALIN LA 10 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	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		
caffeine citrate 60 mg/3ml soln	1		
CONVENIENCE PAK 600 & 5 mg & % Multiple Routes Therapy Pack	4		
gabapentin (once-daily) 300 mg tab	1		
gabapentin (once-daily) 600 mg tab	2		
GRALISE 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		PA
NUEDEXTA 20-10 mg cap	4		
PLENITY cap	6		
PLENITY WELCOME KIT cap	6		
RADICAVA 30 mg/100ml iv soln	6		
riluzole 50 mg tab	6	RILUTEK	PA
tetrabenazine 12.5 mg tab, 25 mg tab	5	XENAZINE	PA
TIGLUTIK 50 mg/10ml susp	5		PA
VYLEESI 1.75 mg/0.3ml sc soln auto-inj	4		
XENAZINE 12.5 mg tab, 25 mg tab	6		PA
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)
milnacipran hcl 100 mg tab, 12.5 & 25 & 50 mg oral misc, 12.5 mg tab, 25 mg tab, 50 mg tab	2		
pregabalin 20 mg/ml soln	1	LYRICA	PA
pregabalin 225 mg cap	2	LYRICA	PA, QL(60 / 30)
pregabalin 100 mg cap, 150 mg cap,	2	LYRICA	PA, QL(90 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
200 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap			
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	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		PA
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
cladribine (10 tabs) 10 mg tab pack	6	Mavenclad (10 Tabs)	
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5		PA
dalfampridine er 10 mg tab er 12 hr	5	AMPYRA	PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	5	TECFIDERA	PA
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	5	TECFIDERA STARTER PACK	PA
fingolimod hcl 0.5 mg cap	5	GILENYA	PA
GILENYA 0.25 mg cap	5		
GILENYA 0.5 mg cap	5		PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5	COPAXONE	PA
glatopa 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	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	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pack			
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
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln auto-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		
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
teriflunomide 14 mg tab, 7 mg tab	5	AUBAGIO	PA
TYRUKO 300 mg/15ml iv conc	5		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(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			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	4		
ARESTIN 1 mg dental misc	5		PA
BOCASAL m/t pckt	4		
cevimeline hcl 30 mg cap	2	EVOXAC	
EVOXAC 30 mg cap	4		
FIRST-MOUTHWASH BLM m/t susp	4		
lidocaine hcl 4 % m/t soln	1	XYLOCAINE	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
MUGARD m/t liq	5		PA
NUMOISYN m/t liq	4		
oralone 0.1 % m/t paste	4	KENALOG IN ORABASE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	
SALAGEN 5 mg tab, 7.5 mg tab	4		
SALIVAMAX m/t pckt	4		
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatitis And Pruritus Agent- Drugs To Treat Skin Conditions [Agentes Para La Dermatitis Y Pruritus - Medicamentos Para Tratar Condiciones De La Piel]			
ADVANCED ALLERGY COLLECTION 2.5 % Topical Kit	4		
ALA SCALP 2 % Topical Lotion	4		
ala-cort 1 % Topical Cream	1	ALA-CORT	
alclometasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	ACLOVATE	
amcinonide 0.1 % Topical Cream, 0.1 % Topical Ointment	1	CYCLOCORT	
betamethasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	DIPROSONE	
betamethasone dipropionate 0.05 % Topical Lotion	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % Topical Cream	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % Topical Gel, 0.05 % Topical Ointment	2	DIPROLENE	
betamethasone dipropionate aug 0.05 % Topical Lotion	2	DIPROLENE	
betamethasone valerate 0.1 % Topical	2	BETA-VAL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Cream, 0.1 % Topical Ointment			
betamethasone valerate 0.1 % Topical Lotion	2	BETA-VAL	
betamethasone valerate 0.12 % Topical Foam	2	LUXIQ	
BRYHALI 0.01 % Topical Lotion	4		
calcipotriene-betameth diprop 0.005-0.064 % Topical Suspension	1	TACLONEX	
calcipotriene-betameth diprop 0.005-0.064 % Topical Ointment	2	TACLONEX	
chlooxia 0.05-4 % Topical Cream, 0.05-4 % Topical Ointment	4		
chlooxia 0.05-4 % Topical Solution	4		
clobetasol prop emollient base 0.05 % Topical Cream	2	TEMOVATE-E	
clobetasol propionate 0.05 % Topical Liquid, 0.05 % Topical Lotion, 0.05 % Topical Shampoo	2	CLOBEX	
clobetasol propionate 0.05 % Topical Foam	2	OLUX	
clobetasol propionate 0.05 % Topical Gel, 0.05 % Topical Ointment	2	TEMOVATE	
clobetasol propionate 0.05 % Topical Solution	2	TEMOVATE	
clobetasol propionate 0.05 % Topical Cream	2	TEMOVATE-E	
clobetasol propionate e 0.05 % Topical Cream	2	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % Topical Foam	2	OLUX-E	
CLOBEX 0.05 % Topical Lotion, 0.05 % Topical Shampoo	4		
CLOBEX SPRAY 0.05 % Topical Liquid	4		
clocortolone pivalate 0.1 % Topical Cream	1	CLODERM	
clodan 0.05 % Topical Shampoo	4	CLOBEX	
CLODERM 0.1 % Topical Cream	4		
CORDRAN 4 mcg/sqcm Topical Tape	4		
CORTANE-B 10-10-1 mg/ml Topical Lotion	4		
DERMA-SMOOTHE/FS BODY 0.01 % Topical Oil	4		
DERMA-SMOOTHE/FS SCALP 0.01 %	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Topical Oil			
desonide 0.05 % Topical Gel	1	DESONATE	
desonide 0.05 % Topical Cream, 0.05 % Topical Ointment	2	DESOWEN	
desonide 0.05 % Topical Lotion	2	DESOWEN	
DESOWEN 0.05 % Topical Cream	4		
desoximetasone 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment, 0.25 % Topical Cream, 0.25 % Topical Ointment	2	TOPICORT	
desoximetasone 0.25 % Topical Liquid	1	TOPICORT SPRAY	
diflorasone diacetate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	PSORCON	
diochloy 0.005-0.05 % Topical Solution	4		
DIPROLENE 0.05 % Topical Ointment	4		
DUOBRII 0.01-0.045 % Topical Lotion	4		
ENSTILAR 0.005-0.064 % Topical Foam	4		
EPIFOAM 1-1 % Topical Foam	4		
fluocinolone acetonide 0.01 % Topical Cream, 0.025 % Topical Cream, 0.025 % Topical Ointment	2	SYNALAR	
fluocinolone acetonide 0.01 % Topical Solution	2	SYNALAR	
fluocinolone acetonide body 0.01 % Topical Oil	2	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % Topical Oil	2	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment	2	LIDEX	
fluocinonide 0.05 % Topical Solution	2	LIDEX	
fluocinonide 0.1 % Topical Cream	2	VANOS	
fluocinonide emulsified base 0.05 % Topical Cream	2	LIDEX-E	
FLUOPAR 0.1 & 5 % Topical Kit	4		
flurandrenolide 0.05 % Topical Lotion	2	CORDRAN	
fluticasone propionate 0.05 % Topical Cream	1	CUTIVATE	
fluticasone propionate 0.005 % Topical Ointment	2	CUTIVATE	
fluticasone propionate 0.05 % Topical Lotion	2	CUTIVATE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
halcinonide 0.1 % Topical Solution	2		
halcinonide 0.1 % Topical Cream	1	HALOG	
halobetasol propionate 0.05 % Topical Foam	4		
halobetasol propionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	ULTRAVATE	
HALOG 0.1 % Topical Cream	4		
HALOG 0.1 % Topical Solution	4		
hydrocortisone 2.5 % Topical Cream, 2.5 % Topical Ointment	1	HYTONE	
hydrocortisone 2.5 % Topical Lotion	2	HYTONE	
hydrocortisone ace-pramoxine 2.5-1 % Topical Cream	2	PRAMOSONE	
hydrocortisone butyrate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	LOCOID	
hydrocortisone butyrate 0.1 % Topical Lotion, 0.1 % Topical Solution	2	LOCOID	
hydrocortisone valerate 0.2 % Topical Cream, 0.2 % Topical Ointment	2	WESTCORT	
IMPOYZ 0.025 % Topical Cream	4		
LEXETTE 0.05 % Topical Foam	4		
lidocaine-hydrocortisone ace 1-1 % Topical Cream	1		
mometasone furoate 0.1 % Topical Ointment	1	ELOCON	
mometasone furoate 0.1 % Topical Cream	2	ELOCON	
mometasone furoate 0.1 % Topical Solution	2	ELOCON	
NUCORT 2 % Topical Lotion	4		
nutriarx creampak 0.1 & 5 % Topical Kit	4		
PRAMOSONE 1-1 % Topical Cream, 1-1 % Topical Ointment, 1-2.5 % Topical Ointment	4		
PRAMOSONE 1-1 % Topical Lotion, 1-2.5 % Topical Lotion	4		
PROGRAF 1 mg pckt	6		
RADIAURA 3-0.5 % Topical Cream	4		
sanadermrx skin repair 0.1 & 5 % Topical Kit	4		
SCALACORT DK 2 & 2-2 % Topical Kit	4		
SCARZEN SKIN REPAIR 0.1 & 5 % (lotion) Topical Kit	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
SERNIVO 0.05 % Topical Emulsion	4		
SYNALAR 0.025 % Topical Cream, 0.025 % Topical Ointment	4		
TACLONEX 0.005-0.064 % Topical Suspension	4		
TEXACORT 2.5 % Topical Solution	4		
TOPICORT 0.05 % Topical Ointment, 0.25 % Topical Ointment	4		
TOPICORT SPRAY 0.25 % Topical Liquid	4		
tovet 0.05 % Topical Foam	4	OLUX-E	
triamcinolone acetonide 0.025 % Topical Ointment, 0.1 % Topical Ointment, 0.147 mg/gm Topical Aerosol Solution, 0.5 % Topical Ointment	2	KENALOG	
triamcinolone acetonide 0.025 % Topical Lotion, 0.1 % Topical Lotion	2	KENALOG	
triamcinolone acetonide 0.05 % Topical Ointment	2	TRIANEX	
triamcinolone acetonide 0.025 % Topical Cream, 0.1 % Topical Cream, 0.5 % Topical Cream	2	TRIDERM	
triamcinolone in absorbase 0.05 % Topical Ointment	2	TRIANEX	
triderm 0.5 % Topical Cream	4	TRIDERM	
TRIVIX 0.1 & 5 % Topical Kit	4		
ULTRAVATE 0.05 % Topical Lotion	4		
VANOS 0.1 % Topical Cream	4		
WYNZORA 0.005-0.064 % Topical Cream	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 % Topical Gel	4		ST
accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4	ABSORICA	
acioxiay 15-4 % Topical Cream	4		
acitretin 10 mg cap, 17.5 mg cap, 25	6	SORIATANE	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg cap			
ACZONE 7.5 % Topical Gel	4		
adainzoxia 0.3-2.5-4 % Topical Gel	4		
adapalene 0.1 % Topical Solution	1		
adapalene 0.1 % Topical Cream, 0.1 % Topical Gel, 0.3 % Topical Gel	2	DIFFERIN	
adapalene 0.1 % Topical Gel	4	DIFFERIN	
adapalene 0.1 % Topical Pad	1	PLIXDA	
adapalene treatment 0.1 % Topical Gel	4	DIFFERIN	
adapalene-benzoyl peroxide 0.1-2.5 % Topical Pad	1		
adapalene-benzoyl peroxide 0.3-2.5 % Topical Gel	1	EPIDUO	
adapalene-benzoyl peroxide 0.1-2.5 % Topical Gel	2	EPIDUO	
adeinzde 0.1-2.5-1 % Topical Gel	4		
AKLIEF 0.005 % Topical Cream	3		
alevamax Topical Cream	4		
ALTRENO 0.05 % Topical Lotion	3		PA
AMELUZ 10 % Topical Gel	4		
amnesteem 10 mg cap, 20 mg cap, 40 mg cap	4	ABSORICA	
AMZEEQ 4 % Topical Foam	4		
ANA-LEX 2-2 % rect kit	4		
ANALPRAM HC 2.5-1 % Topical Cream	4		
ANALPRAM-HC 1-1 % Topical Cream	4		
ARAZLO 0.045 % Topical Lotion	4		
ATRALIN 0.05 % Topical Gel	3		PA
AVAR CLEANSER 10-5 % Topical Liquid	4		
AVAR LS CLEANSER 10-2 % Topical Liquid	4		
AVAR-E EMOLLIENT 10-5 % Topical Cream	4		
aveidaoxia 1-1-4 % Topical Gel	4		
azelaic acid 15 % Topical Gel	1	FINACEA	
AZELEX 20 % Topical Cream	4		
balsam peru-castor oil Topical Ointment	1		
BENZAMYCIN 5-3 % Topical Gel	4		ST
BENZEPRO 5.8 % Topical Miscellaneous	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
BENZEPRO 5.2 % Topical Foam, 5.3 % Topical Foam, 9.7 % Topical Foam	4		
BENZEPRO 6.8 % Topical Liquid	4		
BENZEPRO CREAMY WASH 7 % Topical Liquid	4		
BENZEPRO FOAMING CLOTHS 6 % Topical Miscellaneous	4		
benzoin Topical Tincture	1		
benzoin compound Topical Tincture	1		
benzoyl perox-hydrocortisone 5-0.5 % Topical Lotion	1		
benzoyl peroxide 6.5 % Topical Gel	1		
benzoyl peroxide 9.8 % Topical Foam	1	BENZEFOAMULTRA	
benzoyl peroxide 8 % Topical Gel	2	BREVOXYL	
benzoyl peroxide forte- hc 7.5-1 % Topical Lotion	1		
benzoyl peroxide-erythromycin 5-3 % Topical Gel	2	BENZAMYCIN	
boric acid Topical Granules	1		
bp 10-1 10-1 % Topical Emulsion	1		
bpco Topical Ointment	4		
brimonidine tartrate 0.33 % Topical Gel	2	MIRVASO	
calcipotriene 0.005 % Topical Cream, 0.005 % Topical Ointment	2	DOVONEX	PA
calcipotriene 0.005 % Topical Solution	2	DOVONEX	PA
calcipotriene 0.005 % Topical Foam	1	SORILUX	PA
calcitrene 0.005 % Topical Ointment	4	DOVONEX	PA
calcitriol 3 mcg/gm Topical Ointment	2	VECTICAL	PA
CEM-UREA 45 % Topical Solution	4		
CERACADE Topical Emulsion	4		
claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4	ABSORICA	
CLENIA PLUS 9-4.25 % Topical Suspension	4		
CLINDACIN ETZ 1 % Topical Kit	4		
clindamycin phos-benzoyl perox 1.2-3.75 % Topical Gel	2		
clindamycin phos-benzoyl perox 1.2-2.5 % Topical Gel	2	ACANYA	
clindamycin phos-benzoyl perox 1-5 % Topical Gel	2	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % Topical Gel	2	DUAC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
clindamycin-tretinoin 1.2-0.025 % Topical Gel	2	ZIANA	
CLINOIN 1.25-0.025-1 % Topical Cream	4		
coal tar 20 % Topical Solution	1		
CONDYLOX 0.5 % Topical Gel	4		
COPASIL Topical Gel	4		
cvs adapalene 0.1 % Topical Gel	4	DIFFERIN	
dapsone 5 % Topical Gel, 7.5 % Topical Gel	2	ACZONE	
DELUO Topical Solution	4		
deoxia 1-4 % Topical Gel, 1-4 % Topical Lotion	4		
DERMACINRX CLORHEXACIN 4 & 2 & 5 % (oint) Topical Kit	4		
dermacinrx surgical combopak Topical Kit	4		
DERMELLE Topical Gel	4		
DEXERYL Topical Cream	4		
diadimaxia 6-2-5 % Topical Gel	4		
diaoxia 6-4 % Topical Gel	4		
diasdimaxia 8.5-2-5 % Topical Gel	4		
diasoxia 8.5-4 % Topical Gel	4		
DIFFERIN 0.1 % Topical Cream, 0.3 % Topical Gel	4		
DIFFERIN 0.1 % Topical Lotion	4		
differin 0.1 % Topical Gel	4	DIFFERIN	
dimoxia 4-5 % Topical Gel	4		
doxepin hcl 5 % Topical Cream	1	PRUDOXIN	
doxycycline 40 mg cap dr	2	ORACEA	
draxacey 2-8 % Topical Suspension	4		
drixece 5-10 % Topical Suspension	4		
DRYSOL 20 % Topical Solution	4		
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	6		PA
EBGLYSS 250 mg/2ml sc soln auto-inj, 250 mg/2ml sc soln pfs	5		PA
eceoxia 4-10 % Topical Cream	4		
EMULSION SB Topical Emulsion	4		
EPICERAM Topical Emulsion	4		
EPIDUO 0.1-2.5 % Topical Gel	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ESKATA 40 % Topical Solution	6		
ethoxia 4-0.05 % Topical Cream	4		
EUCRISA 2 % Topical Ointment	5		PA
FABIOR 0.1 % Topical Foam	4		
FINACEA 15 % Topical Foam	4		
formaldehyde 10 % Topical Solution, 37 % Topical Solution	1		
GENADUR Multiple Routes Kit	4		
gnp adapalene 0.1 % Topical Gel	4	DIFFERIN	
GORDOFILM 16.7-16.7 % Topical Solution	4		
HALUCORT Topical Gel	4		
HPR PLUS Topical Cream	4		
HPR PLUS HYDROGEL Topical Kit	4		
HYDRO 40 40 % Topical Foam	4		
hydrocort-pramoxine (perianal) 2.5-1 % Topical Cream	2	ANALPRAM HC	
hydrocortisone ace-pramoxine 1-1 % Topical Cream	2	ANALPRAM HC	
imiquimod 5 % Topical Cream	2	ALDARA	
imiquimod 3.75 % Topical Cream	1	ZYCLARA	PA
imiquimod pump 3.75 % Topical Cream	1	ZYCLARA	PA
imiquimod pump 3.75 % Topical Cream	2	ZYCLARA	PA
IMULDOSA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
INOVA 4 & 5 % Topical Kit, 8 & 5 % Topical Kit	4		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % Topical Kit	4		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % Topical Kit	4		
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	1	ABSORICA	
ithoxia 4-0.1 % Topical Cream	4		
ivermectin 1 % Topical Cream	1	SOOLANTRA	
KAMDOY Topical Emulsion	4		
KERALYT 6 % Topical Gel	4		
KERALYT 6 % Topical Shampoo	4		
KIVIK Topical Emulsion	4		
KLISYRI (250 MG) 1 % Topical Ointment	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
KLISYRI (350 MG) 1 % Topical Ointment	6		PA
lactic acid e 10-3500 %-unt/30gm Topical Cream	1		
LEVULAN KERASTICK 20 % Topical Solution Reconstituted	4		
lidocaine-hydrocort (perianal) 3-0.5 % Topical Cream	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	2	PERANEX HC	
lidocaine-hydrocortisone ace 2.8-0.55 % rect gel	2	RECTAGEL HC	
LIDOCORT 3-0.5 % Topical Cream	4		
METROCREAM 0.75 % Topical Cream	4		
METROGEL 1 % Topical Gel	4		
metronidazole 0.75 % Topical Cream	2	METROCREAM	
metronidazole 0.75 % Topical Gel, 1 % Topical Gel	2	METROGEL	
metronidazole 0.75 % Topical Lotion	2	METROLOTION	
MIMYX Topical Cream	4		
MIRVASO 0.33 % Topical Gel	4		
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
NEOSALUS Topical Cream	4		
NEOSALUS Topical Lotion	4		
neuac 1.2-5 % Topical Gel	4	DUAC	
nitroglycerin 0.4 % rect oint	1		
NORITATE 1 % Topical Cream	4		
NUSURGEPAK SURGICAL PREP/CARE 4 & 2 & 5 % (oint) Topical Kit	4		
NUVAIL Topical Solution	4		
onzdeoxia 1-5-4 % Topical Gel	4		
ORACEA 40 mg cap dr	4		
oxianujo 4-0.1 % Topical Cream, 4-0.1 % Topical Ointment	4		
oxiatar 4-0.025 % Topical Cream	4		
oxiavarry 4-0.05 % Topical Cream	4		
oxiazar 4-0.1 % Topical Cream	4		
PENLEN Topical Emulsion	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PHLAG SPRAY Topical Emulsion	4		
PLEXION 9.8-4.8 % Topical Cream, 9.8-4.8 % Topical Lotion	4		
PLEXION CLEANSER 9.8-4.8 % Topical Liquid	4		
PLEXION CLEANSING CLOTH 9.8-4.8 % Topical Pad	4		
PODOCON-25 25 % Topical Solution	4		
podofilox 0.5 % Topical Gel	2		
podofilox 0.5 % Topical Solution	2	CONDYLOX	
PR BENZOYL PEROXIDE 6.9 % Topical Liquid	4		
PR BENZOYL PEROXIDE WASH 7 % Topical Liquid	4		
PR BENZOYL PEROXIDE WASH 7 % Topical Liquid	4		
PR CREAM Topical Kit	4		
PROCORT 1.85-1.15 % Topical Cream	4		
PROCTOFOAM HC 1-1 % Topical Foam	4		
PROMISEB Topical Cream	4		
PROSILK Topical Gel	4		
PRUCLAIR Topical Cream	4		
PRUDOXIN 5 % Topical Cream	4		
PRUMYX Topical Cream	4		
pyrogallic acid 25-2 % Topical Ointment	1		
QBREXZA 2.4 % Topical Pad	4		
quihoxvar 5-1-0.05 % Topical Gel	4		
RECEDO Topical Gel	4		
RECTIV 0.4 % rect oint	4		
REGENECARE 2 % Topical Gel	4		
remigen Topical Cream	4		
resorcinol-sulfur 2-5 % Topical Lotion	1		
RETIN-A 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream	3		PA
RETIN-A MICRO 0.04 % Topical Gel, 0.1 % Topical Gel	3		PA
RETIN-A MICRO PUMP 0.04 % Topical Gel, 0.1 % Topical Gel	3		PA
RETIN-A MICRO PUMP 0.06 %	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Topical Gel, 0.08 % Topical Gel			
REXASIL PATCH & VITAMIN E LIQ Topical Kit	4		
RHOFADE 1 % Topical Cream	4		
roaoxia 3-4 % Topical Gel	4		
salicylic acid 6 % Topical Foam, 6 % Topical Gel	1		
salicylic acid 26 % Topical Solution, 6 % Topical Shampoo	1		
salicylic acid er 28.5 % Topical Solution	1		
salicylic acid wart remover 27.5 % Topical Liquid	4		
salicylic acid-cleanser 6 % cream Topical Kit	1		
salimez 6 % Topical Cream	4		
salimez forte 10 % Topical Cream	4		
SALVAX 6 % Topical Foam	4		
SALVAX DUO PLUS 6 & 35 % Topical Kit	4		
SANTYL 250 unit/gm Topical Ointment	4		
SCARCARE GEL-PAD KIT/LARGE Topical Kit	4		
scarsilk Topical Gel	4		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
selenium sulfide 2.25 % Topical Shampoo	2		
selenium sulfide 2.5 % Topical Lotion	1	SELSUN	
sodium sulfacetamide 10 % Topical Shampoo	1		
SOOLANTRA 1 % Topical Cream	4		
SORILUX 0.005 % Topical Foam	4		PA
sss 10-5 10-5 % Topical Foam	1		
sss 10-5 10-5 % Topical Cream	1	PLEXION	
STARJEMZA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
STELARA 130 mg/26ml iv soln	5		PA
steri-strip compound benzoin Topical Tincture	1		
STRATA CTX Topical Gel	4		
STRATA MARK Topical Gel	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
STRATA TRIZ Topical Gel	4		
STRATA XRT Topical Gel	4		
sulfacetamide sod-sulfur wash 9-4.5 % Topical Liquid	1	SUMADAN WASH	
sulfacetamide sod-sulfur wash 9-4 % Topical Liquid	1	SUMAXIN WASH	
sulfacetamide sodium 10 % Topical Liquid	2		
sulfacetamide sodium (cleans) 10 % Topical Gel	2		
sulfacetamide sodium-sulfur 10-5 % Topical Liquid, 10-5 % Topical Lotion, 10-5 % Topical Suspension	2		
sulfacetamide sodium-sulfur 10-2 % Topical Liquid	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-2 % Topical Cream	1	AVAR-E LS	
sulfacetamide sodium-sulfur 9.8-4.8 % Topical Cream, 9.8-4.8 % Topical Lotion	1	PLEXION	
sulfacetamide sodium-sulfur 10-5 % Topical Cream	2	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % Topical Liquid	1	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % Topical Liquid	2	SUMADAN WASH	
sulfacetamide sodium-sulfur 8-4 % Topical Suspension	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 8-4 % Topical Suspension	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % Topical Liquid	2	SUMAXIN WASH	
sulfacetamide sodium-sulfur 9-4 % Topical Liquid	2	SUMAXIN WASH	
sulfacetamide-sulfur in urea 10-5 % Topical Emulsion	2	ROSULA CLEANSER	
SULFACLEANSE 8/4 8-4 % Topical Suspension	4		
sulfamez wash 10-1 % Topical Emulsion	4		
SUMADAN 9-4.5 % Topical Kit	4		
SUMADAN WASH 9-4.5 % Topical Liquid	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
SUMAXIN 10-4 % Topical Pad	4		
SUMAXIN CP 10-4 % Topical Kit	4		
SYNERDERM Topical Emulsion	4		
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs	5		PA
tardeoxia 1-4-0.025 % Topical Cream	4		
tardimaxia 2-5-0.025 % Topical Gel	4		
taroxia 4-0.025 % Topical Cream	4		
tazarotene 0.05 % Topical Cream	2		PA
tazarotene 0.1 % Topical Foam	1	FABIOR	
tazarotene 0.1 % Topical Cream	2	TAZORAC	PA
TAZORAC 0.05 % Topical Cream, 0.05 % Topical Gel, 0.1 % Topical Gel	3		PA
TAZORAC 0.1 % Topical Cream	4		PA
tretinoin 0.05 % Topical Gel	1	ATRALIN	PA
tretinoin 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream	2	RETIN-A	PA
tretinoin microsphere 0.08 % Topical Gel	2		
tretinoin microsphere 0.04 % Topical Gel, 0.1 % Topical Gel	2	RETIN-A	PA
tretinoin microsphere pump 0.04 % Topical Gel, 0.1 % Topical Gel	2	RETIN-A	PA
ULTRASAL-ER 28.5 % Topical Solution	4		
umecta mousse 40 % Topical Foam	4		
URAMAXIN 45 % Topical Gel	4		
urea 35 % Topical Foam, 39 % Topical Cream, 40 % Topical Cream, 41 % Topical Cream, 45 % Topical Cream	1		
urea 40 % Topical Lotion	1	CARMOL 40	
urea nail 45 % Topical Gel	4		
UREDEB 39 % Topical Cream	4		
uremez-40 40 % Topical Cream	4		
URESOL 42.5 % Topical Cream	4		
VANOXIDE-HC 5-0.5 % Topical Lotion	4		
vardimaxia 2-5-0.05 % Topical Gel	4		
varoxia 4-0.05 % Topical Cream, 4-0.05 % Topical Gel	4		
VECTICAL 3 mcg/gm Topical Ointment	4		PA
VENELEX Topical Ointment	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
VEREGEN 15 % Topical Ointment	4		
VIRASAL 27.5 % Topical Liquid	4		
WEZLANA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
WINLEVI 1 % Topical Cream	4		
XALIX 28 % Topical Solution	4		
XERAC AC 6.25 % Topical Solution	4		
XIAFLEX 0.9 mg inj soln	6		
xurea 39 % Topical Cream	4		
YESINTEK 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
ZACARE 4 & 0.2 % Topical Kit, 8 & 0.2 % Topical Kit	4		
zaclir cleansing 8 % Topical Lotion	1		
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4	ABSORICA	
ZIANA 1.2-0.025 % Topical Gel	4		ST
ZILXI 1.5 % Topical Foam	4		
ZITHRANOL 1 % Topical Shampoo	4		PA
ZONALON 5 % Topical Cream	4		
ZYCLARA 3.75 % Topical Cream	4		PA
ZYCLARA PUMP 2.5 % Topical Cream	4		
ZYCLARA PUMP 3.75 % Topical Cream	4		PA
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		
clindamycin phosphate 2 % vag crm	2	CLEOCIN	
CLINDESSE 2 % vag crm	4		
GYNAZOLE-1 2 % vag crm	4		
metronidazole 0.75 % vag gel	2	METROGEL	
miconazole 3 200 mg vag supp	2	MONISTAT	
NUVESSA 1.3 % vag gel	4		
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	2	TERAZOL 3	
VANDAZOLE 0.75 % vag gel	4		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
HYRONAN 1 & 2 % inj kit	6		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ferrous sulfate 220 (44 Fe) mg/5ml soln	1		QL(51 / 30), AL
iron supplement 220 (44 Fe) mg/5ml soln	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]			
clinimix e/dextrose (8/10) 8 % iv soln	6		
clinimix e/dextrose (8/14) 8 % iv soln	6		
clinimix/dextrose (6/5) 6 % iv soln	6		
clinimix/dextrose (8/10) 8 % iv soln	6		
clinimix/dextrose (8/14) 8 % iv soln	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	FER-IN-SOL	QL(18 / 30), AL
calcium gluconate-nacl 1-0.8 gm/100ml-% iv soln, 2-0.675 gm/100ml-% iv soln	6		
CARBAGLU 200 mg tab sol	4		
carglumic acid 200 mg tab sol	1	CARBAGLU	
cytra k crystals 3300-1002 mg pckt	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
fe-vite iron 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
fer-in-sol 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
FERAHEME 510 mg/17ml iv soln	6		PA
FERRLECIT 12.5 mg/ml iv soln	4		PA
ferrous sulfate 75 (15 Fe) mg/ml soln	1	FER-IN-SOL	QL(18 / 30), AL
ferumoxytol 510 mg/17ml iv soln	5	FERAHEME	PA
FLORIVA 0.25-400 mg-unit/ml liq	4		
GALZIN 25 mg cap, 50 mg cap	4		
icar 15 mg/1.25ml susp	1		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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 sucrose 20 mg/ml iv soln	1		PA
iron supplement 15 mg/ml soln	4	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		PA
JYNARQUE 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	6		
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		
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 8 meq tab er	4	KLOR-CON	
KLOR-CON 10 10 meq tab er	4		
klor-con 10 10 meq tab er	4	KLOR-CON	
klor-con m10 10 meq tab er	3		
klor-con m15 15 meq tab er	3	KLOR-CON	
klor-con m20 20 meq tab er	4	KLOR-CON	
klor-con/ef 25 meq tab eff	3		
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	1		
MONOFERRIC 1000 mg/10ml iv soln	5		PA
MULTRYS 60-3-6-1000 mcg/ml iv soln	6		
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	1	FERRLECIT	PA
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PEDIATRIC DROPS	4		AL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
15 mg/ml liq			
ORACIT 490-640 mg/5ml soln	4		
pc pediatric iron drops 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	QL(18 / 30), AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	4		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
phosphorous 155-852-130 mg tab	1		
PLASMA-LYTE 148 iv soln	4		
PLASMA-LYTE A iv soln	4		
pot & sod cit-cit ac 550-500-334 mg/5ml soln	1		
potassium chloride 20 meq pckt	1		
potassium chloride 40 MEQ/15ML (20%) soln	1	K-SOL	
potassium chloride 20 MEQ/15ML (10%) soln	2	K-SOL	
potassium chloride crys er 10 meq tab er	1		
potassium chloride crys er 15 meq tab er, 20 meq tab er	1	KLOR-CON	
potassium chloride er 20 meq tab er	1	K-TAB	
potassium chloride er 10 meq tab er	1	KLOR-CON	
potassium chloride er 8 meq tab er	2	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	2	MICRO-K	
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	1		
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	2		
potassium phosphates(71 meq k) 45 mmole/15ml iv soln	6		
SAMSCA 15 mg tab, 30 mg tab	6		
selenious acid 60 mcg/ml iv soln	6		
sod citrate-citric acid 1500-1002 mg/15ml soln, 3000-2004 mg/30ml soln, 500-334 mg/5ml soln	2	SHOHLS MODIFIED	
sodium bicarbonate 4.2 % iv soln, 8.4	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
% iv soln			
sodium bicarbonate-dextrose 150-5 meq/l-% iv soln	6		
sodium chloride 0.45 % iv soln, 0.9 % inj soln, 0.9 % iv soln, 2.5 meq/ml inj soln, 3 % iv soln, 4 meq/ml iv soln, 5 % iv soln	1		
sodium chloride (pf) 0.9 % inj soln	1		
sodium fluoride 1.1 (0.5 F) mg tab, 2.2 (1 F) mg tab, 2.2 (1 F) mg tab chew	1		
sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew	1	LURIDE	AL
sodium fluoride 1.1 (0.5 F) mg/ml soln	1	LURIDE	AL
THE LIQUILIFT TRACE 10-1000-500-60 mcg/ml iv kit	6		
tolvaptan 45 & 15 mg tab pack	5	Jynarque	
tolvaptan 15 mg tab pack, 30 & 15 mg tab pack	5	Jynarque	PA
tolvaptan 15 mg tab, 60 & 30 mg tab pack	6	Jynarque	
tolvaptan 30 mg tab	6	SAMSCA	
tolvaptan (hyponatremia) 15 mg tab, 30 mg tab	6	JYNARQUE	
TRALEMENT 300-55-60-3000 mcg/ml iv soln	6		
tricitrates 550-500-334 mg/5ml soln	1		
UROCIT-K 10 10 MEQ (1080 mg) tab er	4		
UROCIT-K 15 15 MEQ (1620 mg) tab er	4		
VENOFER 20 mg/ml iv soln	4		
wee care 15 mg/1.25ml susp	1		AL
zinc sulfate 3 mg/ml iv soln	6		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
cardioplegia del nido formula perfusion soln	4		
cardioplegia ind plas/hik/lido perfusion soln	4		
cardioplegia ind plasma-tromet perfusion soln	4	PLEGISOL	
cardioplegia induction high k perfusion soln	4	PLEGISOL	
cardioplegia main low trometha	4	PLEGISOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
perfusion soln			
cardioplegia main plasma-trome perfusion soln	4	PLEGISOL	
cardioplegia maintenance perfusion soln	4	PLEGISOL	
cardioplegia reperfusate 4:1 perfusion soln	4	PLEGISOL	
CHEMET 100 mg cap	4		PA
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	5	EXJADE	PA
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	5	JADENU	PA
deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferiprone 500 mg tab	5	FERRIPROX	PA
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	6		PA
FERRIPROX 1000 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		PA
microplegia msa-msg perfusion soln	4	PLEGISOL	
phoxillum b22k4/0 22-4-1 meq-mmol/l Extracorporeal Solution	4		
phoxillum bk4/2.5 32-4-2.5-1 meq-mmol/l Extracorporeal Solution	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
sodium polystyrene sulfonate oral pwdr	2	KAYEXALATE	
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	4		
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		PA
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	4		
calcium acetate 667 mg tab	1	ELIPHOS	
calcium acetate (phos binder) 667 mg tab	2	ELIPHOS	
calcium acetate (phos binder) 667 mg cap	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
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	2	FOSRENOL	
RENVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	4		
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt	1	RENVELA	
sevelamer carbonate 800 mg tab	2	RENVELA	
sevelamer hcl 400 mg tab	1	RENAGEL	
sevelamer hcl 800 mg tab	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 subl	4		
ABATRON liq	4		AL
active fe 75-1.25 mg tab	4		
AIRAVITE 2.5-25-1 mg tab	4		
ATABEX EC 29-1 mg tab dr	4		
ATABEX OB 29-1 mg tab	4		
azesco 13-1 mg tab	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
b-6 folic acid 8.333-100-1 mg cap	1		
BENTIVITE 35-1 mg tab	4		
bp vit 3 1 mg cap	4		
c-nate dha 28-1-200 mg cap	1		
CALCIFOL 1342-1.6 mg oral wafer	4		
CENFOL 2.3-24.5-2 mg tab	4		
CENTRATEX 106-1 mg cap	4		
cholecal df 1-3800 mg-unit tab	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		
CO-NATAL FA tab	4		
complete natal dha 29-1-200 & 200 mg oral misc	2		
completenate 29-1 mg tab chew	1		
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		
corvite fe tab	4		
cvs folic acid 800 mcg tab	1		QL(30 / 30), AL
cyanocobalamin 1000 mcg/ml inj soln, 2000 mcg/ml inj soln	1		
DERMACINRX PRETRATE 1 mg tab	4		
DRISDOL 1.25 MG (50000 ut) cap	3		
ELITE-OB 50-1.25 mg tab	4		
ENBRACE HR cap	4		
ergocalciferol 1.25 MG (50000 ut) cap	1	DRISDOL	
fa-8 0.8 mg cap	1		QL(30 / 30), AL
feonyx tab	4		
FERIVA 21/7 (WITH DOCUSATE) 75-1 mg tab	4		
ferotrinsic cap	4		
FERRALET 90 90-1 mg tab	4		
FERRO-PLEX 115-1 mg tab	6		
folate 400 mcg tab	1		QL(30 / 30)
folbee 2.5-25-1 mg tab	4		
FOLDITAM 1-10000 mg-unit tab	4		
FOLGARD RX 2.2-25-1 mg tab	4		
FOLI-D 1-2000 mg-unit tab	4		
folic acid 5 mg/ml inj soln	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab	1		QL(30 / 30)
folic d3 1-3775 mg-unit cap	4		
folite tab	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		
folplex 2.2 2.2-25-0.5 mg tab	4		
FOLTREXYL 1-5000 mg-unit tab	4		
foltrin cap	4		
FOLVITE-D 1-3775 mg-unit tab	4		
fruity chews/iron tab chew	1		AL
ft folic acid 400 mcg tab	1		QL(30 / 30)
ft folic acid 800 mcg tab	1		QL(30 / 30), AL
FUSION PLUS cap	4		
gnp childrens chewables/iron 15 mg tab chew	1		AL
gnp folic acid 400 mcg tab	1		QL(30 / 30)
hematinic plus vit/minerals 106-1 mg tab	4		
hematinic/folic acid 324-1 mg tab	4		
HEMATOGEN FA 200-250-0.01-1 mg cap	4		
HEMOCYTE PLUS 106-1 mg cap	4		
ICAR-C PLUS 100-250-0.025-1 mg tab	4		
INATAL GT tab	4		
INTEGRA F 125-1 mg cap	4		
INTEGRA PLUS cap	4		
IROSPAN 24/6 oral misc	4		
jenliva prenatal/postnatal 1 mg cap	4		
K-TAN PLUS 162-115.2-1 mg cap	4		
kosher prenatal plus iron 30-1 mg tab	4		
kp folic acid 800 mcg tab	1		QL(30 / 30)
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 tab	4		
NASCOBAL 500 mcg/0.1ml nasal soln	4		
NEEVO DHA 27-1.13 mg cap	4		
NEPHRON FA tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
NESTABS ONE 38-1-225 mg cap	4		
neurin-sl 600-600 mcg tab subl	2		
NIFEREX tab	4		
NIVA-PLUS 27-1 mg 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		
ortho df 1-3775 mg-unit cap	4		
OVEEZA 0.5 mg cap	4		
physicians ez use b-12 1000 mcg/ml inj kit	4		
pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc	4		
pnv tabs 20-1 20-1 mg tab	4		
pnv-dha 27-0.6-0.4-300 mg cap	1		
pnv-dha+docusate 27-1.25-300 mg cap	1		
pnv-omega 28-0.6-0.4-340 mg cap	1		
pnv-select 27-0.6-0.4 mg tab	2		
poly-iron 150 forte 150-25-1 mg-mcg-mg cap	4		
poly-vita/iron 10 mg/ml soln	1		AL
polysaccharide iron forte 150-25-1 mg-mcg-mg cap	4		
pregen dha 28-1-35 mg cap	4		
pregenna 20-1 mg tab	4		
PREMESISRX 1 mg tab	4		
prena 1 true 30-1.4 & 300 mg oral misc	4		
prena1 1.4 mg tab chew	4		
prena1 pearl 30-1.4-200 mg cap er	4		
PRENATABS RX 29-1 mg tab	4		
prenatal 27-1 mg tab	1		
prenatal 19 tab chew, 29-1 mg tab chew	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
prenatal 19 29-1 mg tab	2		
prenatal plus 27-1 mg tab	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		
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		
PROVIDA OB 20-20-1.25 mg cap	4		
purevit dualfe plus 162-115.2-1 mg cap	4		
qc childrens vitamins/iron 15 mg tab chew	1		AL
qc folic acid 800 mcg tab	1		QL(30 / 30)
ra folic acid 400 mcg tab, 800 mcg tab	1		QL(30 / 30)
relnate dha 28-1-200 mg cap	4		
se-natal 19 29-1 mg tab, 29-1 mg tab chew	1		
se-tan plus 162-115.2-1 mg cap	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		
TALIVA 1 mg cap	4		
TANDEM PLUS 162-115.2-1 mg cap	4		
taron forte cap	4		
TARON-C DHA 35-1 mg cap	4		
thrivite rx 29-1 mg tab	1		
TRICON cap	4		
trinatal rx 1 60-1 mg tab	1		
TRINATE tab	4		
tristart dha 31-0.6-0.4-200 mg cap	4		
true folic acid 400 mcg tab	1		QL(30 / 30)
VINATE DHA RF 27-1.13 mg cap	4		
VITAFOL FE+ 90-0.6-0.4-200 mg cap	4		
VITAFOL GUMMIES 3.33-0.333-34.8	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab chew			
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	4		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEZ 1 mg cap	4		
vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap	1	DRISDOL	
vitamin deficiency system-b12 1000 mcg/ml inj kit	4		
westab one 2.5-25-1 mg tab	4		
westgel dha 31-0.6-0.4-200 mg cap	4		
yl folic acid 400 mcg tab	1		QL(30 / 30)
zalvit 13-1 mg tab	4		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
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]			
atropine sulfate 0.8 mg/2ml iv soln pfs	1		
atropine sulfate 0.25 mg/5ml inj soln pfs, 1 mg/2.5ml iv soln pfs, 1.2 mg/3ml iv soln pfs	2		
atropine sulfate 0.5 mg/5ml inj soln pfs, 1 mg/10ml inj soln pfs	2	Atropine Sulfate	
atropine sulfate +rfid 1 mg/2.5ml iv soln pfs	2		
belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp	1		
chlordiazepoxide-clidinium 5-2.5 mg cap	2	LIBRAX	
CUVPOSA 1 mg/5ml soln	4		
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln	2	BENTYL	
DONNATAL 16.2 mg tab	4		
DONNATAL 16.2 mg/5ml oral elix	4		
GLYCATE 1.5 mg tab	4		
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	1		
glycopyrrolate 1 mg/5ml soln	2	CUVPOSA	PA
glycopyrrolate 1.5 mg tab	1	GLYCATE	
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
glycopyrrolate +rfid 0.6 mg/3ml inj soln pfs	1		
glycopyrrolate pf 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs	1		
glycopyrrolate pf +rfid 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs	1		
GLYRX-PF 1 mg/5ml inj soln pfs	4		
GLYRX-PF 0.4 mg/2ml inj soln	6		
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	2		
hyoscyamine sulfate 0.125 mg tab disint	2	ANASPAZ	
hyoscyamine sulfate 0.125 mg tab	2	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	2	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	2	LEVBID	
hyosyne 0.125 mg/5ml oral elix	1		
hyosyne 0.125 mg/ml soln	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		
methscopolamine bromide 2.5 mg tab, 5 mg tab	2	PAMINE	
NULEV 0.125 mg tab disint	4		
oscimin 0.125 mg tab	1	LEVSIN	
oscimin 0.125 mg tab subl	2	LEVSIN/SL	
pb-hyoscy-atropine-scopolamine 16.2 mg tab	1	DONNATAL	
pb-hyoscy-atropine-scopolamine 16.2 mg/5ml oral elix	1	DONNATAL	
PHENOHYTRO 16.2 mg tab	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PHENOHYTRO 16.2 mg/5ml oral elix	4		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
alvimopan 12 mg cap	1	ENTEREG	
amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack	2		QL(336 / 365)
anti-diarrheal 1 mg/7.5ml soln	6	IMODIUM A-D	
bio-kult infantis pckt	4		
CHENODAL 250 mg tab	4		
cromolyn sodium 100 mg/5ml oral conc	2	GASTROCROM	
culturelle abdominal support 4-15 gm-mg pckt	4		
culturelle baby healthy dev pckt	4		
culturelle complete 3-in-1 pckt	4		
culturelle kid probiotic+elect pckt	4		
culturelle kids complete pckt	4		
culturelle kids grow thrive pckt	4		
DERMACINRX PROBITRAN cap	4		
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	2	LOMOTIL	
eq loperamide hcl 1 mg/7.5ml soln	6	IMODIUM A-D	
floratummys kids pckt	4		
ft anti-diarrheal 1 mg/7.5ml soln	6	IMODIUM A-D	
GASTROCROM 100 mg/5ml oral conc	4		
GATTEX 5 mg sc kit	6		
GIMOTI 15 mg/act nasal soln	4		
gnp loperamide hcl 1 mg/7.5ml soln	6	IMODIUM A-D	
goodsense anti-diarrheal 1 mg/7.5ml soln	6	IMODIUM A-D	
imodium a-d 1 mg/7.5ml soln	6	IMODIUM A-D	
LACTEROL cap	4		
LOMOTIL 2.5-0.025 mg tab	4		
loperamide hcl 2 mg cap	2	IMODIUM	
loperamide hcl 1 mg/7.5ml soln	6	IMODIUM A-D	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln	1	REGLAN	
metoclopramide hcl +rfid 5 mg/ml inj soln	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	4		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MOTOFEN 1-0.025 mg tab	4		
MYTESI 125 mg tab dr	5		PA
omni-biotic ab 10 pckt	4		
omni-biotic balance pckt	4		
omni-biotic hetox pckt	4		
omni-biotic panda pckt	4		
omni-biotic stress release pckt	4		
opium 10 MG/ML (1%) oral tinct	1		
probichew tab chew	4		
PROBINATE cap	4		
probiomax 350 df pckt	4		
probiomax plus df pckt	4		
probiotic pckt	4		
promella in prebiotic cap	4		
prucalopride succinate 1 mg tab, 2 mg tab	2	Motegrity	ST
PYLERA 140-125-125 mg cap	4		QL(91 / 91)
re:iimmune pckt	4		
REGLAN 10 mg tab, 5 mg tab	4		
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 12 mg/0.6ml sc soln pfs, 8 mg/0.4ml sc soln pfs	4		ST
RELTONE 200 mg cap, 400 mg cap	4		
RESTORA RX 60-1.25 mg cap	4		
restore pckt	4		
similac probiotic tri-blend pckt	4		
SYMPROIC 0.2 mg tab	3		ST
TALICIA 250-12.5-10 mg cap dr	4		
TRULANCE 3 mg tab	4		ST
URSO FORTE 500 mg tab	4		
ursodiol 200 mg cap, 400 mg cap	1		
ursodiol 300 mg cap	2	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	2	URSO	
URSODIOL+SYRSPEND SF 30 mg/ml susp	4		
visbiome advanced gi care pckt	4		
visbiome gi care ex st pckt	4		
vsl#3 pckt	4		
vsl#3 ds pckt	4		
vsl#3 junior pckt	4		
XERMELO 250 mg tab	6		
zelac cap	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	2	TAGAMET	
cimetidine hcl 300 mg/5ml soln	2	TAGAMET	
famotidine 200 mg/20ml iv soln, 40 mg/4ml iv soln	2		
famotidine 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	2	PEPCID	
famotidine (pf) 20 mg/2ml iv soln	5	PEPCID	
nizatidine 150 mg cap, 300 mg cap	2	AXID	
PEPCID 40 mg tab	4		
ranitidine hcl 300 mg tab	1	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	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
LIVMARLI 9.5 mg/ml soln	4		
LOTRONEX 0.5 mg tab, 1 mg tab	4		
lubiprostone 24 mcg cap, 8 mcg cap	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	MIRALAX	
constulose 10 gm/15ml soln	2	CONSTULOSE	
cvs purelax 17 gm pckt	1	MIRALAX	
cvs purelax 17 gm/scoop oral pwdr	1	MIRALAX	
enulose 10 gm/15ml soln	1	CONSTULOSE	
eq clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
eq laxative 17 gm pckt	1	MIRALAX	
eql clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
ft clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
gavilax 17 gm/scoop oral pwdr	1	MIRALAX	
GAVILYTE-C 240 gm soln	4		
gavilyte-g 236 gm soln	4	GOLYTELY	
gavilyte-n with flavor pack 420 gm soln	4	NULYTELY	
generlac 10 gm/15ml soln	1	CONSTULOSE	
glycolax 17 gm/scoop oral pwdr	1	MIRALAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
gnp clearlax 17 gm pckt	1	MIRALAX	
gnp clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
GOLYTELY 236 gm soln	4		
goodsense clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
healthylax 17 gm pckt	1	MIRALAX	
instalax 17 gm/scoop oral pwdr	1	MIRALAX	
kls laxaclear 17 gm/scoop oral pwdr	1	MIRALAX	
kristalose 20 gm pckt	4		
kristalose 10 gm pckt	4	KRISTALOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose 10 gm pckt	1	KRISTALOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
laxative osmotic 17 gm/scoop oral pwdr	1	MIRALAX	
mineral oil heavy oil	1		
miralax 17 gm pckt	1	MIRALAX	
miralax 17 gm/scoop oral pwdr	1	MIRALAX	
miralax mix-in pax 17 gm pckt	1	MIRALAX	
mm clearlax 17 gm/scoop oral pwdr	1	MIRALAX	
MOVANTIK 12.5 mg tab, 25 mg tab	3		ST
MOVIPREP 100 gm soln	4		
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350 17 gm pckt	1	MIRALAX	
peg 3350 17 gm/scoop oral pwdr	1	MIRALAX	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	
peg-3350/electrolytes/ascorbat 100 gm soln	4	MOVIPREP	
peg-kcl-nacl-nasulf-na asc-c 100 gm soln	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	4		
PLENVU 140 gm soln	4		
polyethylene glycol 3350 17 gm pckt	1	MIRALAX	
polyethylene glycol 3350 17 gm/scoop oral pwdr	1	MIRALAX	
polyethylene glycol 8000 Topical Ointment	1		
qc natura-lax 17 gm/scoop oral pwdr	1	MIRALAX	
qc oral laxative 17 gm/scoop oral pwdr	1	MIRALAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ra laxative 17 gm/scoop oral pwdr	1	MIRALAX	
sb polyethylene glycol 3350 17 gm/scoop oral pwdr	1	MIRALAX	
smooth lax 17 gm pckt	1	MIRALAX	
smooth lax 17 gm/scoop oral pwdr	1	MIRALAX	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	4		
true laxative 17 gm/scoop oral pwdr	1	MIRALAX	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm tab	4		
CYTOTEC 100 mcg tab, 200 mcg tab	4		
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
sucralfate 1 gm/10ml susp	1	CARAFATE	
sucralfate 1 gm tab	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
dexlansoprazole 30 mg cap dr	2		ST
dexlansoprazole 60 mg cap dr	2	DEXILANT	ST
esomeprazole magnesium 5 mg pckt	2		
esomeprazole magnesium 2.5 mg pckt	2		ST
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	1	NEXIUM	ST
esomeprazole magnesium 10 mg pckt, 20 mg pckt, 40 mg pckt	2	NEXIUM	ST
esomeprazole sodium 40 mg iv soln	1	NEXIUM	
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
lansoprazole 30 mg cap dr	2	PREVACID	
lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	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
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1680 mg pckt, 40-1100 mg cap, 40-	2	ZEGERID	QL(90 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
1680 mg pckt			
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	2	PROTONIX	
pantoprazole sodium 20 mg tab dr	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
rabeprazole sodium 20 mg tab dr	2	ACIPHEX	ST
rabeprazole sodium 10 mg cap sprinkle	1	ACIPHEX SPRINKLE	
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 Proteinico: Reemplazo, Modificadores, Tratamiento]			
ADAKVEO 100 mg/10ml iv soln	6		
ALDURAZYME 2.9 mg/5ml 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		PA
CHOLBAM 250 mg cap, 50 mg cap	6		
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		PA
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	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/10ml iv soln			
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		
glycerol phenylbutyrate 1.1 gm/ml liq	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		
MEPSEVII 10 mg/5ml iv soln	6		
miglustat 100 mg cap	5	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	6		
NEXVIAZYME 100 mg iv soln	6		
nitisinone 5 mg cap	5	ORFADIN	
nitisinone 20 mg cap	6	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		
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	1	AMMONUL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln			
sodium phenylbutyrate 3 gm/tsp oral pwdr	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		
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, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt	3		
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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
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]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	2	ENABLEX	
DETROL 2 mg tab	4		
flavoxate hcl 100 mg tab	2		
GEMTESA 75 mg tab	4		
mirabegron er 8 mg/ml Oral Suspension Reconstituted ER	1		
mirabegron er 25 mg tab er 24 hr, 50 mg tab er 24 hr	2	Myrbetriq	
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
MYRBETRIQ 8 mg/ml Oral Suspension	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Reconstituted ER			
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	4		
solifenacin succinate 10 mg tab, 5 mg tab	2	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
trospium chloride 20 mg tab	2	SANCTURA	
trospium chloride er 60 mg cap er 24 hr	2	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	4		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	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		
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	2	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	2	JALYN	
finasteride 5 mg tab	1	PROSCAR	PA
JALYN 0.5-0.4 mg cap	4		
PROSCAR 5 mg tab	4		PA
RAPAFLO 4 mg cap, 8 mg cap	4		
silodosin 4 mg cap, 8 mg cap	2	RAPAFLO	
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	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]			
bethanechol chloride 10 mg tab, 25 mg	2	URECHOLINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab, 5 mg tab, 50 mg tab			
bi-mix 150-5 mg i-cavern soln	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)
glycine 1.5 % irrig soln	1		
glycine urologic 1.5 % irrig soln	1		
LITHOSTAT 250 mg tab	4		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	4		QL(81 / 30)
OXLUMO 94.5 mg/0.5ml sc soln	6		
penicillamine 250 mg cap	5	CUPRIMINE	
penicillamine 250 mg tab	5	DEPEN TITRATABS	
pentosan polysulfate sodium 150 mg cap dr, 200 mg cap dr	1		
phenazopyridine hcl 100 mg tab, 200 mg tab	1	PYRIDIUM	
phenylephrine hcl 2 mg/2ml Intracavernosal Solution	1		
PHEXXI 1.8-1-0.4 % vag gel	4		
PYRIDIUM 100 mg tab, 200 mg tab	4		
quad-mix 150-10-0.1-1 mg i-cavern soln	4		
RENACIDIN irrig soln	4		
RIMSO-50 50 % i-vesic soln	4		
super bi-mix 150-10 mg i-cavern soln	4		
super quad-mix 150-20-0.2-2 mg i-cavern soln	4		
super tri-mix 150-10-100 mg-mg-mcg i-cavern soln	4		
THIOLA 100 mg tab	4		
THIOLA EC 100 mg tab dr, 300 mg tab dr	6		
tiopronin 100 mg tab dr, 300 mg tab dr	6		
tiopronin 100 mg tab	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		QL(12 / 30)
tri-mix 150-5-50 mg-mg-mcg i-cavern soln	4		
trientine hcl 250 mg cap	5	SYPRINE	PA
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		QL(18 / 30)
VCF VAGINAL CONTRACEPTIVE 4 %	4		QL(25.5 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
vag gel			
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
DEPO-MEDROL 40 mg/ml inj susp, 80 mg/ml inj susp	4		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 4 mg/ml inj soln pfs	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln	2		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
MEDROL 16 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	4		
methylprednisolone 4 mg tab, 4 mg tab pack	1	MEDROL	
methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab	2	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	2	DEPO-MEDROL	
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln	2	SOLU-MEDROL	
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALKINDI SPRINKLE 0.5 mg cap sprinkle, 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	4		
beta 1 kit 30 mg/5ml inj kit	4		
BETALOAN SUIK 30 mg/5ml Multiple Routes Kit	4		
betamethasone combo 7 (4-3) mg/ml inj susp	4		
betamethasone combo 6 (3-3) mg/ml inj susp	4	CELESTONE SOLUSPAN	
betamethasone sod phos & acet 7 (4-3) mg/ml inj susp	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	2	CELESTONE SOLUSPAN	
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	4		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	4		
cortisone acetate 25 mg tab	2	CORTONE	
CORTROPHIN 80 unit/ml inj gel	5		PA
deflazacort 18 mg tab, 6 mg tab	6		
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	4		
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack	2		
dexamethasone 0.5 mg/5ml soln	2		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
dexamethasone 1.5 mg (51) tab pack	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
dexamethasone sod phos (pf) 10 mg/ml inj soln pfs	2		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln	2		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
DEXONTO 0.4% 20 mg/5ml Iontophoresis Solution	4		
DMT SUIK 10 mg/ml Multiple Routes Kit	4		
DOUBLEDEX 10 mg/ml inj kit	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
EMFLAZA 18 mg tab, 30 mg tab, 36 mg tab, 6 mg tab	6		
EMFLAZA 22.75 mg/ml susp	6		
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	
HEMADY 20 mg tab	4		
hidex 6-day 1.5 mg (21) tab pack	4		
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone sod suc (pf) 100 mg inj soln	2		
INTRAROSA 6.5 mg vag insert	4		
KENALOG-10 10 mg/ml inj susp	4		
KENALOG-40 40 mg/ml inj susp	4		
KENALOG-80 80 mg/ml inj susp	4		
lidocidex i 5-10 mg/1.5ml inj soln	6		
lidolog 40 & 2 mg/ml-% inj kit	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 Multiple Routes Kit	4		
MEDROLOAN SUIK 40 mg/ml Multiple Routes Kit	4		
methylprednisolone 4 mg tab, 4 mg tab pack	1	MEDROL	
methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab	2	MEDROL	
methylprednisolone acetate 50 mg/ml inj susp	2		
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	2	DEPO-MEDROL	
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln	2	SOLU-MEDROL	
methylprednisolone-bupivacaine 40-5 mg/ml inj susp, 80-5 mg/ml inj susp	2		
mlk f1 40 & 0.5 & 2 mg/ml-%-% inj kit	4		
mlk f2 40 & 0.5 & 2 mg/ml-%-% inj kit	4		
mlk f3 40 & 0.5 & 2 mg/ml-%-% inj kit	4		
MLK F4 40 & 0.5 & 2 mg/ml-%-% inj kit	4		
multi-specialty 40 & 1 mg/ml-% inj kit	4		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
p-care k40 40 mg/ml inj kit	4		
p-care k40g 40 mg/ml Multiple Routes Kit	4		
p-care k40mx 40 & 0.5 & 1 mg/ml-%-% inj kit	4		
p-care k80 2 X 40 mg/ml inj kit	4		
p-care k80g 40 mg/ml Multiple Routes Kit	4		
p-care k80mx 40 & 0.5 & 1 mg/ml-%-% inj kit	4		
PEDIAPRED 5 mg/5ml soln	4		
physicians ez use joint/tunnel 40-1 mg/ml-% Multiple Routes Kit	4		
physicians ez use m-pred 40-0.5 mg/ml-% inj kit	4		
pod-care 100c 30 mg/5ml inj kit	4		
pod-care 100cg 30 mg/5ml Multiple Routes Kit	4		
pod-care 100k 40 mg/ml inj kit	4		
pod-care 100kg 40 mg/ml Multiple Routes Kit	4		
pod-care 100kmx 40 & 0.5 & 1 mg/ml-%-% inj kit	4		
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	2		
prednisolone sodium phosphate 10 mg/5ml soln	2	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	2	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	2	ORAPRED	
prednisolone sodium phosphate 5 mg/5ml soln	2	PEDIAPRED	
prednisolone sodium phosphate 20 mg/5ml soln	2	VERIPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
prednisone 10 mg (48) tab pack	2		
prednisone 5 mg/5ml soln	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PREDNISONE 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		
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		
topidex 10 mg/ml inj kit	4		
triamcinolone acetonide 10 mg/ml inj susp, 50 mg/ml inj susp	1		
triamcinolone acetonide 40 mg/ml inj susp	2	KENALOG	
triamcinolone-bupivacaine 40-5 mg/ml inj susp	6		
TRILOAN II SUIK 40 mg/ml Multiple Routes Kit	4		
TRILOAN SUIK 40 mg/ml Multiple Routes Kit	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]			
BYNFEZIA PEN 2500 mcg/ml sc soln pen-inj	6		
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		
desmopressin ace spray refrig 0.01 % nasal soln	2	MINIRIN	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
desmopressin acetate 1.5 mg/ml nasal soln	1		PA
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	PA
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	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		
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 5000 unit im soln	5		
octreotide acetate 30 mg im kit	5		
octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs	5		
octreotide acetate 20 mg im kit	5		PA
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	5	SANDOSTATIN	
PREGNYL 10000 unit im soln	5		
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	6		
SANDOSTATIN LAR DEPOT 10 mg im kit, 20 mg im kit, 30 mg im kit	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
vasopressin 20 unit/ml iv soln	5	VASOSTRICT	
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		
mifepristone 200 mg tab	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]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	4		PA
AVEED 750 mg/3ml im soln	5		PA
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
depo-testosterone 100 mg/ml im soln, 200 mg/ml im soln	4	DEPO-TESTOSTERONE	PA
ec-rx testosterone 0.2 % td crm, 0.4 % td crm, 10 % td crm, 20 % td crm	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
JATENZO 158 mg cap, 198 mg cap, 237 mg cap	4		
methitest 10 mg tab	4		
methyltestosterone 10 mg cap	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		
testosterone 100 mg implant pellet, 200 mg implant pellet, 25 mg implant pellet, 50 mg implant pellet	2		
testosterone 1.62 % td gel, 40.5 MG/2.5GM (1.62%) td gel	1	ANDROGEL	PA
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	2	ANDROGEL	PA
testosterone 30 mg/act td soln	2	AXIRON	PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	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]			
ACTIVELLA 1-0.5 mg tab	4		
afirmelle 0.1-20 mg-mcg tab	4	ALESSE	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	NORDETTE	QL(28 / 28)
alyacen 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		QL(28 / 28)
amethyst 90-20 mcg tab	4	AMETHYST 28 DAY	QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
ANNOVERA 0.013-0.15 mg/24hr vag ring	4		
apri 0.15-30 mg-mcg tab	4	DESOGEN	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	SEASONIQUE	QL(91 / 91)
aubra eq 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
aurovela 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
aurovela 1/20 1-20 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
aurovela 24 fe 1-20 mg-mcg(24) tab	4	LOESTRIN FE	QL(28 / 28)
aurovela fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
aurovela fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
aviane 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
ayuna 0.15-30 mg-mcg tab	4	NORDETTE	QL(28 / 28)
azurette 0.15-0.02/0.01 mg (21/5) tab	4	MIRCETTE	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	LOESTRIN FE	QL(28 / 28)
blisovi fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
blisovi fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
briellyn 0.4-35 mg-mcg tab	2		QL(28 / 28)
camrese 0.15-0.03 &0.01 mg tab	4	SEASONIQUE	QL(91 / 91)
camrese lo 0.1-0.02 & 0.01 mg tab	4	LOSEASONIQUE	QL(91 / 91)
charlotte 24 fe 1-20 mg-mcg(24) tab chew	4	MINASTRIN 24 FE	QL(28 / 28)
chateal eq 0.15-30 mg-mcg tab	4	NORDETTE	QL(28 / 28)
CLIMARA 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	4		
CLIMARA PRO 0.045-0.015 mg/day tdwk 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 eq 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
dasetta 1/35 (28) 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)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
daysee 0.15-0.03 &0.01 mg tab	4	SEASONIQUE	QL(91 / 91)
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil	4		
delyla 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	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	AMETHYST 28 DAY	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	VIVELLE-DOT	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	2	BEYAZ	QL(28 / 28)
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	2	SAFYRAL	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.03 mg tab	2	YASMIN	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	QL(28 / 28)
DUAVEE 0.45-20 mg tab	4		
ec-rx estradiol 0.4 % td crm, 0.6 % td crm	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	NUVARING	QL(1 / 28)
enpresse-28 50-30/75-40/ 125-30 mcg tab	4	ENPRESSE 28 DAY	QL(28 / 28)
enskyce 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
est estrogens-methyltest 1.25-2.5 mg tab	2	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
estarylla 0.25-35 mg-mcg tab	4	ORTHO-CYCLEN (28)	QL(28 / 28)
ESTRACE 0.01 % vag crm	4		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1		
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	2	CLIMARA	
estradiol 0.01 % vag crm	1	ESTRACE	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	
estradiol 10 mcg vag tab	2	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2	VIVELLE-DOT	
estradiol valerate 10 mg/ml im oil	1		
estradiol valerate 40 mg/ml im oil	1	DELESTROGEN	
estradiol valerate 20 mg/ml im oil	2	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
estrogens conjugated 0.45 mg tab, 0.625 mg tab, 1.25 mg tab	2		
ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab	2	DEMULEN	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	4		
falmina 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	4	FEMHRT	
gemmily 1-20 mg-mcg(24) cap	4	TAYTULLA	
hailey 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
hailey 24 fe 1-20 mg-mcg(24) tab	4	LOESTRIN FE	QL(28 / 28)
hailey fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
hailey fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
iclevia 0.15-0.03 mg tab	4	SEASONALE	QL(91 / 91)
IMVEXXY MAINTENANCE PACK 10	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mcg vag insert, 4 mcg vag insert			
IMVEXXY STARTER PACK 10 mcg vag insert, 4 mcg vag insert	4		
introvale 0.15-0.03 mg tab	4	SEASONALE	QL(91 / 91)
isibloom 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
jaimiess 0.15-0.03 &0.01 mg tab	4	SEASONIQUE	QL(91 / 91)
jasmiel 3-0.02 mg tab	4	YAZ	QL(28 / 28)
jinteli 1-5 mg-mcg tab	4	FEMHRT	
jolessa 0.15-0.03 mg tab	4	SEASONALE	QL(91 / 91)
juleber 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
junel 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
junel 1/20 1-20 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
junel fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
junel fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
junel fe 24 1-20 mg-mcg(24) tab	4	LOESTRIN FE	QL(28 / 28)
kaitlib fe 0.8-25 mg-mcg tab chew	4	GENERESS FE	QL(28 / 28)
kalliga 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
kariva 0.15-0.02/0.01 mg (21/5) tab	4	MIRCETTE	QL(28 / 28)
kelnor 1/35 1-35 mg-mcg tab	4	DEMULEN	QL(28 / 28)
kurvelo 0.15-30 mg-mcg tab	4	NORDETTE	QL(28 / 28)
larin 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
larin 1/20 1-20 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
larin 24 fe 1-20 mg-mcg(24) tab	4	LOESTRIN FE	QL(28 / 28)
larin fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
larin fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	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	ALESSE	QL(28 / 28)
levonest 50-30/75-40/ 125-30 mcg tab	4	ENPRESSE 28 DAY	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	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)
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	2		
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ALESSE	QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg	2	AMETHYST 28 DAY	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
levora 0.15/30 (28) 0.15-30 mg-mcg tab	4	NORDETTE	QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
lo-zumandimine 3-0.02 mg tab	4	YAZ	QL(28 / 28)
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
loestrin 1/20 (21) 1-20 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
loestrin fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
loestrin fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
lojaimiess 0.1-0.02 & 0.01 mg tab	4	LOSEASONIQUE	QL(91 / 91)
loryna 3-0.02 mg tab	4	YAZ	QL(28 / 28)
low-ogestrel 0.3-30 mg-mcg tab	4		QL(28 / 28)
lutera 0.1-20 mg-mcg tab	4	ALESSE	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	VIVELLE-DOT	
marlissa 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
MENOSTAR 14 mcg/24hr tdwk patch	4		
mibelas 24 fe 1-20 mg-mcg(24) tab chew	4	MINASTRIN 24 FE	QL(28 / 28)
microgestin 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
microgestin 1/20 1-20 mg-mcg tab	4	LOESTRIN	QL(28 / 28)
microgestin fe 1.5/30 1.5-30 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
microgestin fe 1/20 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
mili 0.25-35 mg-mcg tab	4	ORTHO-CYCLEN (28)	QL(28 / 28)
mimvey 1-0.5 mg tab	4	ACTIVELLA	
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		
mono-linyah 0.25-35 mg-mcg tab	4	ORTHO-CYCLEN (28)	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	YAZ	QL(28 / 28)
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	1	LOESTRIN FE	QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-	2	LOESTRIN FE	QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mcg tab			
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew	2	MINASTRIN 24 FE	QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	1	TAYTULLA	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	2	FEMCON FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	2	GENERESS FE	QL(28 / 28)
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	1	LOESTRIN	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg tab	2	LOESTRIN	QL(28 / 28)
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	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)
ocella 3-0.03 mg tab	4	YASMIN	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	MIRCETTE	QL(28 / 28)
portia-28 0.15-30 mg-mcg tab	4	NORDETTE	QL(28 / 28)
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		
reclipsen 0.15-30 mg-mcg tab	4	DESOGEN	QL(28 / 28)
rivelsa 42-21-21-7 days tab	4	QUARTETTE	QL(91 / 91)
SAFYRAL 3-0.03-0.451 mg tab	4		QL(28 / 28)
setlakin 0.15-0.03 mg tab	4	SEASONALE	QL(91 / 91)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
simliya 0.15-0.02/0.01 mg (21/5) tab	4	MIRCETTE	QL(28 / 28)
simpesse 0.15-0.03 &0.01 mg tab	4	SEASONIQUE	QL(91 / 91)
sprintec 28 0.25-35 mg-mcg tab	4	ORTHO-CYCLEN (28)	QL(28 / 28)
sronyx 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
syeda 3-0.03 mg tab	4	YASMIN	QL(28 / 28)
tarina 24 fe 1-20 mg-mcg(24) tab	4	LOESTRIN FE	QL(28 / 28)
tarina fe 1/20 eq 1-20 mg-mcg tab	4	LOESTRIN FE	QL(28 / 28)
taysofy 1-20 mg-mcg(24) cap	4	TAYTULLA	
TAYTULLA 1-20 mg-mcg(24) cap	4		
tilia fe 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	4	ORTHO TRI-CYCLEN	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	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	4	ORTHO TRI-CYCLEN	QL(28 / 28)
TWIRLA 120-30 mcg/24hr tdwk patch	4		
TYBLUME 0.1-20 mg-mcg tab chew	4		
tydemy 3-0.03-0.451 mg tab	4	SAFYRAL	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	YAZ	QL(28 / 28)
vienva 0.1-20 mg-mcg tab	4	ALESSE	QL(28 / 28)
viorele 0.15-0.02/0.01 mg (21/5) tab	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
volnea 0.15-0.02/0.01 mg (21/5) tab	4	MIRCETTE	QL(28 / 28)
vyfemla 0.4-35 mg-mcg tab	4		QL(28 / 28)
vylibra 0.25-35 mg-mcg tab	4	ORTHO-CYCLEN (28)	QL(28 / 28)
wera 0.5-35 mg-mcg tab	4		QL(28 / 28)
wymzya fe 0.4-35 mg-mcg tab chew	4	FEMCON FE	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	VAGIFEM	
zafemy 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
zovia 1/35 (28) 1-35 mg-mcg tab	4	DEMULEN	QL(28 / 28)
zumandimine 3-0.03 mg tab	4	YASMIN	QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
aftera 1.5 mg tab	4	PLAN B ONE-STEP	
afterpill 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
camila 0.35 mg tab	4	NOR-QD	QL(28 / 28)
CRINONE 4 % vag gel	4		PA
CRINONE 8 % vag gel	5		
deblitane 0.35 mg tab	4	NOR-QD	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)
ec-rx progesterone 10 % td crm, 20 % td crm	4		
econtra one-step 1.5 mg tab	4	PLAN B ONE-STEP	
ELLA 30 mg tab	4		
ENDOMETRIN 100 mg vag insert	5		
errin 0.35 mg tab	4	NOR-QD	QL(28 / 28)
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
heather 0.35 mg tab	4	NOR-QD	QL(28 / 28)
her style 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
incassia 0.35 mg tab	4	NOR-QD	QL(28 / 28)
jencycla 0.35 mg tab	4	NOR-QD	QL(28 / 28)
KYLEENA 19.5 mg iud	5		PA
levonorgestrel 1.5 mg tab	1	PLAN B ONE-STEP	
levonorgestrel 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
LILETTA (52 MG) 20.1 mcg/day iud	5		PA
lyleq 0.35 mg tab	4	NOR-QD	QL(28 / 28)
lyza 0.35 mg tab	4	NOR-QD	QL(28 / 28)
medroxyprogesterone acetate 150	2	DEPO-PROVERA	QL(1 / 90)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/ml im susp, 150 mg/ml im susp pfs			
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 625 mg/5ml susp	2	MEGACE	PA
megestrol acetate 20 mg tab, 40 mg tab	6	MEGACE	
megestrol acetate 40 mg/ml susp, 400 mg/10ml susp	6	MEGACE	PA
MIRENA (52 MG) 21 mcg/day iud	5		QL(1 / 2555)
my choice 1.5 mg tab	4	PLAN B ONE-STEP	
my way 1.5 mg tab	4	PLAN B ONE-STEP	
new day 1.5 mg tab	4	PLAN B ONE-STEP	QL(0 / 0)
NEXPLANON 68 mg sc implant	4		QL(1 / 1095)
nora-be 0.35 mg tab	4	NOR-QD	QL(28 / 28)
norethindrone 0.35 mg tab	1	NOR-QD	QL(28 / 28)
norethindrone acetate 5 mg tab	2	AYGESTIN	
norlyroc 0.35 mg tab	4	NOR-QD	QL(28 / 28)
opcicon one-step 1.5 mg tab	4	PLAN B ONE-STEP	
option 2 1.5 mg tab	4	PLAN B ONE-STEP	
plan b one-step 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
progesterone 50 mg/ml im oil	1		PA
progesterone 100 mg cap, 200 mg cap	1	PROMETRIUM	PA
progesterone micronized 10 % td crm	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	PLAN B ONE-STEP	
sharobel 0.35 mg tab	4	NOR-QD	QL(28 / 28)
shewise 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
SKYLA 13.5 mg iud	5		PA
SLYND 4 mg tab	4		
take action 1.5 mg tab	4	PLAN B ONE-STEP	
your choice 1.5 mg tab	4	PLAN B ONE-STEP	QL(28 / 28)
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		
raloxifene hcl 60 mg tab	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
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	SYNTHROID	
levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab	1	SYNTHROID	
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab	2	SYNTHROID	
levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	1	TIROSINT	
levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	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		
thyroid 90 mg tab	1		
thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab	2		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
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	SYNTHROID	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	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, 5 mg tab	5		PA
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
cabergoline 0.5 mg tab	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
leuprolide acetate 1 mg/0.2ml inj kit	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	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
im kit			
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 im kit, 30 mg im kit	5		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg 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
SUPPRELIN LA 50 mg sc kit	6		
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	6		
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	2		
sodium iodide i-131 1000 mci/ml soln	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		
icatibant acetate 30 mg/3ml sc soln pfs	6		PA
KALBITOR 10 mg/ml sc soln	6		
ORLADEYO 110 mg cap, 150 mg cap	5		PA
RUCONEST 2100 unit iv soln	6		
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Sistema Inmune]			
adalimumab-adbm (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
adalimumab-adbm (2 syringe) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
adalimumab-adbm(cd/uc/hs strt) 40 mg/0.4ml Subcutaneous Auto-injector Kit	5		PA
adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
AMJEVITA 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	5		PA
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	5		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	5		PA
AVSOLA 100 mg iv soln	6		PA
azasan 100 mg tab, 75 mg tab	4	AZASAN	PA
azathioprine 100 mg tab, 75 mg tab	1	AZASAN	PA
azathioprine 50 mg tab	2	IMURAN	PA
azathioprine sodium 100 mg inj soln	1	IMURAN	PA
CIMZIA 2 X 200 mg sc kit	6		PA
CIMZIA (2 SYRINGE) 200 mg/ml sc pfs kit	6		PA
CIMZIA-STARTER 200 mg/ml sc pfs kit	6		PA
cyclosporine 100 mg cap, 25 mg cap	5	SANDIMMUNE	PA
cyclosporine modified 100 mg cap, 25 mg cap	5	NEORAL	PA
cyclosporine modified 100 mg/ml soln	5	NEORAL	PA
CYLTEZO (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO (2 SYRINGE) 10 mg/0.2ml	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit			
CYLTEZO-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
ELIDEL 1 % Topical Cream	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
everolimus 1 mg tab	5	ZORTRESS	
everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab	5	ZORTRESS	PA
gengraf 100 mg cap, 25 mg cap	6	NEORAL	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 (1 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	5		PA
IMURAN 50 mg tab	4		PA
INFLECTRA 100 mg iv soln	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
infliximab 100 mg iv soln	5		PA
LUPKYNIS 7.9 mg cap	5		PA
methotrexate sodium 2.5 mg tab	2		
methotrexate sodium 1 gm inj soln	6		
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	6		
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	6		
mycophenolate mofetil 250 mg cap, 500 mg tab	6	CELLCEPT	PA
mycophenolate mofetil 200 mg/ml susp	6	CELLCEPT	PA
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	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
pimecrolimus 1 % Topical Cream	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, 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	5		PA
REMICADE 100 mg iv soln	6		PA
RENFLEXIS 100 mg iv soln	5		PA
REZUROCK 200 mg tab	6		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	5		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	6		PA
SIMPONI ARIA 50 mg/4ml iv soln	6		PA
sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab	5	RAPAMUNE	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	6	PROGRAF	PA
tacrolimus 0.03 % Topical Ointment, 0.1 % Topical Ointment	2	PROTOPIC	PA
tofacitinib citrate 10 mg tab, 5 mg tab	5		PA
tofacitinib citrate 1 mg/ml soln	5		PA
tofacitinib citrate er 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		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 10 mg tab, 5 mg tab	5		PA
XELJANZ 1 mg/ml soln	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		
antivenin latrodectus mactans inj kit	5		
antivenin micrurus fulvius iv soln	5		
ASCENIV 5 gm/50ml iv soln	6		
CROFAB iv soln	5		
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		
dust mite mixed allergen ext 10000 au/ml sc soln	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, 10 gm/50ml sc soln pfs, 2 gm/10ml sc soln, 2 gm/10ml sc soln pfs, 4 gm/20ml sc soln, 4 gm/20ml sc soln pfs	6		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln	6		
HYPERRAB 1500 unit/5ml inj soln, 300 unit/ml inj soln, 900 unit/3ml inj soln	6		
HYPERTET 250 unit/ml im soln pfs	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
kedrab 300 unit/2ml inj soln	6		
mixed feathers 1:20 sc soln	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		
THYMOGLOBULIN 25 mg iv soln	4		PA
VARIZIG 125 unit/1.2ml im soln	6		
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		PA
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		
methoxsalen rapid 10 mg cap	6	OXSORALEN-ULTRA	PA
NUDERMRXPAK 120 0.005-5 % Topical Therapy Pack	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NUDERMRXPAK 60 0.005-5 % Topical Therapy Pack	4		PA
OPZELURA 1.5 % Topical Cream	6		
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 pfs	5		PA
TREMFYA ONE-PRESS 100 mg/ml sc soln pen-inj	5		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]			
ABECMA 510000000 cells iv susp	6		
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		
AVTOZMA 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
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	6		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/1.14ml sc soln pfs			
leflunomide 10 mg tab, 20 mg tab	2	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 20 mg tab, 30 mg tab, 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA XR 75 mg tab er 24 hr	5		PA
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 mg tab pack	5		PA
PROVENGE 50000000 cells iv susp	6		PA
RIDAURA 3 mg cap	4		
SIMULECT 10 mg iv soln, 20 mg iv soln	4		PA
TYENNE 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		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		PA
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs	6		
NEULASTA 6 mg/0.6ml sc soln pfs	6		PA
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	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		PA
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]			
bcg vaccine 50 mg inj soln	5		PA
BIOTHRAX im susp	4		
FLUAD 0.5 ml im susp pfs	4		
IMOVAX RABIES 2.5 unit/ml im susp	4		
IXIARO im susp	4		
MENQUADFI 0.5 ml im soln	4		
TYPHIM VI 25 mcg/0.5ml im soln pfs	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
VAXCHORA susp	4		
VAXELIS im susp, im susp pfs	6		
VIVOTIF cap dr	4		
YF-VAX sc susp	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		
balsalazide disodium 750 mg cap	1	COLAZAL	
CANASA 1000 mg rect supp	4		
COLAZAL 750 mg cap	4		
DIPENTUM 250 mg cap	4		
LIALDA 1.2 gm tab dr	4		
mesalamine 800 mg tab dr	2	ASACOL HD	
mesalamine 1000 mg rect supp	1	CANASA	
mesalamine 400 mg cap dr	2	DELZICOL	
mesalamine 1.2 gm tab dr	2	LIALDA	
mesalamine 4 gm rect enema	2	ROWASA	
mesalamine er 0.375 gm cap er 24 hr	1	APRISO	
mesalamine er 500 mg cap er	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]			
budesonide 2 mg/act rect foam	1		
budesonide 3 mg cap dr prt	2	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	1	UCERIS	
CORTENEMA 100 mg/60ml rect enema	4		
CORTIFOAM 10 % Topical Foam	4		
hydrocortisone 100 mg/60ml rect enema	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		
sulfasalazine 500 mg tab, 500 mg tab dr	2	AZULFIDINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	
ATELVIA 35 mg tab dr	4		
BILDYOS 60 mg/ml sc soln pfs	5		PA
BILPREVDA 120 mg/1.7ml sc soln	5		PA
BINOSTO 70 mg tab eff	4		ST
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	
calcitonin (salmon) 200 unit/ml inj soln	5	MIACALCIN	PA
calcitriol 1 mcg/ml iv soln	1	CALCIJEX	
calcitriol 0.25 mcg cap, 0.5 mcg cap	2	ROCALTROL	
calcitriol 1 mcg/ml soln	2	ROCALTROL	
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	2	SENSIPAR	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	2	HECTOROL	
doxercalciferol 4 mcg/2ml iv soln	2	HECTOROL	
ENOBY 60 mg/ml sc soln pfs	5		PA
EVENITY 105 mg/1.17ml sc soln pfs	6		
FORTEO 560 mcg/2.24ml sc soln pen-inj	6		PA
FOSAMAX 70 mg tab	4		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
ibandronate sodium 150 mg tab	2	BONIVA	
ibandronate sodium 3 mg/3ml iv soln	5	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	6		PA
OSPOMYV 60 mg/ml sc soln pfs	5		PA
pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln	6		PA
paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln	1	ZEMPLAR	
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	2	ZEMPLAR	PA
PARSABIV 10 mg/2ml iv soln, 2.5	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/0.5ml iv soln, 5 mg/ml iv soln			
PROLIA 60 mg/ml sc soln pfs	6		PA
RAYALDEE 30 mcg cap er	4		
RECLAST 5 mg/100ml iv soln	6		PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	2	ACTONEL	
risedronate sodium 35 mg tab dr	2	ATELVIA	
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		
teriparatide 560 mcg/2.24ml sc soln pen-inj	5	Forteo	PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA
XTRENBO 120 mg/1.7ml sc soln	5		PA
ZEMPLAR 2 mcg/ml iv soln, 5 mcg/ml iv soln	4		
ZEMPLAR 1 mcg cap, 2 mcg cap	4		PA
zoledronic acid 5 mg/100ml iv soln	5	RECLAST	PA
zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc	5	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
aum mini insulin pen needle 32G X 8 MM misc	1		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ml misc	1		
COMFORT EZ PEN NEEDLES 32G X 8 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM misc	1		
DROPLET PEN NEEDLES 32G X 8 MM misc	1		
pro comfort pen needles 32G X 8 MM misc	1		
pure comfort pen needle 32G X 8 MM misc	1		
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM misc	1		
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
14-count warmer misc	4		
1st base Topical Cream	4		
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		
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" Topical Pad	4		
ACTIFOAM COLLAGEN SPONGE Topical Miscellaneous	4		
actimaris wound Topical Gel	4		
ACU-LIFE CRUSHER/CONTAINER misc	4		
ad post-procedure skin barrier Topical Gel	4		
ADA Topical Shampoo	4		
adapter cap misc	1		
ADD-VANTAGE ADDAPTOR CONNECTOR misc	4		
adjust bath/shower seat misc	4		
adjust bath/shower seat/back misc	4		
adjust fold cane/york handle misc	4		
adjustable aluminum cane misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
adjustable aluminum cane 3/4" misc	4		
adjustable aluminum cane 5/8" misc	4		
adjustable aluminum cane 7/8" misc	4		
adjustable folding cane misc	4		
adult mask dev	1		
adult push button alum crutch misc	4		
adv diabetic wound hydrogel Topical Gel	4		
advanced multicare hydrogel Topical Gel	4		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
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 LARGE misc	4		
AEROCHAMBER PLUS FLO-VU SMALL misc	4		
aimsco lubricated misc	1		QL(12 / 30)
alcoh-wipe sheet	4		
ALL-BODY MASSAGE misc	4		
aloe vera oil	1		
ALPAWASH Topical Ointment	4		
ALPHAMOP FOAM REPLACEMENT PADS misc	4		
ALTADERM Topical Cream	4		
aluminum blanket support misc	4		
aluminum flip off seals 13mm misc	1		
aluminum flip off seals 20mm misc	1		
amber glass bottle misc	1		
amber glass vials 2ml misc	1		
amber glass vials 2ml/13mm misc	1		
amber glass vials 30ml/20mm misc	1		
AMEDA ADAPTER CAP misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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 Topical Gel	4		
amielle restore vag exercisers misc	4		
AMIELLE VAGINAL TRAINER misc	4		
amondys 45 100 mg/2ml iv soln	6		
anhydrous gel base gel	1		
AQUA FILTER HOLDERS misc	4		
aquasoothe 41 % Topical Ointment	1		
aquasoothe 41 % Topical Ointment	1		
ARBEM H-COSMETIC Topical Cream	4		
ARBEM LIPOPEN Topical Cream	4		
ARGYLE TRACH TUBE HOLDER misc	4		
ARIDA Topical Gel	4		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	2		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	1		
ASSURE ID SAFETY PEN NEEDLES	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
30G X 8 MM misc			
ASTAMED MYO cap	6		
ATREVIS HYDROGEL Topical Cream	4		
aum insulin safety pen needle 31G X 4 MM misc	1		
aum insulin safety pen needle 31G X 5 MM misc	2		
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	1		
aum mini insulin pen needle 32G X 4 MM misc	2		
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	1		
aum pen needle 32G X 4 MM misc	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		
aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
autoclave air filter misc	4		
autoclave paper 36" x 36" misc	1		
autoclave printer paper misc	4		
AUTOJECT 2 misc	4		
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
AUTOSOFT 30 INFUSION SET misc	4		
AUTOSOFT 90 INFUSION SET misc	4		
AUTOSOFT XC INFUSION SET misc	4		
AUXIPRO VANISHING Topical Cream	4		
AVITENE Topical Pad	4		
AVOSTARTGRIP misc	4		
az cream Topical Cream	4		
AZADROX Topical Gel	4		
baby fridge misc	4		
baby skin protectant 41 % Topical Ointment	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
bamboo cane misc	4		
bandage scissors misc	4		
bariatric aluminum cane misc	4		
BASADROX Topical Gel	4		
BASE PCCA CLARIFYING Topical Cream	4		
base w301 Topical Cream	1		
bath bench with back misc	4		
bath/shower seat misc	4		
bathtub safety rail misc	4		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD HYPODERMIC NEEDLE 18G X 1" misc	4		
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 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, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 1 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, 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 PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM misc	1		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
32G X 4 MM misc			
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM misc	1		
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM misc	1		
BD PHLEBOTOMY SHARPS COLLECTOR misc	1		
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		
bd sharps container home misc	1		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	1		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
beutlich ph test roll misc	4		
bi-focal magnifier misc	4		
BIAFINE Topical Emulsion	4		
BIONECT 0.2 % Topical Cream, 0.2 % Topical Foam, 0.2 % Topical Gel	4		
blood collection tube holder misc	4		
blood pressure smart card misc	4		
bmi digital smart scale misc	4		
body composition scale misc	4		
bottle 120ml/spray/clr plastic misc	1		
bottle 2oz/blue glass/dropper misc	1		
bottle 500ml/boston round/cap misc	1		
bottle 8oz/boston round/cap misc	1		
bottle amber glass 33oz misc	1		
bottle amber graduated 16oz misc	1		
bottle amber graduated 8oz misc	1		
bottle/white 6oz w/twist top misc	1		
bottletop dispenser misc	1		
bottletop dispenser adapter misc	1		
breast pump misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
breathe comfort nasal aspirato misc	4		
breathe comfort nasal irrigat misc	4		
breathe ease neb mask/child misc	4		
breathe ease neb mask/infant misc	4		
breathe ease pulse oximeter misc	4		
BRIDION 200 mg/2ml iv soln, 500 mg/5ml iv soln	4		
bubble point tester kit/wizard misc	1		
cane misc	4		
cane for blind folding misc	4		
cane holder misc	4		
cane tips misc	4		
cane tips 3/4" misc	4		
cane tips 7/8" misc	4		
cane tips for alum 3/4" misc	4		
cane tips for wood 3/4" misc	4		
cane tips for wood 5/8" misc	4		
cane tips for wood 7/8" misc	4		
cane wrist strap misc	4		
cane/offset handle misc	4		
cane/t-handle misc	4		
CAPRYLIC Topical Cream	4		
CARBOGEL 940 gel	4		
CARBOHOL 940 gel	4		
carbomer aqueous gel	1		
cardiac care port bp/ecg monit misc	4		
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		
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	1		
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	1		
CARETOUCH 2 CPAP HOSE HANGER misc	4		
CARETOUCH CPAP & BIPAP HOSE	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc			
CARETOUCH CPAP MASK WIPES misc	4		
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)
cellpad sheet	4		
CEQUR SIMPLICITY 2U dev	4		
CEQUR SIMPLICITY INSERTER misc	6		
cervical pillow misc	4		
cervical pillow/cover misc	4		
cetyl myristoleate 20 % pwdr	1		
chemo transfer pin misc	4		
cherry syr	1		
cherry concentrate syr	1		
chloroform soln	1		
CHRYSADERM DAY Topical Cream	4		
CHRYSADERM NIGHT Topical Cream	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
CINIS PREEMIE HALO LARGE misc	4		
CINIS PREEMIE HALO MEDIUM misc	4		
CINIS PREEMIE HALO SMALL misc	4		
classic dental guard misc	4		
classics rolling walker misc	4		
cleanroom tacky mat 18"x36" misc	1		
clear glass vial 10ml misc	1		
clear glass vials 2ml misc	1		
CLEODERM Topical Cream	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		
CLINERE EARWAX CLEANERS misc	4		
CLINERE EARWAX REMOVER misc	4		
CLIP & STOR misc	4		
co monitor dev	1		
coatamax patch sheet	4		
cold seal blister/lg 62 dose misc	4		
cold seal blister/md 28 dose misc	4		
cold seal blister/md 31 dose misc	4		
cold seal blister/md 90 dose misc	4		
cold seal blister/sm 28 dose misc	4		
cold seal blister/sm 31 dose misc	4		
cold seal blisters/large misc	4		
COMAR PRESS-IN BOTTLE ADAPTERS misc	4		
comfort curve massage cushion misc	4		
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
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 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	1		
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		
commode misc	4		
commode 3-in-1 misc	4		
commode bedside misc	4		
commode bedside/back misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
commode pail misc	4		
commode splash guard misc	4		
COMPLETE NEEDLE COLLECTION SYS misc	1		
compressor nebulizer misc	1		
condoms misc	1		QL(12 / 30)
contour back cushion misc	4		
contour mattress cover misc	4		
CORETEXT 1 ml inj susp, 2 ml inj susp	6		
corn (syrup) syr	1		
coverall boots/disposable/univ misc	1		
coverall w/hood/3xl misc	1		
coverall w/hood/small misc	1		
coverall w/hood/xl misc	1		
coverall w/hood/xxl misc	1		
coveralls elast back/wrst/ankl misc	1		
cream base Topical Cream	1		
cream base niosomes Topical Cream	1		
cream base with liposome Topical Cream	1		
cream concentrate Topical Cream	1		
cream-heavy base niosomes Topical Cream	1		
crutch misc	4		
crutch accessory kit misc	4		
crutch handgrips misc	4		
crutch pillows/arm/hand misc	4		
crutch set misc	4		
crutch tips misc	4		
crutch underarm pads misc	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		
crutches-aluminum misc	4		
curafil wound dressing Topical Gel	4		
custom-flex misc	4		
cutis plus Topical Cream	4		
cvs alkaline batteries size aa misc	4		
cvs cane misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cvs crutches misc	4		
cvs diabetic organizer misc	4		
cvs ear plugs misc	4		
cvs gel grip folding cane misc	4		
cvs inflatable vinyl cushion misc	4		
cvs manuka honey wound Topical Gel	4		
cvs manuka honey wound Topical Gel	4		
cvs needle collection/disposal misc	1		
cvs pill splitter misc	4		
cvs pulse oximeter misc	4		
cvs quad cane misc	4		
cvs ready set go bath bench misc	4		
cvs reusable sheet protector misc	4		
cvs rubber cushion misc	4		
daily moisturizer 41 % Topical Ointment	1		
DEEP-TISSUE misc	4		
deferoxamine mesylate 2 gm inj soln, 500 mg inj soln	5	DESFERAL	PA
dental guard misc	4		
DENTEK PROF-FIT DENTAL GUARD misc	4		
deodorant tubes 2.65oz-caps misc	1		
DERPIXA Topical Gel	4		
DESFERAL 500 mg inj soln	6		PA
desflurane inh soln	1	SUPRANE	
diabetic hydrogel wound dress Topical Gel	4		
dial-a-dose syringe 15ml misc	4		
dial-a-dose syringe 30ml misc	4		
dial-a-dose syringe 60ml misc	4		
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		
digital glass scale misc	4		
digital scale/bluetooth misc	4		
dimethyl sulfoxide soln	1		
DINAMAP MONITOR PROBE COVERS misc	4		
disp single head stethoscope misc	4		
dispenser 50ml/foamer pump misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
dispenser md jar 50ml misc	4		
dispenser md pen 6.5ml misc	4		
dispenser md pump 0.5ml misc	4		
dispenser md pump 1.0ml misc	4		
dispenser md pump 1.5ml misc	4		
dispenser md pump bottle 100ml misc	4		
dispenser md pump bottle 150ml misc	4		
dispenser md pump bottle 15ml misc	4		
dispenser md pump bottle 200ml misc	4		
dispenser md pump bottle 240ml misc	4		
dispenser md pump bottle 30ml misc	4		
dispenser md pump bottle 50ml misc	4		
dispenser md pump bottle 80ml misc	4		
dispenser md syringe 10ml misc	4		
dispenser md syringe 5ml misc	4		
dispenser megapump airless misc	4		
dispenser megapump mezzo rnd misc	4		
DISPENSER TIP CAP/PRECISEDOSE misc	4		
dispenser/md foamer misc	1		
disposable bulb/valve misc	4		
diverter valve misc	4		
DOJOLVI 100 % liq	4		
doprtainers 10ml misc	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 INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc, 30G X 1/2" 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			
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		
DROPLET PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
dropper & screw cap 4oz misc	4		
dropping bottle 30ml misc	1		
DROPSAFE AUTOPROTECT DUO 31G X 4 MM misc	1		
DROPSAFE AUTOPROTECT DUO 31G X 5 MM misc, 31G X 8 MM misc	2		
dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc	1		
dropsafe safety pen needles 31G X 5 MM misc	2		
droptainer tip caps misc	4		
droptainers ophthalmic 15ml misc	4		
droptainers ophthalmic 3ml misc	4		
droptainers ophthalmic 7ml misc	4		
drug mart unifine pentips 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
drug mart unifine pentips plus 32G X 4 MM misc	1		
dual paddle folding walker misc	4		
DUNLAP FOAM RING CUSHION misc	4		
DUNLAP INFLATABLE VINYL RING misc	4		
DURABASE Topical Cream	4		
DURABASE ADVANCED Topical Cream	4		
DUREX EXTRA SENSITIVE THIN dev, misc	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
DUREX TROPICAL misc	4		QL(12 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
DYNAGEL 20 % Topical Gel	4		
E-Z LOCK RAISED TOILET SEAT misc	4		
ear wax removal/tri-stream tip misc	4		
earplugs misc	4		
EASIVENT misc	4		
EASIVENT MASK LARGE misc	4		
EASIVENT MASK MEDIUM misc	4		
EASIVENT MASK SMALL misc	4		
easy comfort insulin syringe 29G X 5/16" 0.5 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
easy comfort insulin syringe 31G X 5/16" 0.3 ml misc	2		
easy comfort pen needles 29G X 5MM misc, 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	1		
easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
easy comfort sharps container misc	1		
easy feed electric breast pump misc	4		
easy glide pen needles 33G X 4 MM misc	1		
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" misc	4		
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" misc	4		
EASY TOUCH INSULIN BARRELS U-100 1 ml misc	1		
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	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
5/16" 0.5 ml misc			
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		
electrodes 2"x2"/reusable misc	4		
electrotherapy pain relief misc	4		
ELON PROFESSIONAL NAIL CARE misc	4		
elongated toilet seat elevator misc	4		
ELOSHIELD FACE SHIELD misc	4		
EMBECTA AUTOSHIELD DUO 30G X 5 MM misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ml misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ml misc	2		
EMBECTA INSULIN SYR ULTRAFINE	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 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" 1 ml misc			
EMBECTA INSULIN SYR ULTRAFINE 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		
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ml misc	2		
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc	1		
EMBECTA PEN NEEDLE NANO 32G X 4 MM misc	2		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM misc	2		
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM misc	1		
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc	2		
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 Topical Cream	4		
emollient base Topical Cream	1		
empty vial 3ml misc	1		
ENDARI 5 gm pckt	5		PA
ENDO AVITENE Topical Miscellaneous	4		
endoscopic delivery system misc	4		
endurance four leg seat cane misc	4		
ENDURANCE HD COMMODE misc	4		
ENLITE SERTER misc	4		
enovarx-amitriptyline 2 % Topical Kit	4		
EPICYN Topical Solution	4		
eq bath & shower seat/back misc	4		
eq crutches misc	4		
eq folding walker misc	4		
eq wheelchair folding black misc	4		
eql ear plugs/silicone misc	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
eql mustache/beard scissors misc	4		
eql skin care tool misc	4		
essentra wipes 9x9" 70 % sheet	4		
EVERYDAY PICK misc	4		
excel-gel Topical Gel	4		
extendable bedside rail misc	4		
eye/ear dropper misc	4		
EZY DOSE ADULT-LOCK PILL CUT misc	4		
ezy dose cold seal crd 28 dose misc	4		
ezy dose cold seal crd 62 dose misc	4		
ezy dose cold seal crd 90 dose misc	4		
EZY DOSE CUT N CRUSH misc	4		
EZY DOSE DELUXE PILL CUTTER misc	4		
EZY DOSE EAR WAX REMOVAL 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		
face shield full length misc	4		
face shield full length/clear misc	4		
fagron ls plus Topical Cream	4		
fagron natural Topical Cream	4		
fagron supreme Topical Cream	4		
fall mat misc	4		
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
fashion cane/t-handle misc	4		
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		QL(1 / 365)
fetal doppler misc	4		
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		
filter 0.2 micron/25mm misc	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
filter 0.2 micron/32mm misc	1		
filter 0.2 micron/47mm misc	1		
filter 0.22 micron/73mm/1000ml misc	1		
filter air pp misc	1		
filter attachment misc	1		
filter fluorodyne/0.22 micron misc	4		
filter/millex-gp/50mm/clear misc	4		
FITALITE Topical Cream	4		
FLA ADJUST AIR ANKLE WALKER misc	4		
flaortho walker misc	4		
FLAVOR BLEND susp	4		
flavor sweet syr	4		
flavor sweet-sf syr	4		
flex & go folding cane misc	4		
flex base Topical Cream	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		
flight ear plugs misc	4		
foam chair cushion misc	4		
foam crutch pad misc	4		
foam cushion misc	4		
foam ear plugs misc	4		
foam invalid cushion misc	4		
foam ring 2" misc	1		
FOAMIL Topical Liquid	6		
foil wrapper 3" x 3" misc	4		
folding cane misc	4		
folding commode misc	4		
folding paddle walker misc	4		
folding reacher misc	4		
folding seat cane misc	4		
folding walker misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
folding walker/adult misc	4		
folding walking cane misc	4		
fondcircle body fat scale misc	4		
fondcircle body weight scale misc	4		
fondcircle digital body tape m misc	4		
fondcircle ent smart otoscope misc	4		
fondcircle multi-func otoscope misc	4		
fondcircle portable ecg monito misc	4		
fondcircle pulse oximeter misc	4		
food color blue liq	1		
FORA GATEWAY misc	4		
FORA GW9014 TELEHEALTH GATEWAY misc	4		
FORA TN'G SCALE 550 misc	4		
FORANE inh soln	4		
FREE SPIRIT KNEE/LEG WALKER misc	4		
freedom adaptaderm Topical Cream	4		
freedom derma serum Topical Cream	4		
FREEDOM DERMA-D Topical Cream	4		
FREEDOM DERMA-N Topical Cream	4		
FREESTYLE DOUBLE BREASTPUMP misc	4		
ft comfort foam ear plugs misc	4		
ft fingertip pulse oximeter misc	4		
GELFILM Topical Film	4		
GELFOAM COMPRESSED SIZE 100 Topical Miscellaneous	4		
GELFOAM SPONGE SIZE 200 Topical Miscellaneous	4		
GELFOAM SPONGE SIZE 50 Topical Miscellaneous	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
glass vial amber 3ml misc	1		
GLEOLAN 1.5 gm soln	5		PA
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		
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		
gnp assorted combs misc	4		
gnp deluxe pulse oximeter misc	4		
gnp digital weight scale misc	4		
gnp foam ear plugs misc	4		
gnp insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
gnp insulin syringes 30G X 5/16" 1 ml misc	2		
gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc	1		
gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc	2		
gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc	2		
gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc	2		
gnp nail clippers misc	4		
gnp pen needles 32G X 6 MM misc	1		
gnp pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
gnp pocket tissue misc	4		
gnp pulse oximeter misc	4		
gnp reacher 32" misc	4		
gnp tweezers slant tip misc	4		
gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc	1		
gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc	2		
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
gnp ultra com insulin syringe 28G X 1/2" 1 ml misc	1		
gnp ultra pill crusher misc	4		
gnp ultra pill splitter misc	4		
GOJJI WEIGHT SCALE misc	4		
graduated bottle 2oz misc	1		
graduated bottle 4oz misc	1		
grape syrup syr	4		
groove rolling walker misc	4		
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	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
HAN-EASE misc	4		
hand held shower spray misc	4		
haproderm Topical Gel	4		
HARMONY BREASTPUMP misc	4		
head covers 24" misc	1		
head halter misc	4		
head halter over door traction misc	4		
head lice comb misc	4		
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	1		
healthwise micron pen needles 32G X 4 MM misc	1		
healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc	1		
HEAT THERAPY misc	4		
heelboot large misc	4		
heelboot laundry bag misc	4		
heelboot liner large misc	4		
heelboot liner regular misc	4		
heelboot regular misc	4		
heelboot walk pad misc	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		
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		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
home style bed rails misc	4		
hormone cr heavy base niosomes Topical Cream	1		
hormone cream base niosomes Topical Cream	1		
hot-cold therapy misc	4		
HUMATROPEN FOR 12MG dev	4		
HUMATROPEN FOR 24MG dev	4		
HUMATROPEN FOR 6MG dev	4		
HURRICAINE DISPENSING CAP misc	4		
HURRICAINE LIQUID DISPENSER misc	4		
HURRICAINE SPR EXTENSION TUBES misc	4		
HURRIPAK PERIO IRRIGATION TIPS misc	4		
HURRIPAK PERIODONTAL ANESTHETI misc	4		
HURRYCANE FREEDOM EDITION CANE misc	4		
HYDROGEL gel	4		
hydrogel wound dressing Topical Gel	4		
hydrous emulsified base Topical Cream	4		
hygel 2.5 % Topical Gel	4		
hypodermic needle 18G X 1" misc	4		
ICY DIAMOND TOTE CANVAS misc	4		
ICY DIAMOND TOTE NON LEATHER misc	4		
illusions aa breast prosthesis misc	4		
illusions c breast prosthesis misc	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		
indicator/biological test kit	4		
inflatable neck rest misc	4		
inhalation vial cap/blue misc	1		
inhalation vial cap/green misc	1		
inhalation vial cap/orange misc	1		
inhalation vial cap/red misc	1		
inhalation vial cap/white misc	1		
inhalation vial cap/yellow misc	1		
inhalation vial w/ cap/orange misc	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
inhalation vial w/cap/blue misc	1		
inhalation vial w/cap/green misc	1		
inhalation vial w/cap/red misc	1		
inhalation vial w/cap/white misc	1		
inhalation vial w/cap/yellow misc	1		
inhalation vial w/o cap/amber misc	1		
inhalation work stat/50 holes misc	1		
inject-ease misc	4		
INSPIREASE misc	4		
INSPIREASE RESERVOIR BAGS misc	4		
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	1		
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	2		
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 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
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	2		
insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
INSUPEN32G EXTR3ME 32G X 6 MM misc	1		
INTERCEED Topical Pad	4		
INTRASITE GEL APPLIPAK Topical Gel	4		
iodine strong 5 % soln	1		
IODOFLEX 0.9 % Topical Pad	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
isoflurane inh soln	1	FORANE	
itouch sure pelvic exerciser misc	4		
J & J ANTISEPTIC WIPES misc	4		
J & J INSTANT COLD PACK misc	4		
J & J TOURNIQUET misc	4		
jar/8oz/white lid misc	1		
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
journey series rolling walker misc	4		
jug amber glass 4l misc	1		
KABOOTI misc	4		
KABOOTI ICE misc	4		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
KANGAROO RIGID CONTAINER misc	4		
kegel ball trainer misc	4		
kegel fit misc	4		
kegel toner pelvic trainer misc	4		
KERAGEL Topical Gel	4		
KERAGELT Topical Gel	4		
KERAMATRIX REPLICINE 10CMX10CM Topical Sheet	4		
KERAMATRIX REPLICINE 5CMX5CM Topical Sheet	4		
ketamine hcl 100 mg Sublingual Troche	1		
ketamine hcl 30 mg/3ml inj soln pfs, 50 mg/5ml inj soln pfs	2		
ketamine hcl-sodium chloride 50-0.9 mg/5ml-% iv soln pfs	1		
kimono misc	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
kimono micro thin misc	1		QL(12 / 30)
kimono micro thin plus misc	1		QL(12 / 30)
kimono plus misc	1		QL(12 / 30)
kimono ps misc	1		QL(12 / 30)
kimono ps plus misc	1		QL(12 / 30)
kimono sensation misc	1		QL(12 / 30)
kimono sensation plus misc	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
kinray insulin syringe 29G X 1/2" 0.5 ml misc	1		
krisgel 100 Topical Gel	1		
kroger pen needles 31G X 6 MM misc,	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
31G X 8 MM misc, 33G X 4 MM misc			
kroger pen needles 31G X 5 MM misc, 32G X 4 MM misc	2		
l-glutamine 5 gm pckt	5		PA
lab coat-disposable misc	4		
lab coat-disposable large misc	1		
lab coat-disposable medium misc	1		
lab coat-disposable small misc	1		
lab coat-disposable xl misc	1		
lab coat-disposable xxl misc	1		
ladycare menopause misc	4		
lanolin anhydrous Topical Ointment	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		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
lecithin oral gr	1		
lecithin organogel Topical Gel	1		
levocarnitine 200 mg/ml iv soln	1		
levocarnitine 330 mg tab	2	CARNITOR	
levocarnitine 1 gm/10ml soln	2	CARNITOR	
levocarnitine sf 1 gm/10ml soln	1	CARNITOR	
LIOPEN ABSORPTION ENHANCING Topical Cream	4		
lip balm base Topical Ointment	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lipo cream base Topical Cream	4		
LIPOBASE Topical Cream	1		
LIPOCREAM BASE Topical Cream	4		
lipolayer Topical Cream	4		
lipopen ultra base Topical Cream	4		
LIPOZYME Topical Cream	4		
LITE'N UP 50 misc	4		
LITE'N UP 90 misc	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		
lofexidine hcl 0.18 mg tab	2		
los yankauer holder misc	4		
LUCEMYRA 0.18 mg tab	4		
luer tip cap tray misc	4		
lullaby dbl elect breast pump misc	4		
lumbar cushion misc	4		
lumbar support cushion misc	4		
LUXAMEND Topical Cream	4		
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		
magnifier hands-free misc	4		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
massager misc	4		
mattress cover misc	4		
mattress pad misc	4		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NEEDLE 29G X 5MM misc, 29G X 8MM misc			
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
maxx misc	1		QL(12 / 30)
maxx plus misc	1		QL(12 / 30)
mazerustar mixer/mix container misc	4		
MEDELA DOUBLE BREAST PUMP misc	4		
MEDELA LACTINA DOUBLE PUMPING misc	4		
MEDELA PUMP IN STYLE misc	4		
MEDI-COOLER misc	4		
MEDI-FRIDGE IIX misc	4		
medi-rdt blister packs misc	4		
medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc	1		
medicine dropper misc	4		
medicine dropper/calibrated misc	4		
medicine shoppe pen needles 29G X 12MM misc	1		
medicine shoppe pen needles 31G X 8 MM misc	2		
medicine spoon misc	4		
MEDIDERM Topical Cream	4		
medneb neb-with dispo neb kit misc	4		
meijer pen needles 29G X 12MM misc, 31G X 6 MM misc	1		
meijer pen needles 31G X 8 MM misc	2		
metal reacher misc	4		
metered nasal spray pump 15ml misc	1		
methergine 0.2 mg tab	4	METHERGINE	
methohexital sodium 100 mg/10ml iv soln pfs	1		
methylergonovine maleate 0.2 mg tab	1	METHERGINE	
MICROCLENS WALL MOUNT BRACKET misc	4		
microderm base Topical Cream	4		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MM misc			
MICROSOME BASE Topical Cream	4		
MINI COMPRESSOR misc	4		
MINI DIFFUSER misc	4		
mini mallet 3/4" plastic misc	4		
mini transfer pin misc	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		
MINIMED RESERVOIR 1.8ML misc	4		
MINIMED RESERVOIR 3ML misc	4		
mitomycin pwdr	5		PA
MITOSOL 0.2 mg ophth kit	4		
mixer/mazerustar emp jar adp misc	1		
mixer/mazerustar kk-250s-300ss misc	1		
mixer/mazerustar kk-300ss misc	1		
mixer/mazerustar kk-400w misc	1		
mixer/mazerustar md pump adp misc	1		
mixer/mazerustar/jar adp set misc	1		
mixer/mazerustar/jar mxing adp misc	1		
mixer/mazerustar/unodose adapt misc	1		
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	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		
mn8 misc	4		
MOIST-SURE REPLACEMENT COVER/L misc	4		
MOIST-SURE REPLACEMENT COVER/M misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
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		
mucosal atomization device misc	4		
MX-SOL syr	4		
MX-SOL BLEND susp	4		
MX-SOL BLEND SF susp	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MX-SOL SF syr	4		
MX-SOL SUSPEND susp	4		
nail polish bottle/brush 15ml misc	4		
nailit misc	4		
NASADOCK misc	4		
nasal spray metered pump misc	4		
natural wood cane misc	4		
natural wood walking stick misc	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		
nouri auto misc	4		
nouri duo misc	4		
NOURILITE Topical Cream	4		
NOURIVAN ANTIOX BASE Topical Cream	4		
nova bath seat misc	4		
nova cushion gel seat pad misc	4		
nova quad tip-four prongs misc	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 PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
NOVOPEN ECHO dev	4		
nu-gel Topical Gel	4		
nuaskin facial scrubber misc	4		
nuaskin skin tag remover misc	4		
nuaskin vacuum pro misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nvzzler pro double breast pump misc	4		
nvzzler single breast pump misc	4		
o-ring cushion misc	4		
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM Topical Sheet, 3X7CM Topical Sheet	4		
OASIS ULTRA TRI-LAYER MATRIX 5X7CM Topical Sheet, 7X10CM Topical Sheet, 7X20CM Topical Sheet	4		
OASIS WOUND MATRIX FENESTRATED 3X3.5CM Topical Sheet, 3X7CM Topical Sheet	4		
OCCLUVAN Topical Ointment	4		
offset cane misc	4		
ointment tube/metal 1oz misc	1		
ointment tube/metal 2oz misc	1		
ointment tube/metal 4oz misc	1		
ointment tube/ophth tip 1/8oz misc	1		
ointment tube/plastic 1oz misc	1		
ointment tube/plastic 2oz misc	1		
ointment tube/plastic 4oz misc	1		
ointment tube/plastic 6oz misc	1		
ointment tube/plastic 8oz misc	1		
OMEGAVEN 10 gm/100ml iv emul, 5 gm/50ml iv emul	6		
OMNIBASE Topical Cream	4		
OMNIFLEX DIAPHRAGM vag diaph	4		QL(1 / 365)
one ounce medicine cups misc	4		
ONE STEP AT A TIME FILTERS misc	4		
ONE-DAY-AT-A-TIME PLANNER misc	4		
ORA-BLEND susp	4		
ORA-BLEND SF susp	4		
ORA-PLUS liq	4		
ORA-SWEET syr	4		
ORA-SWEET SF syr	4		
ORABRUSH misc	4		
oral dose syringe misc	4		
oral endotracheal device misc	4		
oral medicine dropper misc	4		
ORAL MIX susp	4		
ORAL MIX SF susp	4		
oral suspend liq	4		
oral syringe/brush misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
oral syrup syr	4		
oral syrup sf syr	4		
ORAPENN SD ANHYD SWEETENED liq	4		
ORAPENN SD ANHYD UNSWEETEN liq	4		
ORIG MCKENZIE CERVICAL ROLL misc	4		
orphenadrine citrate 30 mg/ml inj soln	2	NORFLEX	
osteoboost belt large misc	4		
osteoboost belt medium misc	4		
osteoboost belt small misc	4		
oxytocin-lactated ringers 30 unit/500ml iv soln	1		
oxytocin-sodium chloride 20-0.9 unit/l-% iv soln	1		
p-siloxan ds Topical Cream	4		
PANHEMATIN 350 mg iv soln	6		
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		
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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PARI TREK S W/12V DC ADAPTOR dev	4		
pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
PCCA ACACIA SYRUP BASE syr	4		
PCCA ALADERM BASE Topical Cream	4		
PCCA ANHYDROUS LIPODERM BASE Topical Cream	4		
PCCA BASE 7542 Topical Cream	4		
PCCA BIOPEPTIDE BASE Topical Cream	4		
PCCA CANNIDEX 2.0 CUSTOM BASE Topical Cream	4		
PCCA CANNIDEX CUSTOM BASE Topical Cream	4		
PCCA COBASE #1 Topical Ointment	4		
PCCA COSMETIC HRT BASE Topical Cream	4		
PCCA CUSTOM LIPO-MAX Topical Cream	4		
PCCA EMOLLIENT CREAM BASE Topical Cream	4		
PCCA LIPODERM BASE Topical Cream	4		
PCCA LIPOSOMIC BASE DRY Topical Cream	4		
PCCA LIPOSOMIC BASE NORMAL Topical Cream	4		
PCCA LIPOSOMIC BASE OILY Topical Cream	4		
PCCA LIPOSOMIC BASE SENSITIVE Topical Cream	4		
PCCA MVC BASE Topical Cream	4		
PCCA NATACREAM Topical Cream	4		
PCCA POLYPEG BASE Topical Ointment	4		
PCCA PRACASIL TM-PLUS BASE Topical Cream	4		
PCCA SWEET-SF syr	4		
PCCA SYRUP VEHICLE syr	4		
PCCA VANISHING CREAM BASE Topical Cream	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PCCA VANISHING CREAM LIGHT Topical Cream	4		
PCCA VANPEN BASE Topical Cream	4		
PCCA WAV CUSTOM BASE Topical Cream	4		
PCCA-PLUS susp	4		
pedal exerciser misc	4		
pediatric compressor nebulizer misc	1		
peg Topical Ointment	1		
peg blend Topical Ointment	1		
peg ointment base Topical Ointment	1		
pen needle/5-bevel tip 31G X 8 MM misc, 32G X 4 MM misc	2		
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	1		
pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
penderm Topical Cream	4		
pensomal Topical Cream	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		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
PENTIPS GENERIC 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 6 MM misc	1		
PERSONALFIT FLEX CONNECTORS misc	4		
petrolatum 42 % Topical Ointment	1		
petrolatum white Topical Ointment	1		
petroleum jelly Topical Ointment	1		
petroleum jelly baby Topical Ointment	1		
PFCB Topical Cream	4		
ph accessories storage sol misc	4		
PHARMABASE ANTIOXIDANT Topical Cream	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PHARMABASE COSMETIC Topical Cream	4		
PHARMABASE COSMETIC NATURAL Topical Cream	4		
PHARMABASE HEAVY Topical Cream	4		
PHARMABASE LIGHT Topical Cream	4		
PHARMABASE VAGINAL Topical Cream	4		
PHYSIOLYTE irrig soln	4		
PHYTOBASE Topical Cream	4		
pill box 7 day misc	4		
pill counting tray/right hand misc	4		
pill crusher misc	4		
pill pouch misc	4		
pill splitter misc	4		
pip pen needles 31g x 5mm 31G X 5 MM misc	2		
pip pen needles 32g x 4mm 32G X 4 MM misc	2		
plastic bed pan misc	4		
plastic bottles 30ml misc	1		
plastic bottles 90ml misc	1		
plastic enema bottle misc	1		
plastic jar 6oz misc	1		
plastic scoop 1ml misc	1		
platform walker attachment misc	4		
platinum reacher 31" misc	4		
PLO GEL - MEDIFLO Topical Kit	4		
PLO GEL - MEDIFLO 30 PRE-MIXED Topical Gel	4		
PLO GEL - MEDIFLO PRE-MIXED Topical Gel	4		
plo transdermal Topical Cream	4		
PLO-DICLOGEL Topical Gel	4		
pocket magnifier misc	4		
pocket pro+ replacement sensor misc	4		
polidocanol 5 % iv soln	2		
poly hub needle 18G X 1" misc	4		
polypropylene cap-liner misc	1		
POSIDYNE ELD FILTER/0.2UM misc	4		
post-surgical skin barrier Topical Gel	4		
posture seat misc	4		
potassium phosphate dibasic gr	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
power adaptor pump in style misc	4		
PRAXBIND 2.5 gm/50ml iv soln	5		PA
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		
preferred plus unifine pentips 29G X 12MM misc	1		
premium pill crusher misc	4		
press-in bottle adapters misc	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		
pro comfort foot bath misc	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		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
pro comfort pen needles 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
pro comfort pulse oximeter misc	4		
PRODIGY INSULIN SYRINGE 28G X	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc			
protective safety eyeware misc	4		
PROTEXT 0.25 ml inj susp, 0.5 ml inj susp, 1 ml inj susp, 2 ml inj susp	6		
pulse oximeter misc	4		
pulse oximeter deluxe misc	4		
pulse oximeter for finger misc	4		
PUMP IN STYLE ADVANCED misc	4		
PUMP IN STYLE PRO+ misc	4		
PUMP IN STYLE/MAXFLOW misc	4		
PUMP IN STYLE/MAXFLOW TUBING misc	4		
pure comfort leg comp massager misc	4		
pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
pure comfort pen needle 32G X 4 MM misc	2		
pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	2		
px insulin syringe 30G X 1/2" 0.5 ml misc	1		
px mini pen needles 31G X 5 MM misc	1		
qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
qc unifine pentips 32G X 4 MM misc	1		
qc unifine pentips 32G X 4 MM misc	2		
quad cane misc	4		
quad cane tips misc	4		
quad cane/small base misc	4		
QUICK TOUCH INSULIN PEN NEEDLE 31G 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		
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
quick-fit crutches misc	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ra deluxe pulse oximeter misc	4		
ra extra comfort night protect misc	4		
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	1		
ra pen needles 31G X 5 MM misc, 31G X 8 MM misc	1		
ra petroleum jelly Topical Ointment	1		
RADIAPLEXRX Topical Gel	4		
RADIOGARDASE 0.5 gm cap	4		
raised toilet seat misc	4		
raised toilet seat/lock misc	4		
raised toilet seat/lock & arms misc	4		
raspberry syrup syr	1		
raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc	1		
raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
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	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		
reflections aa breast prosthes misc	4		
reflections c breast prosthes misc	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 PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION PULSE OXIMETER misc	4		
replacement neckband straps misc	4		
restore hydrogel dressing Topical Gel	4		
REVCOVI 2.4 mg/1.5ml im soln	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
revitaderm wound care Topical Gel	4		
ring cushion 14" misc	4		
ring cushion 16" misc	4		
ring cushion 18" misc	4		
ringers irrigation irrig soln	1		
ro2 finger pulse oximeter misc	4		
rollator ultra-light misc	4		
roller walker misc	4		
rolling walker/burgundy misc	4		
rough pigweed 1:20 inj soln	6		
round shower stool misc	4		
rubber bath mat misc	4		
rubber inflatable cushion misc	4		
RX LOCKING CAP misc	4		
sa3 derm Topical Cream	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		
safety pen needles 30G X 5 MM misc, 30G X 8 MM misc	1		
salt durable cream Topical Cream	4		
SALT STABLE LS ADVANCED Topical Cream	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
SALTSTABLE LO Topical Cream	4		
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	1		
scar care Topical Cream	4		
scarsilk sheet	4		
SEAL-TIGHT CAST/BANDAGE misc	4		
SEAL-TIGHT MID-ARM PROTECTOR misc	4		
SECURA PROTECTIVE Topical Ointment	1		
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		
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM misc	2		
SERAQUA Topical Liquid	6		
serum bottle misc	1		
serum bottle stopper 20mm misc	1		
serum bottles 30ml/amber glass misc	1		
serum bottles 50ml/clear glass misc	1		
serum bottles/amber glass 20ml misc	1		
settling plate sda/29ml/100x15 misc	1		
settling plate tsa/25ml/100x15 misc	1		
sevoflurane inh soln	1	ULTANE	
shapers layered breast shaper misc	4		
sharps collector misc	1		
sharps container misc	1		
sharps disposal by mail system misc	1		
shower-pak misc	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
silicone ear plugs misc	4		
silicone ear plugs for kids misc	4		
silprotex plus Topical Cream	4		
SILTREX sheet	4		
SILVERSEAL HYDROGEL DRESSING 2"X3" Topical Pad, 4"X5" Topical Pad	4		
simple syrup syr	1		
SIMPLE WISHES PUMPING BRA misc	4		
SIMPLYGO BREAST PUMP misc	4		
sirolimus pwdr	5		PA
sitz bath misc	4		
skin protectant 44.28 % Topical Ointment	1		
skyy derm Topical Cream	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		
snap-on chlorobutyl stopper misc	1		
SOFT HANDS COTTON GLOVE misc	4		
SOHONOS 5 mg cap	4		
solosite wound gel Topical Gel	4		
SOLOX Topical Gel	4		
SOLYDRA Topical Liquid	6		
SONAFINE Topical Emulsion	4		
SOOTHIES COOLING GEL PADS misc	4		
SOOTHIES GEL PADS misc	4		
sorrel/dock mix 1:20 inj soln	6		
SOSWEET syr	4		
spiro pd dev	4		
splash shield full face misc	4		
splash shield short face misc	4		
split handgrips misc	4		
spray applicator kit misc	1		
spray bottle/plastic 120ml misc	4		
SSKI 1 gm/ml soln	4		
standard crutch tip misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
steel rolling walker misc	4		
step counter misc	4		
STEP N REST II WALKER misc	4		
STEP N REST WALKER misc	4		
stethoscope misc	4		
stethoscope dual head misc	4		
stethoscope single head misc	4		
stimulen Topical Gel	4		
stirring rod/glass 12x1/4" misc	1		
stocking applicator petite misc	4		
stocking applicator regular misc	4		
stop lice egg & nit removal misc	4		
strainer/stainless steel/2.5" misc	1		
STRATA GRT Topical Gel	4		
suction grab bar misc	4		
suction tips misc	4		
suppository mold 2gm misc	4		
suppository mold/aluminum 2 gm misc	1		
suppository molds 1.3 ml misc	4		
suppository molds 2 cc/v-notch misc	4		
suppository molds 2 ml misc	4		
suppository molds 2.25 ml misc	4		
suppository molds 3 ml misc	4		
suppository shell rack misc	1		
suppository shells 2.0 ml misc	1		
suppository shells 2.4ml misc	1		
SUPRANE inh soln	4		
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	1		
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	2		
sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc	1		
sure comfort pen needles 29G X	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc			
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		
SUSPENDRX W/BITTERBLOC SWEET susp	4		
SUSPENDRX W/BITTERBLOC UNSWEET susp	4		
suspension vehicle susp	1		
swim earplugs misc	4		
SWING MAXI HANDS-FREE PUMP misc	4		
SYMPHONY DOUBLE PUMPING SYSTEM misc	4		
SYRINGE AVITENE Topical Miscellaneous	4		
syringe dial-a-dose misc	1		
SYRPALTA syr, 85 % syr	4		
SYRSPEND SF liq	4		
syrup nf 85 % syr	1		
syrup vehicle syr	1		
syrup vehicle sf syr	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		
tablet cutter-crusher misc	4		
tablet cutter/crusher misc	4		
tablet cutter/deluxe safety misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tablet cutter/safety shield misc	4		
TAKEAWAY ENVIRONMENTAL RETURN misc	4		
TAP-N-CLICK SILICONE PAD misc	4		
TDC MAX Topical Cream	4		
techlite insulin syringe 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TECHLITE PEN NEEDLES 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		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	2		
teroderm Topical Cream	4		
teroderm-plus Topical Cream	4		
terrell inh soln	4	FORANE	
THE DOCTORS NIGHTGUARD misc	4		
THE SIDE RESTER CUSHION misc	4		
tip rectal/vag w/perforations misc	1		
todays health pen needles 29G X 12MM misc	1		
todays health short pen needle 31G X 8 MM misc	1		
toilet safety frame misc	4		
toilet seat elevator misc	4		
TOMMEE TIPPEE BREAST PUMP misc	4		
TOMMEE TIPPEE BREAST PUMP ADTP misc	4		
tongue cleaner/comfort curve misc	4		
tongue depressors misc	4		
toothette bite block misc	4		
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
topi-click 1 port misc	4		
topi-click 140 misc	4		
topi-click 3 port misc	4		
TOPI-CLICK APPLICATOR misc	4		
topi-click applicator micro misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
topi-click dose check misc	4		
topi-click micro angled aa misc	4		
topi-click micro pin point aa misc	4		
topi-click micro rounded aa misc	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		
topi-click uv blocking misc	4		
topi-click vaginal applicator misc	4		
topi-click vaginal dose loader misc	4		
topi-click vaginal dosing misc	4		
total comfort chair cushion misc	4		
total comfort seat cushion misc	4		
traction floor stand misc	4		
transdermal pain base Topical Cream	4		
transfer bench misc	4		
transfer pin misc	4		
transport chair misc	4		
travel pouch misc	4		
traveler 3 wheel roll walker misc	4		
tri-grip bathtub rail misc	4		
tridergel 0.1 % Topical Gel	4		
trigger release junior walker misc	4		
trio rolling walker misc	4		
troche mold 30 cavity misc	4		
TROJAN BARESKIN dev	4		QL(12 / 30)
TROJAN ENZ misc	4		QL(12 / 30)
TROJAN MAGNUM misc	4		QL(12 / 30)
TROJAN ULTRA RIBBED LUBRICATED dev	4		QL(12 / 30)
TROJAN ULTRA THIN misc	4		QL(12 / 30)
TROJAN ULTRA THIN/SPERMICIDAL misc	4		QL(12 / 30)
TROJAN-ENZ LUBRICATED misc	4		QL(12 / 30)
TROJAN-ENZ/SPERMICIDAL misc	4		QL(12 / 30)
TRUDHESA 0.725 mg/act nasal aer soln	6		
true comfort folding 2 wheel misc	4		
true comfort folding walker misc	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
true comfort height adj cane misc	4		
true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	1		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	2		
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	1		
true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
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	1		
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	2		
true comfort quad adj cane misc	4		
true comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	2		
true cover dev	4		QL(12 / 30)
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 misc, 31G X 5/16" 0.5 ml	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc, 31G X 5/16" 1 ml misc			
TRUSTEEL INFUSION SET misc	4		
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDED 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)
tub transfer board misc	4		
twin medicine spoon misc	4		
TYRVAYA 0.03 mg/act nasal soln	6		
TYVEK PROTECTIVE SLEEVES misc	4		
U-BASE Topical Cream	4		
U-MILD Topical Shampoo	4		
ULTANE inh soln	4		
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	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 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			
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		
ULTIGUARD SAFEPACK 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		
ultra care ear wax remover misc	4		
ultra comfort body massager misc	4		
ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ultra fit smart body scale misc	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		
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		
ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc			
ULTRAFOAM SPONGE 2X6.25X7CM Topical Miscellaneous	4		
ULTRAFOAM SPONGE 8X12.5X1CM Topical Miscellaneous	4		
ULTRAFOAM SPONGE 8X12.5X3CM Topical Miscellaneous	4		
ULTRAFOAM SPONGE 8X25X1CM Topical Miscellaneous	4		
ULTRAFOAM SPONGE 8X6.25X1CM Topical Miscellaneous	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		
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	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
misc			
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		
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		
unguator lid 500ml misc	4		
UNGUATOR VARIONOZZLE 1MM misc	4		
UNGUATOR VARIONOZZLE 4MM misc	4		
UNIFINE OTC PEN NEEDLES 31G X 5 MM misc, 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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	2		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNIFINE ULTRA PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
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		
universal quick adjust crutch misc	4		
universal tips misc	4		
universal walker organizer misc	4		
UNODOSE APPLICATOR misc	4		
vaginal suppository applicator misc	1		
VANIBASE Topical Cream	4		
vanish-pen Topical Cream	4		
vanishing Topical Cream	4		
vanishing cream botanical base Topical Cream	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		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
VARITHENA ADMINISTRATION PACK misc	4		
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, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ml misc, 29G X 1/2" 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	2		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VERIFINE SHARPS CONTAINER misc	1		
VERSAFREE syr	4		
VERSAPLUS syr	4		
VERSAPRO Topical Cream, Topical Shampoo	4		
VERSAPRO ANHYDROUS BASE gel	4		
versatile cream base Topical Cream	4		
VERSATILE RICH BASE Topical Cream	4		
VIBE 6 misc	4		
vibrating foot bath misc	4		
vida cellular scale misc	4		
vinyl inflatable cushion misc	4		
VIOS AEROSOL DELIVERY SYSTEM misc	4		
VIOS LC PLUS misc	4		
VIOS LC PLUS PEDIATRIC misc	4		
VIOS LC SPRINT misc	4		
VIOS LC SPRINT PEDIATRIC misc	4		
virage custom breast prosthes misc	4		
VISTOGARD 10 gm pckt	5		PA
VIVI EPI misc	4		
VORTEX VALVED HOLDING CHAMBER dev	4		
vp dermabase Topical Cream	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
walker misc	4		
walker auto glides misc	4		
walker basket misc	4		
walker glide wheels misc	4		
walker ski glides misc	4		
walker swivel wheels misc	4		
walker tall extension legs misc	4		
walker tips misc	4		
walker tips 1-1/8" misc	4		
walker wheels misc	4		
wall grab bar misc	4		
wash gloves pre-moistened misc	4		
waterproof sheeting misc	4		
wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
weigh boat misc	1		
WET-STOP 3 misc	4		
wheelchair misc	4		
wheelchair cushion misc	4		
wheelchair invalid ring misc	4		
white petrolatum Topical Ointment, 100 % Topical Ointment	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)
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)
WITHINGS BODY SCALE misc	4		
wooden cane 7/8" misc	4		
work belt misc	4		
woun'dres Topical Gel	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
wound care Topical Cream	4		
wound gel Topical Gel	4		
wound gel spray Topical Gel	4		
wrist brace misc	4		
wrist sleep support misc	4		
XCEL 100 Topical Cream	4		
XEMATOP BASE Topical Cream	4		
yellow petrolatum Topical Ointment	1		
youth push button alum crutch misc	4		
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	1		
zevrx insulin syringe 30G X 5/16" 1 ml misc	2		
zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ZEWA ELECTRODES misc	4		
zippered mattress cover misc	4		
zoom 20 rolling walker misc	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]			
AKTEN 3.5 % ophth gel	4		
ALCAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
altafluor benox 0.25-0.4 % ophth soln	4		
atropine sulfate 0.01 % ophth soln	1		
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 1.25 mg/0.05ml Intravitreal Solution Prefilled Syringe	5		PA
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 1 % ophth soln	2	CYCLOGYL	
cyclosporine (pf) 0.05 % ophth emul	1	RESTASIS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ENSPRYNG 120 mg/ml sc soln pfs	6		
FLUOR-I-STRIPS A.T. 1 mg ophth strip	4		
fluorescein sodium/benoxinate 0.3-0.4 % ophth soln	1		
fluorescein-benoxinate 0.25-0.4 % ophth soln	1		
fluorescein-proparacaine 0.25-0.5 % ophth soln	4		
FLURA-SAFE 0.35-0.4 % ophth soln	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		
KLARITY-C DROPS 0.1 % ophth emul	4		
MIOCHOL-E 20 mg i-ocul soln	4		PA
MYDRIACYL 1 % ophth soln	4		
neo-polycin 3.5-400-10000 ophth oint	4	NEOSPORIN	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	
phenylephrine hcl 10 % ophth soln	1		
phenylephrine hcl 2.5 % ophth soln	2		
PHOTREXA-PHOTREXA VISCOUS KIT 0.146 &0.146-20 % Ophthalmic Solution Prefilled Syringe	5		
polycin 500-10000 unit/gm ophth oint	1	POLYSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	2	ALCAINE	
proparacaine-fluorescein 0.5-0.25 % ophth soln	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		
tetracaine hcl 0.5 % ophth soln	2		
tropic-cyclop-pe-keto-propar Ophthalmic Solution Prefilled Syringe	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	2	MYDRIACYL	
UPLIZNA 100 mg/10ml iv soln	6		PA
XIIDRA 5 % ophth soln	4		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
advanced eye relief 0.2 % ophth soln	4	PATADAY	
ALOCRIL 2 % ophth soln	4		
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
BEPREVE 1.5 % ophth soln	4		
cromolyn sodium 4 % ophth soln	2	OPTICROM	
cvs olopatadine hcl 0.2 % ophth soln	4	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
epinastine hcl 0.05 % ophth soln	2	ELESTAT	
eq olopatadine hcl 0.2 % ophth soln	4	PATADAY	
eye allergy itch relief 0.2 % ophth soln	4	PATADAY	
ft eye allergy itch relief 0.2 % ophth soln	4	PATADAY	
gnp olopatadine hcl 0.2 % ophth soln	4	PATADAY	
olopatadine hcl 0.2 % ophth soln	2	PATADAY	
olopatadine hcl 0.2 % ophth soln	4	PATADAY	
pataday 0.2 % ophth soln	4	PATADAY	
qc eye allergy itch relief 0.2 % ophth soln	4	PATADAY	
qc olopatadine hcl 0.2 % ophth soln	4	PATADAY	
retaine allergy 0.2 % ophth soln	4	PATADAY	
tropic-cyclopent-pe-ketorolac 1-1-10-0.5 % Ophthalmic Solution Prefilled Syringe, 1-1-2.5-0.5 % Ophthalmic Solution Prefilled Syringe	1		
tropic-cyclopent-pe-ketorolac 1-1-10-0.5 % ophth soln, 1-1-2.5-0.5 % ophth soln	1		
tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln	1		
tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln	1		
tropicamide-phenylephrine 1-2.5 % ophth soln	1		
ZERVIATE 0.24 % ophth soln	4		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ACULAR 0.5 % ophth soln	4		
ACULAR LS 0.4 % ophth soln	4		
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	4		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	
bromfenac sodium 0.07 % ophth soln, 0.075 % ophth soln	2		
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	
BROMSITE 0.075 % ophth soln	4		
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	2	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	
double pm 1-0.5 % ophth soln	4		
DUREZOL 0.05 % ophth emul	3		
EYSUVIS 0.25 % ophth susp	4		
FLAREX 0.1 % ophth susp	4		
fluorometholone 0.1 % ophth susp	2	FML	
flurbiprofen sodium 0.03 % ophth soln	1	OCUFEN	
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		
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	
ketorolac tromethamine 0.4 % ophth soln	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		
loteprednol etabonate 0.2 % ophth susp	2		
loteprednol etabonate 0.5 % ophth gel	1	LOTEMAX	
loteprednol etabonate 0.5 % ophth susp	2	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
MAXITROL 3.5-10000-0.1 ophth oint	4		
neo-polycin hc 1 % ophth oint	4	CORTISPORIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	2	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	2	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	2	CORTISPORIN	
NEVANAC 0.1 % ophth susp	4		
PRED FORTE 1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
prednisol ace-moxiflox-bromfen 1-0.5-0.075 % ophth susp	1		
prednisolon-gatiflox-bromfenac 1-0.5-0.075 % ophth soln, 1-0.5-0.075 % ophth susp	1		
prednisolon-moxiflox-bromfenac 1-0.5-0.075 % ophth soln	1		
prednisolon-moxiflox-ketorolac 1-0.5-0.5 % ophth soln	6		
prednisolon-moxiflox-nepafenac 1-0.5-0.1 % ophth susp	1		
prednisolone acet-moxifloxacin 1-0.5 % ophth susp	1		
prednisolone acetate 1 % ophth susp	2	PRED FORTE	
prednisolone acetate p-f 1 % ophth susp	4	PRED FORTE	
prednisolone acetate-nepafenac 1-0.1 % ophth susp	1		
prednisolone sodium phosphate 1 % ophth soln	2		
prednisolone-bromfenac 1-0.075 % ophth soln, 1-0.075 % ophth susp	1		
prednisolone-gatifloxacin 1-0.5 % ophth susp	4		
prednisolone-moxifloxacin 1-0.5 % ophth soln	1		
PROLENSA 0.07 % ophth soln	4		
sulfacetamide-prednisolone 10-0.23 % ophth soln	2	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	4		
TOBRADEX ST 0.3-0.05 % ophth susp	4		
tobramycin-dexamethasone 0.3-0.1 % ophth susp	2	TOBRADEX	
triple pmb 1-0.5-0.09 % ophth soln	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
triple pmk 1-0.5-0.5 % ophth soln	4		
UPNEEQ 0.1 % ophth soln	4		
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
bacitracin 500 unit/gm ophth oint	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
ciprofloxacin hcl 0.3 % ophth soln	2	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	2	ZYMAXID	
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
KLARITY-A 1 % ophth soln	4		
levofloxacin 0.5 % ophth soln	2	QUIXIN	
moxifloxacin hcl 0.3 mg/0.3ml Intraocular Solution Prefilled Syringe	6		
moxifloxacin hcl 0.5 % ophth soln	2	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	
moxifloxacin hcl-bss 1 mg/ml Intravitreal Solution	6		
OCUFLOX 0.3 % ophth soln	4		
ofloxacin 0.3 % ophth soln	2	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint	4		
VIGAMOX 0.5 % ophth soln	4		
VISIONBLUE 0.06 % Intraocular Solution Prefilled Syringe	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
ALPHAGAN P 0.15 % ophth soln	4		
apraclonidine hcl 0.5 % ophth soln	2	IOPIDINE	
AZOPT 1 % ophth susp	3		
betaxolol hcl 0.5 % ophth soln	2	BETOPTIC	
BETIMOL 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	2	ALPHAGAN	
brimonidine tartrate 0.1 % ophth soln	2	Alphagan P	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
brimonidine-dorzolamide 0.15-2 % ophth soln	1		
brinzolamide 1 % ophth susp	1	AZOPT	
carteolol hcl 1 % ophth soln	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
COSOPT 2-0.5 % ophth soln	4		
COSOPT PF 2-0.5 % ophth soln	4		
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	2	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	2	COSOPT	
IOPIDINE 1 % ophth soln	4		
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	
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTO CARPINE	
SIMBRINZA 1-0.2 % ophth susp	4		
timolol hemihydrate 0.5 % ophth soln	2		
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	TIMOPTIC	
timolol maleate pf 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate pf 0.25 % ophth soln	2	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 OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	4		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	2	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
ROCKLATAN 0.02-0.005 % ophth soln	4		
tafluprost (pf) 0.0015 % ophth soln	2	ZIOPTAN	
TRAVATAN Z 0.004 % ophth soln	4		
travoprost (bak free) 0.004 % ophth soln	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]			
acetic acid 2 % otic soln	2	VOSOL	
CETRAXAL 0.2 % otic soln	4		
CIPRO HC 0.2-1 % otic susp	4		
ciprofloxacin hcl 0.2 % otic soln	2	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	2	CIPRODEX	
ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln	1	OTOVEL	
ciprofloxacin-hydrocortisone 0.2-1 % otic susp	2		
CORTISPORIN-TC 3.3-3-10-0.5 mg/ml otic susp	4		
DERMOTIC 0.01 % otic oil	4		
fluocinolone acetonide 0.01 % otic oil	2	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	2	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	
ofloxacin 0.3 % otic soln	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]			
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios,			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	4		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUITY 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
budesonide 1 mg/2ml inh susp	1	PULMICORT	QL(120 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	2	PULMICORT	QL(120 / 30), AL
flunisolide 25 MCG/ACT (0.025%) nasal soln	2	NASALIDE	QL(25 / 25)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)
fluticasone propionate 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	2		QL(120 / 30)
fluticasone propionate hfa 44 mcg/act inh aer	1		QL(10.6 / 30)
fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer	1		QL(12 / 30)
fluticasone propionate hfa 44 mcg/act inh aer	2		QL(10.6 / 30)
mometasone furoate 50 mcg/act nasal susp	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
PROPEL 370 mcg nasal implant	3		
PROPEL CONTOUR 370 mcg nasal implant	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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 pwdr br act, 90 mcg/act inh aer pwdr 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		
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
aler-cap 25 mg cap	2		
alertab 25 mg tab	2		
allergy 25 mg cap	2		
allergy relief 25 mg cap, 25 mg tab	2		
anti-hist allergy 25 mg tab	2		
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	2	ASTELIN	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
banophen 25 mg tab	2		
benadryl allergy 25 mg cap, 25 mg tab	2		
BENADRYL ALLERGY 25 mg tab	2		
benadryl allergy ultratabs 25 mg tab	2		
carbinoxamine maleate 6 mg tab	1		
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
CLARINEX 5 mg tab	4		
clemastine fumarate 0.67 mg/5ml syr	1		
clemastine fumarate 2.68 mg tab	1	TAVIST	
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	2	CLARINEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab, 5 mg tab disint			
DICOPANOL FUSEPAQ 5 mg/ml susp	4		
dimetane allergy relief 25 mg cap	2		
diphen 25 mg tab	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		
eql allergy 25 mg tab	2		
eql 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, 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	
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	
pharbedryl 25 mg cap	2		
qc allergy relief 25 mg cap, 25 mg tab	2		
qc complete allergy medicine 25 mg tab	2		
QUZYTTIR 10 mg/ml iv soln	6		
ra allergy 25 mg tab	2		
ra allergy medication 25 mg cap, 25 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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		
total allergy 25 mg tab	2		
wal-dryl allergy 25 mg cap, 25 mg tab	2		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
ACCOLATE 10 mg tab, 20 mg tab	4		
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
montelukast sodium 4 mg pckt	2	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	4		
zafirlukast 10 mg tab, 20 mg tab	2	ACCOLATE	
zileuton er 600 mg tab er 12 hr	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)
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
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(250 / 25)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	2	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	2	DUONEB	QL(360 / 30)
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)
tiotropium bromide 18 mcg inh cap	1	SPIRIVA HANDIHALER	QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	4		QL(30 / 30), ST
YUPELRI 175 mcg/3ml inh neb soln	4		
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb	2	ACCUNEB	QL(300 / 25)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln			
albuterol sulfate 1.25 mg/3ml inh neb soln	2	ACCUNEB	QL(300 / 25), AL
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	PROVENTIL	QL(300 / 25)
albuterol sulfate 2 mg tab, 4 mg tab	2	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln	2	PROVENTIL	QL(60 / 30)
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	2	PROVENTIL	QL(60 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	1	PROAIR HFA	QL(36 / 30)
arformoterol tartrate 15 mcg/2ml inh neb soln	1	BROVANA	QL(60 / 30)
AUVI-Q 0.1 mg/0.1ml inj soln auto-inj	4		
BROVANA 15 mcg/2ml inh neb soln	4		QL(60 / 30)
epinephrine 0.1 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs	6		
formoterol fumarate 20 mcg/2ml inh neb soln	1	PERFOROMIST	
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	2	XOPENEX	QL(30 / 15)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	XOPENEX	QL(216 / 15)
levalbuterol tartrate 45 mcg/act inh aer	2	XOPENEX HFA	QL(30 / 30)
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)
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)
terbutaline sulfate 1 mg/ml inj soln	1	BRETHINE	
terbutaline sulfate 2.5 mg tab, 5 mg tab	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
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 -			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Medicamentos Para Tratar La Fibrosis Quística]			
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 (W/ NEBULIZER) 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		PA
TOBI PODHALER 28 mg inh cap	6		
tobramycin 300 mg/4ml inh neb soln	6	BETHKIS	
tobramycin 300 mg/5ml inh neb soln	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]			
cromolyn sodium 20 mg/2ml inh neb soln	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		
roflumilast 250 mcg tab	2	DALIRESP	
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		
theophylline 80 mg/15ml oral elix, 80 mg/15ml soln	2		
theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr	1	THEO-DUR	
theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr	2	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADCIRCA 20 mg tab	6		PA
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab, 2 mg tab, 2.5 mg tab			
ambrisentan 10 mg tab, 5 mg tab	5	LETAIRIS	PA
bosentan 32 mg tab sol	6	Tracleer	
epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln	5	FLOLAN	PA
FLOLAN 0.5 mg iv soln, 1.5 mg iv soln	6		PA
LETAIRIS 10 mg tab, 5 mg tab	6		PA
macitentan 10 mg tab	5		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		PA
REVATIO 20 mg tab	6		PA
sildenafil citrate 20 mg tab	5	REVATIO	PA
sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp	5	REVATIO	PA
tadalafil (pah) 20 mg tab	5	ADCIRCA	PA
TRACLEER 125 mg tab, 32 mg tab sol, 62.5 mg tab	6		
treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	1	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	6		
TYVASO REFILL KIT 0.6 mg/ml inh soln	6		
TYVASO STARTER KIT 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 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	6		
UPTRAVI TITRATION 200 & 800 mcg tab pack	6		
VELETRI 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		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pirfenidone 534 mg tab	5		PA
pirfenidone 267 mg cap, 267 mg tab, 801 mg tab	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acacia 1:20 sc soln	6		
acetylcysteine 10 % inh soln, 20 % inh soln	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)
alder 1:20 sc soln	6		
american beech 1:20 sc soln	6		
american cockroach 1:20 sc soln	6		
american elm 1:20 sc soln	6		
american sycamore 1:20 sc soln	6		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	4		
arizona cypress 1:20 sc soln	6		
aspergillus fumigatus 1:10 inj soln, 1:20 inj soln	6		
aureobasidium pullulans 1:20 inj soln	6		
bahia 1:20 sc soln	6		
bald cypress 1:20 sc soln	6		
bayberry (wax myrtle) 1:20 sc soln	6		
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
benzonatate 150 mg cap	2	ZONATUSS	
bermuda grass 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)
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	6		PA
black walnut pollen 1:20 sc soln	6		
botrytis cinerea 1:20 inj soln, 43000 pnu/ml inj soln	6		
box elder 1:20 sc soln	6		
BREO ELLIPTA 100-25 mcg/act inh	3		QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
aer pwdr br act, 200-25 mcg/act inh aer pwdr br act			
breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	QL(10.3 / 30)
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	4		
brome 1:20 sc soln	6		
BRONCHITOL 40 mg inh cap	4		
BRONCHITOL TOLERANCE TEST 40 mg inh cap	4		
california pepper tree 1:20 sc soln	6		
candida albicans extract 1:1000 inj soln, 100 mg/ml inj soln	6		
cat hair extract 10000 bau/ml inj soln, 10000 bau/ml sc soln, 5000 bau/ml inj soln	6		
cattle epithelium 1:20 sc soln	6		
cedar elm 1:20 sc soln	6		
cladosporium cladosporioides 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		
cocklebur 1:20 sc soln	6		
corn pollen 1:20 sc soln	6		
CUROSURF 120 mg/1.5ml Intratracheal Suspension	4		
dandelion 1:20 sc soln	6		
dog epithelium 1:10 sc soln, 1:20 sc soln	6		
dog fennel 1:20 sc soln	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
eastern cottonwood 1:20 sc soln	6		
english plantain 1:20 sc soln	6		
epicoccum nigrum 1:10 inj soln	6		
FASENRA 30 mg/ml sc soln pfs	5		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA
fire ant 1:10 sc soln, 1:20 sc soln	6		
fluticasone-salmeterol 100-50 mcg/act	1	ADVAIR DISKUS	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act			
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	1	AIRDUO	QL(1 / 30)
german cockroach 1:20 sc soln	6		
goldenrod 1:20 sc soln	6		
grass pollen(k-o-r-t-swt vern) 100000 bau/ml inj soln	6		
GRASTEK 2800 bau tab subl	6		
hackberry 1:20 sc soln	6		
horse epithelium 1:10 sc soln, 1:20 sc soln	6		
HYCODAN 5-1.5 mg/5ml soln	4		
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	2	TUSSIONEX PENNKINETIC ER	
hydrocodone bit-homatrop mbr 5-1.5 mg tab	1	HYCODAN	
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln	1	HYCODAN	
hydromet 5-1.5 mg/5ml soln	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	4		
INFASURF 35-0.9 mg/ml-% Intratracheal Suspension	4		
johnson grass 1:20 sc soln	6		
june grass pollen standardized 100000 bau/ml sc soln	6		
kochia 1:20 sc soln	6		
lambs quarters 1:20 sc soln	6		
lenscale 1:20 sc soln	6		
meadow fescue grass pollen 100000 bau/ml sc soln	6		
melaleuca 1:20 sc soln	6		
mesquite 1:20 sc soln	6		
mite (d. farinae) 10000 au/ml sc soln	6		
mite (d. pteronyssinus) 10000 au/ml sc soln	6		
mixed ragweed 1:20 sc soln	6		
mountain cedar 1:20 sc soln	6		
mouse epithelium 1:20 sc soln	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mucor 1:20 i-dermal soln, 1:20 inj soln	6		
mugwort 1:20 sc soln	6		
NEBUSAL 3 % inh neb soln, 6 % inh neb soln	4		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	4		
nintedanib esylate 100 mg cap, 150 mg cap	6		
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		PA
olive tree 1:20 sc soln	6		
orchard grass pollen 100000 bau/ml sc soln	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		
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	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
1 mg Oral Capsule Sprinkle Therapy Pack			
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		
pecan pollen 1:20 sc soln	6		
penicillium notatum 1:10 inj soln, 1:20 inj soln	6		
perennial rye grass pollen 100000 bau/ml inj soln, 100000 bau/ml sc soln	6		
privet 1:20 sc soln	6		
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		
promethazine-dm 6.25-15 mg/5ml syr	1		
promethazine-phenylephrine 6.25-5 mg/5ml syr	2	PHENERGAN VC	
PULMOSAL 7 % inh neb soln	4		
queen palm 1:20 sc soln	6		
rabbit epithelium 1:10 sc soln, 1:20 sc soln	6		
RAGWITEK 12 amb a 1-u tab subl	6		
red birch 1:20 sc soln	6		
red cedar 1:20 sc soln	6		
red maple 1:20 sc soln	6		
red mulberry 1:20 sc soln	6		
red top grass pollen 100000 bau/ml sc soln	6		
ribavirin 6 gm inh soln	5	VIRAZOLE	
rough marsh elder 1:20 sc soln	6		
russian thistle 1:20 sc soln	6		
saccharomyces cerevisiae 1:20 inj soln	6		
sagebrush 1:20 sc soln	6		
shagbark hickory 1:20 sc soln	6		
sheep sorrel 1:20 sc soln	6		
short ragweed pollen ext 1:20 sc soln	6		
SINUVA 1350 mcg nasal implant	3		
sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln	1		
sodium chloride 7 % inh neb soln	2	HYPERSAL	
spiny pigweed 1:20 sc soln	6		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	4		
SURVANTA 25-0.9 mg/ml-% Intratracheal Suspension	4		
sweet gum 1:20 sc soln	6		
sweet vernal grass pollen 100000 bau/ml sc soln	6		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
tall ragweed 1:20 sc soln	6		
timothy grass pollen allergen 10000 bau/ml inj soln, 100000 bau/ml inj soln, 100000 bau/ml sc soln	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		
trichophyton mentagrophytes 1:20 sc soln	6		
TUXARIN ER 54.3-8 mg tab er 12 hr	4		
virginia live oak 1:20 sc soln	6		
western juniper 1:20 sc soln	6		
white ash 1:20 sc soln	6		
white birch 1:20 sc soln	6		
white mulberry 1:20 sc soln	6		
white oak 1:20 sc soln	6		
white pine 1:20 sc soln	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	ADVAIR DISKUS	QL(60 / 30)
yellow dock 1:20 sc soln	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 Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	4		
carisoprodol 350 mg tab	1	SOMA	
carisoprodol 250 mg tab	2	SOMA	
chlorzoxazone 250 mg tab	1		
chlorzoxazone 375 mg tab, 750 mg tab	1	LORZONE	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cyclobenzaprine hcl 7.5 mg tab	2	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr	1	AMRIX	
enovarx-cyclobenzaprine hcl 20 mg/gm td crm	1		
fexmid 7.5 mg tab	4	FEXMID	
metaxalone 400 mg tab, 800 mg tab	1	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
methocarbamol 1000 mg/10ml inj soln	2	ROBAXIN	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
rocuronium bromide 100 mg/10ml iv soln pfs	2		
rocuronium bromide +rfid 100 mg/10ml iv soln pfs	2		
SOMA 250 mg tab, 350 mg tab	4		
succinylcholine chloride 140 mg/7ml iv soln pfs	1		
TABRADOL FUSEPAQ 1 mg/ml susp	4		
vecuronium bromide 10 mg/10ml iv soln pfs	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		
EDLUAR 10 mg tab subl, 5 mg tab subl	4		
estazolam 1 mg tab, 2 mg tab	2	PROSOM	
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	2	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	2	DALMANE	
HALCION 0.25 mg tab	4		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	4		
quazepam 15 mg tab	2	DORAL	
RESTORIL 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	2	RESTORIL	
triazolam 0.125 mg tab, 0.25 mg tab	2	HALCION	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	2	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	2	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	NUVIGIL	
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	4		
cvs sleep aid 25 mg tab	2		
cvs sleep aid nighttime 25 mg tab	2		
DAYVIGO 10 mg tab, 5 mg tab	4		
doxepin hcl 3 mg tab, 6 mg tab	1	SILENOR	
eql nighttime sleep aid 25 mg tab	2		
ft nighttime sleep aid 25 mg tab	2		
gnp sleep aid nighttime 25 mg tab	2		
HETLIOZ 20 mg cap	6		
HETLIOZ LQ 4 mg/ml susp	6		
methylphenidate hcl er(diffus) 27 mg tab er, 36 mg tab er, 54 mg tab er	2	CONCERTA	
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	
night time sleep aid 25 mg tab	2		
nighttime sleep aid 25 mg tab	2		
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		
qc nighttime sleep aid 25 mg tab	2		
qc rest simply 25 mg tab	2		
ra nighttime sleep aid 25 mg tab	2		
ra sleep aid (diphenhydramine) 25 mg tab	2		
ramelteon 8 mg tab	2	ROZEREM	
ROZEREM 8 mg tab	4		
sb sleep 25 mg tab	2		
SILENOR 3 mg tab, 6 mg tab	4		
simply sleep 25 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sleep aid (diphenhydramine) 25 mg tab	2		
sleep tabs 25 mg tab	2		
sleep-tabs 25 mg tab	2		
sodium oxybate 500 mg/ml soln	6		PA
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		PA
XYREM 500 mg/ml soln	6		PA
XYWAV 500 mg/ml soln	5		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
BPROTECTED PEDIA POLY-VITE/FE 11 mg/ml soln	1		AL
ENFAMIL POLY-VI-SOL-IRON 11 mg/ml soln	1		AL
FERRLECIT 12.5 mg/ml iv soln	4		PA
ferrous sulfate 300 (60 Fe) mg/5ml soln	1		AL
kcl (0.149%) in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln	1		
kcl (0.298%) in nacl 40-0.9 meq/l-% iv soln	1		
multivitamin drops/iron 11 mg/ml soln	1		AL
multivitamin infant & toddler 11 mg/ml soln	1		AL
multivitamin infants/toddlers 11 mg/ml soln	1		AL
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	1	FERRLECIT	PA
POLY-VI-SOL/IRON 11 mg/ml soln	1		AL
poly-vite/iron 11 mg/ml soln	1		AL
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
kionex 15 gm/60ml Multiple Routes Suspension	4		
sps (sodium polystyrene sulf) 15 gm/60ml Multiple Routes Suspension	4		
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	4		

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