Prominence Health

Prominence Formulary #1

PROMINENCE MEDICARE ADVANTAGE

2026 Formulary (List of Covered Drugs)

Plans using this formulary include:
Plus (HMO) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Extra Help (HMO) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Dual (HMO DSNP) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Giveback (HMO) - Washoe, Palm Beach, North Texas, South Texas
Beyond (HMO) - North Texas, South Texas

PLEASE READ:
This document contains information about the drugs we cover in this plan.
HPMS Approved Formulary File Submission ID: 26436, Version Number 7
This formulary was updated on 09/02/2025. For more recent information or other questions, please contact Prominence Health Member Services, at **833-775-MEDS (6337)** or, for TTY users, **711**, 8 am to 8 pm, 7 days a week from October 1 – March 31 and 8 am to 8 pm, Monday – Friday from April 1 – September 30 or visit **ProminenceMedicare.com**.

Prominence Health

2026 Formulary

List of Covered Drugs or "Drug List"

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

26436

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact Prominence Health's Member Service at 833-775-MEDS (6337) or TTY users should call 711, 8 am to 8 pm, 7 days a week from October 1 – March 31 and 8 am to 8 pm, Monday – Friday from April 1 – September 30 or visit ProminenceMedicare.com.

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means Prominence Health Plan. When it refers to "plan" or "our plan," it means Prominence Medicare Advantage Plans.

This document includes a Drug List (formulary) for our plan which is current as of 09/02/2025 For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Prominence Health formulary?

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

For a complete listing of all prescription drugs covered by Prominence Health please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: https://prominencemedicare.com/get-care/prescription-drugs-part-d/prescription-forms-and-resources/

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Prominence Health’s Formulary?

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or

step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Prominence Health's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/02/2025. To get updated information about the drugs covered by Prominence please contact us. Our contact information appears on the front and back cover pages. If there is a mid-year, non-maintenance change to the formulary, we will update printed formularies with an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Prominence Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just

as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter *5,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Prominence Health requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, Prominence Health limits the amount of the drug that we will cover. For example, Prominence Health Plan provides 60 tablets per prescription for Eliquis. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Prominence Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Prominence Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Prominence Health's formulary?" on page *v* for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Prominence Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Prominence Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.

- You can ask Prominence Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Prominence Health Plan's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Prominence Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Prominence Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for

approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Members who have a change in level of care (setting) will be allowed up to a one-time 31-day transition supply per drug. For example, members who:

- Enter long-term care (LTC) facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community. If a member has more than one change in level of care in a month, the pharmacy will have to call us to request an extension of the transition policy.

For more information

For more detailed information about your Prominence Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Prominence Health Formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by Prominence Health. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if Prominence Health has any special requirements for coverage of your drug.

- **PA BvD: Prior Authorization Restriction for Part B vs Part D Determination**. This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

- **QL: Quantity Limit:** For certain drugs, Prominence Health limits the amount of the drug that we will cover. For example, Prominence Health provides twelve tablets per prescription for Sumatriptan Succinate. This may be in addition to a standard one-month or three-month supply.

- **ST: Step Therapy:** In some cases, Prominence Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

- **PA: Prior Authorization:** Prominence Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **PA NSO: Prior Authorization Restriction for New Starts Only:** If there is no evidence that you have taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

- **NDS: Non-Extended Days' Supply:** Drugs not available for an extended days' supply (i.e. more than a one-month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.

- **GC: Gap Coverage:** We provide coverage of this prescription drug in the coverage gap, if

your plan provides gap coverage. Please refer to our Evidence of Coverage for more information about this coverage.

- **LA: Limited Availability:** This prescription may be available only at certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Member Services at 1-844-587-7389, 8 am to 8 pm, 7 days a week from October 1- March 31 and 8am to 8pm, Monday - Friday from April 1 -September 30. TTY users should call 711.

- **EX;CB: Excluded Part D Capped Benefit:** Drugs covered by the plan that are excluded by Medicare law that are covered by your plan as a supplemental or bonus drug but do not count toward TrOOP.

- **NM: Not Available by Mail Order:** These are typically medications that need to be ordered from a specialty pharmacy and are listed as TIER 5 medications and are restricted to a 30day supply.

Dosage Form and Route of Administrations, Abbreviations

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

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

Table of Contents

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 [ANALGÉSICOS]			
Analgesics (combination Product) [Analgésicos (Productos En Combinación)]			
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30)
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	QL(180 / 30)
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	2	TYLENOL WITH CODEINE	QL(360 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	2	ESGIC	QL(180 / 30), HR
butalbital-aspirin-caffeine 50-325-40 mg cap	4	FIORINAL	QL(180 / 30), HR
endocet 10-325 mg tab	2	PERCOCET	QL(180 / 30)
endocet 7.5-325 mg tab	2	PERCOCET	QL(240 / 30)
endocet 2.5-325 mg tab, 5-325 mg tab	2	PERCOCET	QL(360 / 30)
hydrocodone-acetaminophen 7.5-325 mg/15ml soln	4	HYCET	QL(2700 / 30)
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	2	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	2	NORCO	QL(240 / 30)
hydrocodone-ibuprofen 7.5-200 mg tab	2	VICOPROFEN	QL(150 / 30)
oxycodone-acetaminophen 10-325 mg tab	2	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	2	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	2	PERCOCET	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	2	ULTRACET	QL(300 / 30)
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
celecoxib 100 mg cap, 200 mg cap, 50 mg cap	2	CELEBREX	QL(60 / 30)
diclofenac epolamine 1.3 % patch	4	FLECTOR	PA, QL(60 / 30)
diclofenac potassium 50 mg tab	2	CATAFLAM	QL(120 / 30)
diclofenac sodium 1.5 % ext soln	2	PENNSAID	QL(300 / 30)
diclofenac sodium 2 % ext soln	5	PENNSAID	PA, QL(224 / 28)
diclofenac sodium 75 mg tab dr	2	VOLTAREN	QL(60 / 30)
diclofenac sodium 50 mg tab dr	2	VOLTAREN	QL(120 / 30)
diclofenac sodium 25 mg tab dr	2	VOLTAREN	QL(150 / 30)
diclofenac sodium er 100 mg tab er 24 hr	2	VOLTAREN XR	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	4	LODINE	
flurbiprofen 100 mg tab	2	ANSAID	
ibu 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	2	MOTRIN CHILDRENS	
indomethacin 50 mg cap	1	INDOCIN	QL(120 / 30), HR
indomethacin 25 mg cap	1	INDOCIN	QL(240 / 30), HR
ketorolac tromethamine 10 mg tab	2	TORADOL	QL(20 / 30), HR
mefenamic acid 250 mg cap	4	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	2	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 500 mg tab	1	NAPROSYN	
naproxen 375 mg tab dr	2	NAPROSYN	
naproxen dr 500 mg tab dr	2	NAPROSYN	
sulindac 150 mg tab, 200 mg tab	2	CLINORIL	
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			
codeine sulfate 30 mg tab, 60 mg tab	2		QL(180 / 30)
fentanyl 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	QL(10 / 30)
fentanyl 100 mcg/hr td patch 72 hr	3	DURAGESIC	QL(10 / 30)
hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab	2	DILAUDID	QL(180 / 30)
hydromorphone hcl 1 mg/ml liq	2	DILAUDID	QL(1200 / 30)
hydromorphone hcl pf 10 mg/ml inj soln, 50 mg/5ml inj soln	2	DILAUDID	
methadone hcl 5 mg/5ml soln	2		QL(1200 / 30)
methadone hcl 10 mg tab	2	DOLOPHINE	QL(120 / 30)
methadone hcl 5 mg tab	2	DOLOPHINE	QL(180 / 30)
methadone hcl 10 mg/5ml soln	2	DOLOPHINE	QL(600 / 30)
morphine sulfate er 100 mg tab er, 200 mg tab er, 60 mg tab er	2	MS CONTIN	QL(60 / 30)
morphine sulfate er 15 mg tab er, 30 mg tab er	2	MS CONTIN	QL(90 / 30)
oxycodone hcl 15 mg tab, 20 mg tab, 30 mg tab	2	ROXICODONE	QL(120 / 30)
oxycodone hcl 10 mg tab, 5 mg tab	2	ROXICODONE	QL(180 / 30)
oxycodone hcl 5 mg/5ml soln	4	ROXICODONE	QL(1300 / 30)
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	3		QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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			
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
morphine sulfate 20 mg/5ml soln	2		QL(300 / 30)
morphine sulfate 10 mg/5ml soln	2		QL(700 / 30)
morphine sulfate 30 mg tab	4		QL(120 / 30)
morphine sulfate 15 mg tab	4		QL(180 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln	2	ROXANOL	PA, QL(180 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30)
ANESTHETICS [ANESTÉSICOS]			
Local Anesthetics [Anestésicos Locales]			
lidocaine 5 % oint	4		PA, QL(90 / 30)
lidocaine 5 % patch	2	LIDODERM	PA, QL(90 / 30)
lidocaine hcl 4 % ext soln	2	XYLOCAINE	PA
lidocaine viscous hcl 2 % m/t soln	2	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % crm	4	EMLA	PA, QL(30 / 30)
tridacaine ii 5 % patch	2	LIDODERM	PA, QL(90 / 30)
ZTLIDO 1.8 % patch	3		PA, QL(90 / 30)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS			
Opioid Dependence			
lofexidine hcl 0.18 mg tab	5		QL(228 / 14)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/anti-craving [Disuasivos Del Alcohol/Anti Ansiedad]			
acamprosate calcium 333 mg tab dr	3	CAMPRAL	
disulfiram 250 mg tab, 500 mg tab	2	ANTABUSE	
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	2	SUBUTEX	
buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl	2	SUBOXONE	
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	4	SUBOXONE	
naltrexone hcl 50 mg tab	2	REVIA	
Opioid Reversal Agents [Agentes Para La Reversión De Opioides]			
KLOXXADO 8 mg/0.1ml nasal liq	3		QL(4 / 30)
naloxone hcl 0.4 mg/ml inj soln pfs	2		
naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs	2	NARCAN	
OPVEE 2.7 mg/0.1ml nasal soln	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Smoking Cessation Agents [Agentes Para La Cesación De Fumar]			
bupropion hcl 100 mg tab, 75 mg tab	2	WELLBUTRIN	
bupropion hcl er (smoking det) 150 mg tab er 12 hr	2	ZYBAN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 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, 300 mg tab er 24 hr	2	WELLBUTRIN XL	
NICOTROL NS 10 mg/ml nasal soln	3		
varenicline tartrate 0.5 mg tab, 1 mg tab	2	CHANTIX	QL(336 / 365)
varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack	2	CHANTIX	
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
amikacin sulfate 500 mg/2ml inj soln	4	AMIKIN	PA
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
gentamicin sulfate 0.1 % crm, 0.1 % oint	2	GARAMYCIN	QL(120 / 30)
gentamicin sulfate 40 mg/ml inj soln	2	GENTAK	
neomycin sulfate 500 mg tab	2		
streptomycin sulfate 1 gm im soln	5		
tobramycin 0.3 % ophth soln	2	TOBREX	
tobramycin sulfate 80 mg/2ml inj soln	4		
Antibacterials (combination Product) [Antibacterianos (Productos En Combinación)]			
ampicillin-sulbactam sodium 1.5 (1-0.5) gm inj soln, 15 (10-5) gm iv soln, 3 (2-1) gm inj soln	3	UNASYN	
imipenem-cilastatin 250 mg iv soln, 500 mg iv soln	3	PRIMAXIN	
piperacillin sod-tazobactam so 2.25 (2-0.25) gm iv soln	3		
piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln	3	ZOSYN	
piperacillin sod-tazobactam so 40.5 (36-4.5) gm iv soln	4	ZOSYN	
Antibacterials, Other [Antibacterianos, Otros]			
acetic acid 2 % otic soln	2	VOSOL	
alcohol preps pad	1		
bacitracin 500 unit/gm ophth oint	4	BACI-IM	
clindamycin hcl 150 mg cap, 300 mg	1	CLEOCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cap, 75 mg cap			
clindamycin phosphate 2 % vag crm	2	CLEOCIN	
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln	2	CLEOCIN	
clindamycin phosphate 1 % swab	2	CLEOCIN-T	
clindamycin phosphate 1 % ext soln	2	CLEOCIN-T	QL(180 / 30)
clindamycin phosphate in d5w 300 mg/50ml iv soln	2	CLEOCIN	
colistimethate sodium (cba) 150 mg inj soln	5	COLY-MYCIN	PA BvD
daptomycin 500 mg iv soln	5	CUBICIN	
fosfomycin tromethamine 3 gm pckt	2	MONUROL	
IMPAVIDO 50 mg cap	5		PA, QL(84 / 28)
linezolid 600 mg tab	2	ZYVOX	
linezolid 600 mg/300ml iv soln	3	ZYVOX	
linezolid 100 mg/5ml susp	5	ZYVOX	
LIVTENCITY 200 mg tab	5		PA
methenamine hippurate 1 gm tab	2	HIPREX	
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 500 mg/100ml iv soln	2	FLAGYL	
metronidazole 0.75 % crm	4	METROCREAM	
metronidazole 0.75 % gel, 0.75 % vag gel	2	METROGEL	
metronidazole 1 % gel	4	METROGEL	
metronidazole 0.75 % lot	4	METROLOTION	
mupirocin 2 % oint	1	BACTROBAN	QL(220 / 30)
nitrofurantoin macrocrystal 100 mg cap, 50 mg cap	2	MACRODANTIN	QL(120 / 30), HR
nitrofurantoin macrocrystal 25 mg cap	4	MACRODANTIN	QL(120 / 30), HR
nitrofurantoin monohyd macro 100 mg cap	2	MACROBID	QL(60 / 30), HR
polymyxin b sulfate 500000 unit inj soln	2		
tigecycline 50 mg iv soln	4	TYGACIL	
tinidazole 250 mg tab, 500 mg tab	2	TINDAMAX	
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 1 gm iv soln, 750 mg iv soln	2		
vancomycin hcl 25 mg/ml soln	4		
vancomycin hcl 10 gm iv soln, 500 mg iv soln	2	VANCOCIN	
vancomycin hcl 125 mg cap	4	VANCOCIN	QL(56 / 14)
vancomycin hcl 250 mg cap	4	VANCOCIN	QL(112 / 14)
XDEMVY 0.25 % ophth soln	5		PA NSO
XIFAXAN 200 mg tab	4		PA, QL(9 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
XIFAXAN 550 mg tab	5		PA, QL(90 / 30)
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
cefaclor 250 mg cap, 500 mg cap	2	CECLOR	
cefaclor 250 mg/5ml susp	4	CECLOR	
cefadroxil 500 mg cap	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefazolin sodium 1 gm inj soln, 10 gm inj soln, 500 mg inj soln	2	ANCEF	
cefdinir 300 mg cap	2	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	4	OMNICEF	
cefepime hcl 1 gm inj soln, 2 gm iv soln	3	MAXIPIME	
cefixime 400 mg cap	4	SUPRAX	
cefoxitin sodium 10 gm iv soln	4		
cefoxitin sodium 1 gm iv soln, 2 gm iv soln	4	MEFOXIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	4	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	2		
ceftazidime 1 gm inj soln, 6 gm inj soln	2	FORTAZ	
ceftriaxone sodium 1 gm inj soln, 10 gm iv soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	2	CEFTIN	
cefuroxime sodium 1.5 gm iv soln, 750 mg inj soln	2	ZINACEF	
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	
TEFLARO 400 mg iv soln, 600 mg iv soln	5		
Beta-lactam, Other [Beta-Lactámicos, Otros]			
aztreonam 1 gm inj soln	3	AZACTAM	
ertapenem sodium 1 gm inj soln	4	INVANZ	
meropenem 1 gm iv soln, 500 mg iv soln	2	MERREM	
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
amoxicillin 250 mg cap, 500 mg cap,	1	AMOXIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
500 mg tab, 875 mg tab			
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin 125 mg tab chew, 250 mg tab chew	2	AMOXIL	
amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	4	AUGMENTIN	
ampicillin 500 mg cap	2		
ampicillin sodium 10 gm iv soln	3		
ampicillin sodium 1 gm inj soln	3	TOTACILLIN-N	
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	
nafcillin sodium 2 gm inj soln	2		
nafcillin sodium 10 gm iv soln	5		
nafcillin sodium 1 gm inj soln	2	NALLPEN	
penicillin g potassium 20000000 unit inj soln	4	PFIZERPEN	
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	2	VEETIDS	
Macrolides [Macrólidos]			
azithromycin 250 mg tab, 500 mg tab	1	ZITHROMAX	
azithromycin 500 mg iv soln, 600 mg tab	2	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	4	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	2	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	4	BIAXIN	
DIFICID 200 mg tab	5		QL(20 / 10)
DIFICID 40 mg/ml susp	5		QL(136 / 10)
ery 2 % pad	2		
erythromycin 2 % ext soln	2	ERYDERM	QL(180 / 30)
erythromycin 2 % gel	4	ERYGEL	QL(180 / 30)
erythromycin 5 mg/gm ophth oint	2	ILOTYCIN	QL(3.5 / 4)
erythromycin base 250 mg tab	4		
erythromycin base 500 mg tab	4	ERY-TAB	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	4	ERYPED	
moxifloxacin hcl 0.5 % ophth soln	2	VIGAMOX	
Quinolones [Quinolonas]			
BAXDELA 450 mg tab	5		PA, QL(28 / 14)
ciprofloxacin hcl 0.3 % ophth soln	2	CILOXAN	
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
ciprofloxacin in d5w 200 mg/100ml iv soln	2	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	4	LEVAQUIN	
levofloxacin in d5w 500 mg/100ml iv soln, 750 mg/150ml iv soln	2	LEVAQUIN	
moxifloxacin hcl 400 mg tab	4	AVELOX	
moxifloxacin hcl in nacl 400 mg/250ml iv soln	2	AVELOX	
ofloxacin 0.3 % otic soln	2	FLOXIN	
ofloxacin 0.3 % ophth soln	2	OCUFLOX	
Sulfonamides [Sulfonamidas]			
silver sulfadiazine 1 % crm	2	SILVADENE	
ssd 1 % crm	4	SILVADENE	
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	2	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	4	KLARON	
sulfadiazine 500 mg tab	3		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	4	SEPTRA	
Tetracyclines [Tetraciclinas]			
doxycycline hyclate 100 mg iv soln	3	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, 50 mg tab	2	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap	2	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	2	VIBRAMYCIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	2	MINOCIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tetracycline hcl 250 mg cap, 500 mg cap	4		
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		QL(60 / 30)
BRIVIACT 10 mg/ml soln	3		QL(600 / 30)
EPIDIOLEX 100 mg/ml soln	5		PA NSO
FINTEPLA 2.2 mg/ml soln	5		PA NSO
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	2	KEPPRA	
levetiracetam 100 mg/ml soln	2	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA XR	
NAYZILAM 5 mg/0.1ml nasal soln	4		QL(10 / 30)
SPRITAM 1000 mg tab disint sol	4		QL(60 / 30), ST
SPRITAM 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	4		QL(120 / 30), ST
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
CELONTIN 300 mg cap	4		
ethosuximide 250 mg/5ml soln	2	ZARONTIN	
ethosuximide 250 mg cap	3	ZARONTIN	
methsuximide 300 mg cap	2		
pregabalin 225 mg cap, 300 mg cap	2	LYRICA	QL(60 / 30)
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	LYRICA	QL(90 / 30)
pregabalin 20 mg/ml soln	4	LYRICA	QL(900 / 30)
ZONISADE 100 mg/5ml susp	4		
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba)]			
clobazam 10 mg tab, 20 mg tab	4	ONFI	PA NSO, QL(60 / 30)
clobazam 2.5 mg/ml susp	4	ONFI	PA NSO, QL(480 / 30)
clonazepam 0.5 mg tab, 1 mg tab	1	KLONOPIN	QL(90 / 30)
clonazepam 2 mg tab	1	KLONOPIN	QL(300 / 30)
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint	4	KLONOPIN	QL(90 / 30)
clonazepam 2 mg tab disint	4	KLONOPIN	QL(300 / 30)
DIACOMIT 500 mg cap, 500 mg pckt	5		PA NSO, QL(180 / 30)
DIACOMIT 250 mg cap, 250 mg pckt	5		PA NSO, QL(360 / 30)
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	4	DIASTAT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	QL(120 / 30)
diazepam 5 mg/5ml soln	4	VALIUM	QL(1200 / 30)
diazepam intensol 5 mg/ml oral conc	4		QL(1200 / 30)
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	2	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE ER	
gabapentin 400 mg cap	1	NEURONTIN	QL(270 / 30)
gabapentin 100 mg cap, 300 mg cap	1	NEURONTIN	QL(360 / 30)
gabapentin 800 mg tab	2	NEURONTIN	QL(120 / 30)
gabapentin 600 mg tab	2	NEURONTIN	QL(180 / 30)
gabapentin 250 mg/5ml soln	4	NEURONTIN	QL(2160 / 30)
lorazepam 0.5 mg tab, 1 mg tab	1	ATIVAN	QL(90 / 30)
lorazepam 2 mg tab	1	ATIVAN	QL(150 / 30)
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	2		HR
phenobarbital 20 mg/5ml oral elix	4		HR
primidone 125 mg tab	2		
primidone 250 mg tab, 50 mg tab	2	MYSOLINE	
SYMPAZAN 5 mg oral film	4		PA NSO, QL(60 / 30)
SYMPAZAN 10 mg oral film, 20 mg oral film	5		PA NSO, QL(60 / 30)
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	4	GABITRIL	
valproic acid 250 mg cap	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		
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 NSO, QL(180 / 30)
vigadrone 500 mg pckt	5	SABRIL	PA NSO, QL(180 / 30)
vigadrone 500 mg tab	6	SABRIL	
VIGAFYDE 100 mg/ml soln	5		PA NSO
vigpoder 500 mg pckt	5	SABRIL	PA NSO, QL(180 / 30)
ZTALMY 50 mg/ml susp	5		PA NSO
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
EPRONTIA 25 mg/ml soln	4		QL(480 / 30)
felbamate 400 mg tab, 600 mg tab	4	FELBATOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
felbamate 600 mg/5ml susp	4	FELBATOL	
FYCOMPA 2 mg tab	4		QL(30 / 30), ST
FYCOMPA 10 mg tab, 12 mg tab, 8 mg tab	5		QL(30 / 30), ST
FYCOMPA 4 mg tab, 6 mg tab	5		QL(60 / 30), ST
FYCOMPA 0.5 mg/ml susp	5		QL(720 / 30), ST
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	1	LAMICTAL	
lamotrigine 25 mg tab chew, 5 mg tab chew	2	LAMICTAL	
topiramate 50 mg cap sprinkle	2		
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	
XCOPRI 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	4		ST
XCOPRI 100 mg tab, 50 mg tab	4		QL(30 / 30), ST
XCOPRI 150 mg tab, 200 mg tab	4		QL(60 / 30), ST
XCOPRI 25 mg tab	4		QL(480 / 30)
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	4		QL(56 / 28), ST
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	4		QL(56 / 28), ST
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
carbamazepine 200 mg tab chew	2		
carbamazepine 100 mg tab chew, 200 mg tab	2	TEGRETOL	
carbamazepine 100 mg/5ml susp	4	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4	TEGRETOL XR	
DILANTIN 30 mg cap	4		
eslicarbazepine acetate 200 mg tab, 400 mg tab	5		QL(30 / 30), ST
eslicarbazepine acetate 600 mg tab, 800 mg tab	5		QL(60 / 30), ST
lacosamide 10 mg/ml soln	2	VIMPAT	QL(1200 / 30)
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3	VIMPAT	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MOTPOLY XR 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	3		
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	2	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	4	TRILEPTAL	
oxcarbazepine er 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 sodium extended 100 mg cap	2	DILANTIN	
rufinamide 200 mg tab	4	BANZEL	ST
rufinamide 400 mg tab	5	BANZEL	ST
rufinamide 40 mg/ml susp	5	BANZEL	ST
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			
Antidementia Agents, Other			
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	3		QL(30 / 30), ST
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
donepezil hcl 10 mg tab, 5 mg tab	1	ARICEPT	QL(30 / 30)
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	QL(30 / 30)
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	QL(60 / 30)
galantamine hydrobromide 4 mg/ml soln	4	RAZADYNE	QL(200 / 30)
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	QL(30 / 30)
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	4	EXELON	QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	QL(60 / 30)
N-methyl-d-aspartate (nmda) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda)]			
memantine hcl 10 mg tab, 5 mg tab	2	NAMENDA	QL(60 / 30)
memantine hcl 2 mg/ml soln	4	NAMENDA	QL(300 / 30)
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	4	NAMENDA XR	QL(30 / 30), ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants, Other [Antidepresivos, Otros]			
ABILIFY ASIMTUFII 720 mg/2.4ml im pfs	5		QL(2.5 / 42)
ABILIFY ASIMTUFII 960 mg/3.2ml im pfs	5		QL(3.2 / 42)
ABILIFY MAINTENA 300 mg Intramuscular Suspension Reconstituted ER	5		QL(1 / 28)
ABILIFY MAINTENA 300 mg im pfs, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		QL(2 / 28)
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	4	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	4	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	4	ABILIFY	QL(900 / 30)
aripiprazole 15 mg tab disint	4	ABILIFY DISCMELT	QL(60 / 30), ST
aripiprazole 10 mg tab disint	4	ABILIFY DISCMELT	QL(90 / 30), ST
ARISTADA 441 mg/1.6ml im pfs	5		QL(1.6 / 28)
ARISTADA 662 mg/2.4ml im pfs	5		QL(2.4 / 28)
ARISTADA 882 mg/3.2ml im pfs	5		QL(3.2 / 28)
ARISTADA 1064 mg/3.9ml im pfs	5		QL(3.9 / 56)
ARISTADA INITIO 675 mg/2.4ml im pfs	5		QL(4.8 / 365)
AUVELITY 45-105 mg tab er	4		ST
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	
OPIPZA 10 mg oral film, 2 mg oral film, 5 mg oral film	4		QL(90 / 30)
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	2	TRIAVIL	HR
quetiapine fumarate 300 mg tab, 400 mg tab	2	SEROQUEL	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	SEROQUEL	QL(90 / 30)
ZURZUVAE 30 mg cap	5		PA NSO, QL(14 / 365)
ZURZUVAE 20 mg cap, 25 mg cap	5		PA NSO, QL(28 / 365)
Monoamine Oxidase Inhibitors [Inhibidores De La Monoaminooxidasa]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	5		QL(30 / 30), ST
MARPLAN 10 mg tab	4		
phenelzine sulfate 15 mg tab	2	NARDIL	
tranylcypromine sulfate 10 mg tab	4	PARNATE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin - Norepinephrine Reuptake Inhibitors) [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina - Norepinefrina)]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	QL(30 / 30)
citalopram hydrobromide 10 mg/5ml soln	4	CELEXA	QL(600 / 30)
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4	PRISTIQ	QL(30 / 30)
DRIZALMA SPRINKLE 40 mg cap dr sprinkle	4		QL(30 / 30), ST
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		QL(60 / 30), ST
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	2	CYMBALTA	QL(60 / 30)
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	4	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		QL(30 / 30), ST
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		ST
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	4	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	2	LUVOX	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	4	SERZONE	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	PA NSO, HR
paroxetine hcl 10 mg/5ml susp	4	PAXIL	HR
RALDESY 10 mg/ml soln	4		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	2	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	
trazodone hcl 300 mg tab	4	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	3		QL(30 / 30)
venlafaxine hcl 100 mg tab, 25 mg tab,	2	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 cap er 24 hr	2	EFFEXOR XR	QL(30 / 30)
venlafaxine hcl er 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	2	EFFEXOR XR	QL(90 / 30)
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	4	VIIBRYD	QL(30 / 30)
Tricyclics [Tricíclicos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	ELAVIL	HR
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	4	ASENDIN	HR
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	4	ANAFRANIL	HR
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	4	NORPRAMIN	HR
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	HR
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	HR
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	TOFRANIL	HR
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	HR
nortriptyline hcl 10 mg/5ml soln	4	PAMELOR	HR
protriptyline hcl 10 mg tab, 5 mg tab	4	VIVACTIL	HR
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	4	SURMONTIL	HR
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc	4		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4	THORAZINE	
compro 25 mg rect supp	4	COMPRO	
meclizine hcl 12.5 mg tab, 25 mg tab	2	ANTIVERT	HR
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 5 mg/5ml soln	2	REGLAN	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	4	TRILAFON	
prochlorperazine 25 mg rect supp	4	COMPRO	
prochlorperazine maleate 10 mg tab, 5 mg tab	2	COMPAZINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
promethazine hcl 25 mg tab, 50 mg tab	1	PHENERGAN	HR
promethazine hcl 12.5 mg tab	1	PHENERGAN	PA, HR
promethazine hcl 6.25 mg/5ml soln	2	PHENERGAN	HR
promethegan 25 mg rect supp	4	PHENERGAN	HR
scopolamine 1 mg/3days td patch 72 hr	2	TRANSDERM-SCOP	PA, QL(10 / 30), HR
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
aprepitant 40 mg cap	4	EMEND	PA BvD, QL(1 / 28)
aprepitant 125 mg cap	4	EMEND	PA BvD, QL(2 / 28)
aprepitant 80 mg cap	4	EMEND	PA BvD, QL(4 / 28)
aprepitant 80 & 125 mg cap	4	EMEND	PA BvD, QL(6 / 28)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	4	MARINOL	PA, QL(60 / 30)
EMEND 125 mg/5ml susp	4		PA BvD, QL(6 / 28)
granisetron hcl 1 mg tab	4	KYTRIL	PA BvD
ondansetron 4 mg tab disint, 8 mg tab disint	2	ZOFRAN ODT	PA BvD
ondansetron hcl 4 mg tab, 8 mg tab	2	ZOFRAN	PA BvD
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
ABELCET 5 mg/ml iv susp	4		PA BvD
AMBISOME 50 mg iv susp	5		PA BvD
amphotericin b 50 mg iv soln	2	FUNGIZONE	PA BvD
amphotericin b liposome 50 mg iv susp	5	AMBISOME	PA BvD
caspofungin acetate 50 mg iv soln	2	CANCIDAS	
caspofungin acetate 70 mg iv soln	3	CANCIDAS	
ciclopirox 8 % ext soln	2	PENLAC	QL(19.8 / 30)
ciclopirox olamine 0.77 % crm	2	LOPROX	QL(180 / 30)
clotrimazole 1 % crm	2	LOTRIMIN	
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole 1 % ext soln	2	MYCELEX	
CRESEMBA 186 mg cap, 74.5 mg cap	5		PA
econazole nitrate 1 % crm	4	SPECTAZOLE	QL(170 / 30)
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	4	DIFLUCAN	
fluconazole in sodium chloride 200-0.9 mg/100ml-% iv soln, 400-0.9 mg/200ml-% iv soln	2	DIFLUCAN	PA BvD
flucytosine 250 mg cap, 500 mg cap	5	ANCOBON	
griseofulvin microsize 500 mg tab	4	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	4	GRIFULVIN V	
itraconazole 100 mg cap	2	SPORANOX	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % crm	2	NIZORAL	QL(180 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ketoconazole 2 % shampoo	2	NIZORAL	QL(360 / 30)
micafungin sodium 100 mg iv soln, 50 mg iv soln	2	MYCAMINE	
miconazole 3 200 mg vag supp	2	MONISTAT	
NOXAFIL 40 mg/ml susp	5		PA
nyamyc 100000 unit/gm ext pwdr	2	MYCOSTATIN	QL(60 / 30)
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	2	MYCOSTATIN	QL(60 / 30)
nystatin 100000 unit/ml m/t susp	2	MYCOSTATIN	QL(900 / 30)
nystop 100000 unit/gm ext pwdr	2	MYCOSTATIN	QL(60 / 30)
posaconazole 40 mg/ml susp	5		PA
posaconazole 100 mg tab dr	5	NOXAFIL	PA
terbinafine hcl 250 mg tab	1	LAMISIL	
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	4	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	3	VFEND	
voriconazole 40 mg/ml susp	5	VFEND	PA
voriconazole 200 mg iv soln	5	VFEND	PA BvD
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	4	COLCRYS	QL(120 / 30)
colchicine-probenecid 0.5-500 mg tab	2	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	4	ULORIC	QL(30 / 30), ST
MITIGARE 0.6 mg cap	2		QL(60 / 30)
probenecid 500 mg tab	2	BENEMID	
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Ergot Alkaloids [Alcaloides De Ergot]			
dihydroergotamine mesylate 4 mg/ml nasal soln	5	MIGRANAL	QL(8 / 28)
ergotamine-caffeine 1-100 mg tab	2	CAFERGOT	QL(40 / 30)
Prophylactic [Profilaxis]			
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	3		PA, QL(1 / 30)
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA, QL(2 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA, QL(3 / 30)
NURTEC 75 mg tab disint	3		PA, QL(18 / 30)
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	3		PA, QL(30 / 30)
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	4	BLOCADREN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
UBRELVY 100 mg tab, 50 mg tab	3		PA, QL(16 / 30)
Serotonin (5-ht) 1b/1d Receptor Agonists [Agonistas Receptores De Serotonina (5-Ht) 1B/1D]			
rizatriptan benzoate 10 mg tab, 5 mg tab	2	MAXALT	QL(12 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	2	MAXALT MLT	QL(12 / 30)
sumatriptan 20 mg/act nasal soln	4	IMITREX	QL(12 / 30)
sumatriptan 5 mg/act nasal soln	4	IMITREX	QL(18 / 30)
sumatriptan succinate 100 mg tab	2	IMITREX	QL(9 / 30)
sumatriptan succinate 25 mg tab, 50 mg tab	2	IMITREX	QL(18 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln	4	IMITREX	QL(4 / 28)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	4	IMITREX STATDOSE	QL(4 / 28)
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
pyridostigmine bromide 30 mg tab	4		
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	4	MESTINON	
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Other [Antimicobacterianos, Otros]			
dapsone 100 mg tab, 25 mg tab	2		
rifabutin 150 mg cap	4	MYCOBUTIN	
Antituberculars [Antituberculosos]			
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	2		
pretomanid 200 mg tab	4		QL(30 / 30)
PRIFTIN 150 mg tab	4		
pyrazinamide 500 mg tab	3		
rifampin 150 mg cap, 300 mg cap	2	RIFADIN	
rifampin 600 mg iv soln	4	RIFADIN	
SIRTURO 100 mg tab, 20 mg tab	5		PA
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Alkylating Agents [Agentes Alquilantes]			
cyclophosphamide 25 mg tab, 50 mg tab	3		PA BvD, ST
cyclophosphamide 25 mg cap, 50 mg cap	4		PA BvD, ST
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA NSO
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
VALCHLOR 0.016 % gel	5		
Antiandrogens [Antiandrógenos]			
abiraterone acetate 250 mg tab	2	ZYTIGA	PA NSO, QL(120 / 30)
abiraterone acetate 500 mg tab	5	ZYTIGA	PA NSO, QL(120 / 30)
abirtega 250 mg tab	4	ZYTIGA	PA NSO, QL(120 / 30)
bicalutamide 50 mg tab	2	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	5		PA NSO, QL(120 / 30)
EULEXIN 125 mg cap	5		PA NSO, QL(180 / 30)
nilutamide 150 mg tab	5	NILANDRON	
NUBEQA 300 mg tab	5		PA NSO, QL(120 / 30)
XTANDI 80 mg tab	5		PA NSO, QL(60 / 30)
XTANDI 40 mg cap, 40 mg tab	5		PA NSO, QL(120 / 30)
YONSA 125 mg tab	5		PA NSO, QL(120 / 30)
Antiangiogenic Agents [Agentes Antiangiogénicos]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5	REVLIMID	PA NSO, QL(28 / 28), LA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA NSO, QL(21 / 28)
THALOMID 100 mg cap	5		PA NSO, QL(120 / 30)
THALOMID 50 mg cap	5		PA NSO, QL(240 / 30)
Antiestrogens/modifiers [Antiestrógenos/Modificadores]			
ORSERDU 345 mg tab, 86 mg tab	5		PA NSO
SOLTAMOX 10 mg/5ml soln	5		
tamoxifen citrate 10 mg tab, 20 mg tab	2	NOLVADEX	
toremifene citrate 60 mg tab	5	FARESTON	
Antimetabolites [Antimetabolitos]			
BESREMI 500 mcg/ml sc soln pfs	5		PA NSO, QL(2 / 28)
ENDARI 5 gm pckt	5		PA, QL(180 / 30)
hydroxyurea 500 mg cap	2	HYDREA	
l-glutamine 5 gm pckt	5		PA, QL(180 / 30)
mercaptopurine 2000 mg/100ml susp	5		
mercaptopurine 50 mg tab	2	PURINETHOL	
ONUREG 200 mg tab, 300 mg tab	5		PA NSO, QL(14 / 28)
TABLOID 40 mg tab	4		
Antineoplastics, Other [Antineoplásicos, Otros]			
AKEEGA 100-500 mg tab, 50-500 mg tab	5		PA NSO
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 mg pack	5		PA NSO, QL(66 / 28)
FRUZAQLA 5 mg cap	5		PA NSO, QL(21 / 28)
FRUZAQLA 1 mg cap	5		PA NSO, QL(84 / 28)
INQOVI 35-100 mg tab	5		PA NSO, QL(5 / 28)
IWILFIN 192 mg tab	5		PA NSO
KISQALI FEMARA (400 MG DOSE)	5		PA NSO, QL(70 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
200 & 2.5 mg tab pack			
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA NSO, QL(91 / 28)
leucovorin calcium 10 mg tab, 15 mg tab, 5 mg tab	2		
leucovorin calcium 25 mg tab	3		
LONSURF 20-8.19 mg tab	5		PA NSO, QL(80 / 28)
LONSURF 15-6.14 mg tab	5		PA NSO, QL(100 / 28)
LYSODREN 500 mg tab	5		
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA NSO, QL(3 / 28)
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	5		PA NSO, QL(28 / 28)
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	5		PA NSO, QL(56 / 28)
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	5		PA NSO, QL(56 / 28)
TAZVERIK 200 mg tab	5		PA NSO, QL(240 / 30)
VITRAKVI 100 mg cap	5		PA NSO, QL(60 / 30)
VITRAKVI 25 mg cap	5		PA NSO, QL(180 / 30)
VITRAKVI 20 mg/ml soln	5		PA NSO, QL(300 / 30)
WELIREG 40 mg tab	5		PA NSO, QL(90 / 30)
XATMEP 2.5 mg/ml soln	4		PA BvD, ST
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	5		PA NSO, QL(8 / 28)
XPOVIO (40 MG ONCE WEEKLY) 40 mg tab pack	5		PA NSO, QL(4 / 28)
XPOVIO (40 MG ONCE WEEKLY) 10 mg tab pack	5		PA NSO, QL(16 / 28)
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	5		PA NSO, QL(8 / 28)
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	5		PA NSO, QL(4 / 28)
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	5		PA NSO, QL(24 / 28)
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack	5		PA NSO, QL(8 / 28)
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	5		PA NSO, QL(32 / 28)
ZOLINZA 100 mg cap	5		
Aromatase Inhibitors, 3rd Generation [Inhibidores De La Aromatasa, 3Era Generación]			
anastrozole 1 mg tab	1	ARIMIDEX	
exemestane 25 mg tab	4	AROMASIN	
letrozole 2.5 mg tab	1	FEMARA	
Molecular Target Inhibitors [Inhibidores Moleculares]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ALECENSA 150 mg cap	5		PA NSO, QL(240 / 30)
ALUNBRIG 90 & 180 mg tab pack	5		PA NSO
ALUNBRIG 180 mg tab, 90 mg tab	5		PA NSO, QL(30 / 30)
ALUNBRIG 30 mg tab	5		PA NSO, QL(120 / 30)
AUGTYRO 160 mg cap, 40 mg cap	5		PA NSO
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	5		PA NSO, QL(30 / 30)
BALVERSA 5 mg tab	5		PA NSO, QL(28 / 28)
BALVERSA 4 mg tab	5		PA NSO, QL(56 / 28)
BALVERSA 3 mg tab	5		PA NSO, QL(84 / 28)
BOSULIF 100 mg cap, 50 mg cap	5		PA NSO
BOSULIF 400 mg tab, 500 mg tab	5		PA NSO, QL(30 / 30)
BOSULIF 100 mg tab	5		PA NSO, QL(90 / 30)
BRAFTOVI 75 mg cap	5		PA NSO, QL(180 / 30)
BRUKINSA 80 mg cap	5		PA NSO, QL(120 / 30)
CABOMETYX 20 mg tab, 60 mg tab	5		PA NSO, QL(30 / 30)
CABOMETYX 40 mg tab	5		PA NSO, QL(60 / 30)
CALQUENCE 100 mg tab	5		PA NSO, QL(60 / 30)
CAPRELSA 300 mg tab	5		PA NSO, QL(30 / 30)
CAPRELSA 100 mg tab	5		PA NSO, QL(60 / 30)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA NSO, QL(112 / 28)
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA NSO, QL(112 / 28)
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA NSO, QL(112 / 28)
COPIKTRA 15 mg cap, 25 mg cap	5		PA NSO, QL(56 / 28)
COTELLIC 20 mg tab	5		PA NSO, QL(63 / 28), LA
DANZITEN 71 mg tab, 95 mg tab	5		PA NSO, QL(120 / 30)
dasatinib 100 mg tab, 140 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA NSO, QL(30 / 30)
dasatinib 20 mg tab	5		PA NSO, QL(90 / 30)
DAURISMO 100 mg tab	5		PA NSO, QL(30 / 30)
DAURISMO 25 mg tab	5		PA NSO, QL(60 / 30)
ERIVEDGE 150 mg cap	5		PA NSO, QL(30 / 30)
erlotinib hcl 100 mg tab, 25 mg tab	4	TARCEVA	PA NSO, QL(60 / 30)
erlotinib hcl 150 mg tab	4	TARCEVA	PA NSO, QL(90 / 30)
everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA NSO, QL(28 / 28)
everolimus 10 mg tab	5	AFINITOR	PA NSO, QL(56 / 28)
FOTIVDA 0.89 mg cap, 1.34 mg cap	5		PA NSO, QL(21 / 28)
GAVRETO 100 mg cap	5		PA NSO, QL(120 / 30)
gefitinib 250 mg tab	5	IRESSA	PA NSO, QL(60 / 30)
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	5		PA NSO, QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
GOMEKLI 1 mg cap, 2 mg cap	5		PA NSO, QL(84 / 28)
GOMEKLI 1 mg tab sol	5		PA NSO, QL(224 / 28)
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA NSO, QL(21 / 28)
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA NSO, QL(30 / 30)
IDHIFA 100 mg tab, 50 mg tab	5		PA NSO, QL(30 / 30)
imatinib mesylate 400 mg tab	3	GLEEVEC	PA NSO, QL(60 / 30)
imatinib mesylate 100 mg tab	3	GLEEVEC	PA NSO, QL(180 / 30)
IMBRUVICA 140 mg tab, 280 mg tab, 420 mg tab, 70 mg cap	5		PA NSO, QL(28 / 28)
IMBRUVICA 140 mg cap	5		PA NSO, QL(120 / 30)
IMBRUVICA 70 mg/ml susp	5		PA NSO, QL(240 / 30)
imkeldi 80 mg/ml soln	5		PA NSO, QL(280 / 28)
INLYTA 5 mg tab	5		PA NSO, QL(120 / 30)
INLYTA 1 mg tab	5		PA NSO, QL(180 / 30)
INREBIC 100 mg cap	5		PA NSO, QL(120 / 30)
ITOVEBI 3 mg tab, 9 mg tab	5		PA NSO
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA NSO, QL(60 / 30)
JAYPIRCA 100 mg tab, 50 mg tab	5		PA NSO
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA NSO, QL(21 / 28)
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA NSO, QL(42 / 28)
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA NSO, QL(63 / 28)
KOSELUGO 25 mg cap	5		PA NSO, QL(120 / 30)
KOSELUGO 10 mg cap	5		PA NSO, QL(300 / 30)
KRAZATI 200 mg tab	5		PA NSO, QL(180 / 30)
lapatinib ditosylate 250 mg tab	5	TYKERB	PA NSO
LAZCLUZE 240 mg tab	5		PA NSO, QL(30 / 30)
LAZCLUZE 80 mg tab	5		PA NSO, QL(60 / 30)
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	5		PA NSO
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	5		PA NSO
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	5		PA NSO
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	5		PA NSO
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	5		PA NSO
LENVIMA (24 MG DAILY DOSE) 2 x	5		PA NSO

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
10 MG & 4 mg cap pack			
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	5		PA NSO
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	5		PA NSO
LORBRENA 100 mg tab	5		PA NSO, QL(30 / 30)
LORBRENA 25 mg tab	5		PA NSO, QL(90 / 30)
LUMAKRAS 120 mg tab, 240 mg tab, 320 mg tab	5		PA NSO, QL(240 / 30)
LYNPARZA 100 mg tab, 150 mg tab	5		PA NSO, QL(120 / 30)
LYTGOBI (12 MG DAILY DOSE) 4 mg tab pack	5		PA NSO
LYTGOBI (16 MG DAILY DOSE) 4 mg tab pack	5		PA NSO
LYTGOBI (20 MG DAILY DOSE) 4 mg tab pack	5		PA NSO
MEKINIST 0.05 mg/ml soln	5		PA NSO
MEKINIST 2 mg tab	5		PA NSO, QL(30 / 30)
MEKINIST 0.5 mg tab	5		PA NSO, QL(90 / 30)
MEKTOVI 15 mg tab	5		PA NSO, QL(180 / 30)
NERLYNX 40 mg tab	5		PA NSO, QL(180 / 30)
nilotinib hcl 150 mg cap, 200 mg cap	5		PA NSO, QL(112 / 28)
nilotinib hcl 50 mg cap	5		PA NSO, QL(120 / 30)
ODOMZO 200 mg cap	5		PA NSO, LA
OGSIVEO 100 mg tab, 150 mg tab, 50 mg tab	5		PA NSO, QL(180 / 30)
OJEMDA 100 mg tab	5		PA NSO
OJEMDA 25 mg/ml susp	5		PA NSO
OJJAARA 100 mg tab, 150 mg tab, 200 mg tab	5		PA NSO
pazopanib hcl 200 mg tab	5		PA NSO, QL(120 / 30)
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	5		PA NSO, QL(14 / 21)
QINLOCK 50 mg tab	5		PA NSO, QL(90 / 30)
RETEVMO 120 mg tab, 160 mg tab, 40 mg tab, 80 mg tab	5		PA NSO
REVUFORJ 110 mg tab, 160 mg tab, 25 mg tab	5		PA NSO
REZLIDHIA 150 mg cap	5		PA NSO, QL(60 / 30)
ROMVIMZA 14 mg cap, 20 mg cap, 30 mg cap	5		PA NSO, QL(8 / 28)
ROZLYTREK 200 mg cap	5		PA NSO, QL(90 / 30)
ROZLYTREK 100 mg cap	5		PA NSO, QL(180 / 30)
ROZLYTREK 50 mg pckt	5		PA NSO, QL(360 / 30)
RUBRACA 200 mg tab, 250 mg tab,	5		PA NSO, QL(120 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
300 mg tab			
RYDAPT 25 mg cap	5		PA NSO, QL(224 / 28)
SCEMBLIX 100 mg tab, 20 mg tab, 40 mg tab	5		PA NSO
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA NSO, QL(120 / 30)
STIVARGA 40 mg tab	5		PA NSO, QL(84 / 28)
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5	SUTENT	PA NSO, QL(30 / 30)
TABRECTA 150 mg tab, 200 mg tab	5		PA NSO, QL(120 / 30)
TAFINLAR 10 mg tab sol	5		PA NSO
TAFINLAR 50 mg cap, 75 mg cap	5		PA NSO, QL(120 / 30)
TAGRISSO 40 mg tab, 80 mg tab	5		PA NSO, QL(30 / 30), LA
TALZENNA 0.1 mg cap, 0.35 mg cap, 0.75 mg cap, 1 mg cap	5		PA NSO, QL(30 / 30)
TALZENNA 0.25 mg cap, 0.5 mg cap	5		PA NSO, QL(90 / 30)
TEPMETKO 225 mg tab	5		PA NSO, QL(60 / 30)
TIBSOVO 250 mg tab	5		PA NSO, QL(60 / 30)
TRUQAP 160 mg tab, 200 mg tab	5		PA NSO, QL(64 / 28)
TUKYSA 150 mg tab	5		PA NSO, QL(120 / 30)
TUKYSA 50 mg tab	5		PA NSO, QL(300 / 30)
TURALIO 125 mg cap	5		PA NSO, QL(120 / 30)
VANFLYTA 17.7 mg tab, 26.5 mg tab	5		PA NSO
VENCLEXTA 50 mg tab	3		PA NSO, QL(30 / 30), LA
VENCLEXTA 10 mg tab	3		PA NSO, QL(60 / 30), LA
VENCLEXTA 100 mg tab	5		PA NSO, QL(180 / 30), LA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA NSO, LA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA NSO, QL(56 / 28)
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	5		PA NSO, QL(30 / 30)
VONJO 100 mg cap	5		PA NSO, QL(120 / 30)
VORANIGO 40 mg tab	5		PA NSO, QL(30 / 30)
VORANIGO 10 mg tab	5		PA NSO, QL(90 / 30)
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 50 mg cap sprinkle	5		PA NSO
XALKORI 200 mg cap, 250 mg cap	5		PA NSO, QL(120 / 30)
XOSPATA 40 mg tab	5		PA NSO, QL(90 / 30)
ZEJULA 100 mg tab, 200 mg tab, 300 mg tab	5		PA NSO, QL(30 / 30)
ZELBORAF 240 mg tab	5		PA NSO, QL(240 / 30)
ZYDELIG 100 mg tab, 150 mg tab	5		PA NSO, QL(60 / 30)
ZYKADIA 150 mg tab	5		PA NSO, QL(84 / 28)
Retinoids [Retinoides]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
bexarotene 75 mg cap	5	TARGRETIN	PA NSO
bexarotene 1 % gel	5	TARGRETIN	PA NSO
PANRETIN 0.1 % gel	5		QL(180 / 30)
tretinoin 10 mg cap	5	VESANOID	
Treatment Adjuncts [Adjuntos De Tratamiento]			
mesna 400 mg tab	4		
MESNEX 400 mg tab	5		
ANTIPARASITICS [ANTIPARASITARIOS]			
Antihelminthics [Antihelmínticos]			
albendazole 200 mg tab	4	ALBENZA	
ivermectin 6 mg tab	2		
ivermectin 3 mg tab	2	STROMECTOL	
praziquantel 600 mg tab	2	BILTRICIDE	
Antiprotozoals [Antiprotozoarios]			
atovaquone 750 mg/5ml susp	3	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	
chloroquine phosphate 250 mg tab	4		QL(50 / 30)
chloroquine phosphate 500 mg tab	4	ARALEN	QL(25 / 30)
COARTEM 20-120 mg tab	4		
hydroxychloroquine sulfate 200 mg tab	2	PLAQUENIL	QL(90 / 30)
KRINTAFEL 150 mg tab	4		
mefloquine hcl 250 mg tab	2		
nitazoxanide 500 mg tab	5	ALINIA	
pentamidine isethionate 300 mg inh soln	3	NEBUPENT	PA BvD
pentamidine isethionate 300 mg inj soln	4	PENTAM	
primaquine phosphate 26.3 (15 Base) mg tab	4		
pyrimethamine 25 mg tab	5	DARAPRIM	PA
quinine sulfate 324 mg cap	4	QUALAQUIN	PA, QL(42 / 7)
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	2	COGENTIN	HR
trihexyphenidyl hcl 0.4 mg/ml soln	2		PA, HR
trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	ARTANE	PA, HR
Antiparkinson Agents, Other [Agentes Antiparkinson, Otros]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap	2	SYMMETREL	
entacapone 200 mg tab	3	COMTAN	
INBRIJA 42 mg inh cap	5		PA, QL(300 / 30)
Dopamine Agonists [Agonistas De Dopamina]			
apomorphine hcl 30 mg/3ml sc soln cart	5	APOKYN	PA, QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
bromocriptine mesylate 2.5 mg tab	2	PARLODEL	
bromocriptine mesylate 5 mg cap	4	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		QL(30 / 30)
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	
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	2	REQUIP	
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			
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 12.5-50-200 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	4	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors [Inhibidores De La Monoaminooxidasa B (Mao-B)]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	4	AZILECT	
selegiline hcl 5 mg tab	2		
selegiline hcl 5 mg cap	2	ELDEPRYL	
ANTIPSYCHOTICS [ANTIPSICÓTICOS]			
1st Generation/typical [1Era Generación/Típicos]			
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	
fluphenazine hcl 2.5 mg/ml inj soln	3	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	4	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc	4	PROLIXIN	
haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	2	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	3	HALDOL	
haloperidol lactate 2 mg/ml oral conc, 5	2	HALDOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg/ml inj soln			
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	2	LOXITANE	
molindone hcl 5 mg tab	2	MOBAN	QL(120 / 30)
molindone hcl 10 mg tab	2	MOBAN	QL(240 / 30)
molindone hcl 25 mg tab	2	MOBAN	QL(270 / 30)
pimozide 1 mg tab, 2 mg tab	3	ORAP	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	2	MELLARIL	HR
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	4	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	STELAZINE	
2nd Generation/atypical [2Da Generación/Atípicos]			
asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2	SAPHRIS	QL(60 / 30)
CAPLYTA 10.5 mg cap, 21 mg cap, 42 mg cap	5		QL(30 / 30), ST
COBENFY 100-20 mg cap, 125-30 mg cap, 50-20 mg cap	5		PA NSO
COBENFY STARTER PACK 50-20 & 100-20 mg cap pack	5		PA NSO
ERZOFRI 39 mg/0.25ml im susp pfs	3		QL(0.25 / 28)
ERZOFRI 78 mg/0.5ml im susp pfs	5		QL(0.5 / 28)
ERZOFRI 117 mg/0.75ml im susp pfs	5		QL(0.75 / 28)
ERZOFRI 156 mg/ml im susp pfs	5		QL(1 / 28)
ERZOFRI 234 mg/1.5ml im susp pfs	5		QL(1.5 / 28)
ERZOFRI 351 mg/2.25ml im susp pfs	5		QL(2.25 / 28)
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	5		QL(60 / 30), ST
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab	4		ST
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs	5		QL(3.5 / 180)
INVEGA HAFYERA 1560 mg/5ml im susp pfs	5		QL(5 / 180)
INVEGA SUSTENNA 39 mg/0.25ml im susp pfs	3		QL(0.25 / 28)
INVEGA SUSTENNA 78 mg/0.5ml im susp pfs	5		QL(0.5 / 28)
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs	5		QL(0.75 / 28)
INVEGA SUSTENNA 156 mg/ml im susp pfs	5		QL(1 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
INVEGA SUSTENNA 234 mg/1.5ml im susp pfs	5		QL(1.5 / 28)
INVEGA TRINZA 273 mg/0.88ml im susp pfs	5		QL(0.88 / 84)
INVEGA TRINZA 410 mg/1.32ml im susp pfs	5		QL(1.32 / 84)
INVEGA TRINZA 546 mg/1.75ml im susp pfs	5		QL(1.75 / 84)
INVEGA TRINZA 819 mg/2.63ml im susp pfs	5		QL(2.63 / 84)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	LATUDA	QL(30 / 30)
LYBALVI 10-10 mg tab, 15-10 mg tab, 20-10 mg tab, 5-10 mg tab	5		PA NSO, QL(30 / 30)
NUPLAZID 10 mg tab, 34 mg cap	5		PA NSO, QL(30 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	2	ZYPREXA	QL(30 / 30)
olanzapine 10 mg im soln	3	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	4	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 9 mg tab er 24 hr	4	INVEGA	QL(30 / 30)
paliperidone er 6 mg tab er 24 hr	4	INVEGA	QL(60 / 30)
PERSERIS 120 mg Subcutaneous Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe	5		QL(1 / 30)
REXULTI 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		QL(30 / 30)
REXULTI 0.5 mg tab	5		QL(60 / 30)
REXULTI 0.25 mg tab	5		QL(120 / 30)
risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab	2	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab	2	RISPERDAL	QL(120 / 30)
risperidone 1 mg/ml soln	2	RISPERDAL	QL(480 / 30)
risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	4	RISPERDAL	QL(60 / 30)
risperidone 3 mg tab disint, 4 mg tab disint	4	RISPERDAL	QL(120 / 30)
risperidone microspheres er 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension	4		QL(2 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER			
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	5		QL(30 / 30), ST
UZEDY 100 mg/0.28ml sc susp pfs, 125 mg/0.35ml sc susp pfs, 150 mg/0.42ml sc susp pfs, 200 mg/0.56ml sc susp pfs, 250 mg/0.7ml sc susp pfs, 50 mg/0.14ml sc susp pfs, 75 mg/0.21ml sc susp pfs	5		ST
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		QL(30 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	QL(60 / 30)
ziprasidone mesylate 20 mg im soln	3	GEODON	QL(6 / 28)
Treatment-resistant [Resistentes A Tratamiento]			
clozapine 50 mg tab	2	CLOZARIL	QL(90 / 30)
clozapine 100 mg tab	2	CLOZARIL	QL(270 / 30)
clozapine 25 mg tab	3	CLOZARIL	QL(90 / 30)
clozapine 200 mg tab	3	CLOZARIL	QL(135 / 30)
clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint	4	FAZACLO	QL(90 / 30), ST
clozapine 200 mg tab disint	4	FAZACLO	QL(120 / 30), ST
clozapine 150 mg tab disint	4	FAZACLO	QL(180 / 30), ST
VERSACLOZ 50 mg/ml susp	5		QL(540 / 30), ST
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 15 mg tab, 5 mg tab	2		
baclofen 10 mg tab, 20 mg tab	2	LIORESAL	
chlorzoxazone 500 mg tab	2	PARAFON FORTE	HR
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	
methocarbamol 1000 mg tab	2		
methocarbamol 500 mg tab, 750 mg tab	2	ROBAXIN	HR
tanlor 1000 mg tab	2		
ANTIVIRALS [ANTIVIRALES]			
Anti-cytomegalovirus (cmv) Agents [Agentes Anti Citomegalovirus (Cmv)]			
PREVYMIS 240 mg tab, 480 mg tab	5		PA, QL(28 / 28)
valganciclovir hcl 450 mg tab	2	VALCYTE	
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hbv) Agents [Agentes Contra La Hepatitis B (Vhb)]			
adefovir dipivoxil 10 mg tab	3	HEPSERA	
entecavir 0.5 mg tab, 1 mg tab	2	BARACLUDE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lamivudine 100 mg tab	4	EPIVIR HBV	
VEMLIDY 25 mg tab	5		QL(30 / 30)
Anti-hepatitis C (hcv) Agents, Other [Agentes Contra La Hepatitis C (Vhc), Otros]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		
ribavirin 200 mg tab	2	COPEGUS	
ribavirin 200 mg cap	2	REBETOL	
Anti-hepatitis C (hcv) Direct Acting Agents [Agentes De Acción Directa Contra La Hepatitis C (Vhc)]			
ledipasvir-sofosbuvir 90-400 mg tab	5	HARVONI	PA, QL(28 / 28)
MAVYRET 100-40 mg tab	5		PA, QL(90 / 30)
MAVYRET 50-20 mg pckt	5		PA, QL(168 / 28)
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA, QL(28 / 28)
Anti-hiv Agents, Integrase Inhibitors (insti) [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti)]			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	5		
GENVOYA 150-150-200-10 mg tab	5		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew	4		
ISENTRESS 400 mg tab	5		
ISENTRESS HD 600 mg tab	5		
STRIBILD 150-150-200-300 mg tab	5		
TIVICAY 50 mg tab	5		
TIVICAY PD 5 mg tab sol	4		
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti)]			
EDURANT 25 mg tab	5		
efavirenz 600 mg tab	3	SUSTIVA	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	4	ATRIPLA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	5	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	5	SYMFI LO	
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	5		
etravirine 100 mg tab, 200 mg tab	5	INTELENCE	
INTELENCE 25 mg tab	4		
nevirapine 200 mg tab	2	VIRAMUNE	
nevirapine 50 mg/5ml susp	4	VIRAMUNE	
nevirapine er 400 mg tab er 24 hr	4	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	5		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti)]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
abacavir sulfate 300 mg tab	2	ZIAGEN	
abacavir sulfate 20 mg/ml soln	4	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	2	EPZICOM	
CIMDUO 300-300 mg tab	5		
DESCOVY 120-15 mg tab, 200-25 mg tab	5		
DOVATO 50-300 mg tab	5		
emtricitabine 200 mg cap	3	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 167-250 mg tab, 200-300 mg tab	4	TRUVADA	
emtricitabine-tenofovir df 133-200 mg tab	5	TRUVADA	
EMTRIVA 10 mg/ml soln	4		
lamivudine 150 mg tab, 300 mg tab	2	EPIVIR	
lamivudine 10 mg/ml soln	4	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	2	COMBIVIR	
PIFELTRO 100 mg tab	5		
tenofovir disoproxil fumarate 300 mg tab	2	VIREAD	
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		
VIREAD 40 mg/gm oral pwdr	5		
zidovudine 100 mg cap, 300 mg tab	2	RETROVIR	
zidovudine 50 mg/5ml syr	2	RETROVIR	
Anti-hiv Agents, Other [Agentes Anti-Vih, Otros]			
JULUCA 50-25 mg tab	5		
maraviroc 150 mg tab, 300 mg tab	5	SELZENTRY	
RUKOBIA 600 mg tab er 12 hr	5		
SELZENTRY 20 mg/ml soln	4		
SUNLENCA 300 mg tab, 4 x 300 mg tab pack, 5 x 300 mg tab pack	5		
TYBOST 150 mg tab	3		QL(30 / 30)
Anti-hiv Agents, Protease Inhibitors [Agentes Anti-Vih, Inhibidores De La Proteasa]			
APTIVUS 250 mg cap	5		
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	3	REYATAZ	
darunavir 600 mg tab	4	PREZISTA	
darunavir 800 mg tab	5	PREZISTA	
DELSTRIGO 100-300-300 mg tab	5		
EVOTAZ 300-150 mg tab	5		
fosamprenavir calcium 700 mg tab	3	LEXIVA	
KALETRA 400-100 mg/5ml soln	4		QL(390 / 30)
lopinavir-ritonavir 100-25 mg tab	3	KALETRA	QL(300 / 30)
lopinavir-ritonavir 200-50 mg tab	4	KALETRA	QL(120 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
NORVIR 100 mg pckt	4		
PREZCOBIX 800-150 mg tab	5		
PREZISTA 75 mg tab	4		
PREZISTA 150 mg tab	5		
PREZISTA 100 mg/ml susp	5		
REYATAZ 50 mg pckt	5		
ritonavir 100 mg tab	2	NORVIR	
SYMTUZA 800-150-200-10 mg tab	5		
TRIUMEQ 600-50-300 mg tab	5		
triumeq pd 60-5-30 mg tab sol	4		
VIRACEPT 250 mg tab, 625 mg tab	5		
Anti-influenza Agents [Agentes Contra La Influenza]			
oseltamivir phosphate 75 mg cap	2	TAMIFLU	QL(42 / 180)
oseltamivir phosphate 45 mg cap	2	TAMIFLU	QL(48 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(84 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(540 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(60 / 180)
rimantadine hcl 100 mg tab	3	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack	4		QL(4 / 180)
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	4		QL(2 / 180)
Antiherpetic Agents [Agentes Antiherpéticos]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	4	ZOVIRAX	
acyclovir 5 % oint	4	ZOVIRAX	QL(30 / 30)
acyclovir sodium 50 mg/ml iv soln	3	ZOVIRAX	PA BvD
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	2	FAMVIR	
trifluridine 1 % ophth soln	3	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	4	VALTREX	
Antiviral, Coronavirus Agents [Antiviral, Coronavirus Agents]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		QL(20 / 5)
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	3		QL(22 / 5)
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		QL(30 / 5)
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	BUSPAR	
hydroxyzine hcl 10 mg tab, 25 mg tab,	1	ATARAX	PA, HR

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
50 mg tab			
hydroxyzine hcl 10 mg/5ml syr	2	ATARAX	HR
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	HR
hydroxyzine pamoate 100 mg cap	2	VISTARIL	HR
Benzodiazepines [Benzodiazepinas]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab	1	XANAX	QL(120 / 30)
alprazolam 2 mg tab	1	XANAX	QL(150 / 30)
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	QL(120 / 30)
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	QL(180 / 30)
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
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	2	LITHOBID	
lithium carbonate er 450 mg tab er	2	ESKALITH CR	
lithium carbonate er 300 mg tab er	2	LITHOBID	
valproic acid 250 mg/5ml soln	2	DEPAKENE	
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	2	PRECOSE	QL(90 / 30)
colesevelam hcl 3.75 gm pckt, 625 mg tab	4	WELCHOL	
dapagliflozin propanediol 10 mg tab, 5 mg tab	3		QL(30 / 30)
FARXIGA 10 mg tab, 5 mg tab	3		QL(30 / 30)
glimepiride 1 mg tab, 2 mg tab	6	AMARYL	QL(30 / 30)
glimepiride 4 mg tab	6	AMARYL	QL(60 / 30)
glipizide 2.5 mg tab	6		QL(60 / 30)
glipizide 5 mg tab	6	GLUCOTROL	QL(60 / 30)
glipizide 10 mg tab	6	GLUCOTROL	QL(120 / 30)
glipizide er 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	6	GLUCOTROL XL	QL(30 / 30)
glipizide er 10 mg tab er 24 hr	6	GLUCOTROL XL	QL(60 / 30)
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	6	DIABETA	HR
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	6	GLYNASE	HR
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		QL(30 / 30)
JARDIANCE 10 mg tab, 25 mg tab	3		QL(30 / 30), ST
metformin hcl 1000 mg tab	6	GLUCOPHAGE	QL(75 / 30)
metformin hcl 850 mg tab	6	GLUCOPHAGE	QL(90 / 30)
metformin hcl 500 mg tab	6	GLUCOPHAGE	QL(150 / 30)
metformin hcl er 750 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(60 / 30)
metformin hcl er 500 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(120 / 30)
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, QL(2 / 28)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PA, QL(3 / 28)
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PA, QL(6 / 28)
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PA, QL(3 / 28)
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	6	ACTOS	QL(30 / 30)
repaglinide 0.5 mg tab, 1 mg tab	6	PRANDIN	QL(120 / 30)
repaglinide 2 mg tab	6	PRANDIN	QL(240 / 30)
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		PA, QL(30 / 30)
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	3		QL(30 / 30)
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	5		PA, QL(10.8 / 28)
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	5		PA, QL(10.8 / 28)
TRADJENTA 5 mg tab	3		QL(30 / 30)
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	3		QL(15 / 28)
Blood Glucose Regulators (combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	6	METAGLIP	QL(120 / 30)
glipizide-metformin hcl 2.5-250 mg tab	6	METAGLIP	QL(240 / 30)
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	6	GLUCOVANCE	HR
JANUMET 50-1000 mg tab, 50-500 mg tab	3		QL(60 / 30)
JANUMET XR 100-1000 mg tab er 24 hr	3		QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		QL(60 / 30)
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab	3		QL(60 / 30)
JENTADUETO XR 5-1000 mg tab er 24 hr	3		QL(30 / 30)
JENTADUETO XR 2.5-1000 mg tab er 24 hr	3		QL(60 / 30)
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		QL(60 / 30)
SYNJARDY XR 10-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr	3		QL(30 / 30)
SYNJARDY XR 12.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		QL(60 / 30)
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	3		QL(30 / 30)
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	3		QL(60 / 30)
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	3		QL(30 / 30)
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		QL(60 / 30)
Glycemic Agents [Agentes Glucémicos]			
diazoxide 50 mg/ml susp	2	PROGLYCEM	
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	3		
GVOKE PFS 1 mg/0.2ml sc soln pfs	3		
mifepristone 300 mg tab	5		PA, QL(112 / 28)
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, QL(2 / 28)
Insulins [Insulinas]			
BD INSULIN SYRINGE 29G X 1/2" 1 ml misc	2		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		
BD PEN MINI misc	2		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	2		
FIASP 100 unit/ml inj soln	3		QL(40 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
FIASP PENFILL 100 unit/ml sc soln cart	3		QL(30 / 28)
gauze pads 2"X2" pad	1		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 28)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(24 / 28)
LANTUS 100 unit/ml sc soln	3		QL(40 / 28)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLIN N 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLIN R 100 unit/ml inj soln	3		QL(40 / 28)
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	3		QL(30 / 28)
NOVOLOG 100 unit/ml inj soln	3		QL(40 / 28)
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLOG PENFILL 100 unit/ml sc soln cart	3		QL(30 / 28)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(18 / 28)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(13.5 / 28)
BLOOD PRODUCTS AND MODIFIERS [PRODUCTOS PARA LA SANGRE Y MODIFICADORES]			
Hemostasis Agents [Agentes Para La Hemostasia]			
tranexamic acid 650 mg tab	2	LYSTEDA	
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
CABLIVI 11 mg inj kit	5		PA, QL(30 / 30)
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	2	PERSANTINE	HR
TAVALISSE 100 mg tab, 150 mg tab	5		PA, QL(60 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Anticoagulants [Anticoagulantes]			
dabigatran etexilate mesylate 110 mg cap	2		
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	2	PRADAXA	
ELIQUIS 2.5 mg tab	3		QL(60 / 30), ST
ELIQUIS 5 mg tab	3		QL(74 / 30), ST
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		ST
enoxaparin sodium 30 mg/0.3ml inj soln pfs	3	LOVENOX	QL(18 / 30)
enoxaparin sodium 40 mg/0.4ml inj soln pfs	3	LOVENOX	QL(24 / 30)
enoxaparin sodium 60 mg/0.6ml inj soln pfs	3	LOVENOX	QL(36 / 30)
enoxaparin sodium 120 mg/0.8ml inj soln pfs, 80 mg/0.8ml inj soln pfs	3	LOVENOX	QL(48 / 30)
enoxaparin sodium 100 mg/ml inj soln pfs, 150 mg/ml inj soln pfs	3	LOVENOX	QL(60 / 30)
fondaparinux sodium 2.5 mg/0.5ml sc soln	3	ARIXTRA	QL(15 / 30)
fondaparinux sodium 5 mg/0.4ml sc soln	5	ARIXTRA	QL(12 / 30)
fondaparinux sodium 7.5 mg/0.6ml sc soln	5	ARIXTRA	QL(18 / 30)
fondaparinux sodium 10 mg/0.8ml sc soln	5	ARIXTRA	QL(24 / 30)
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	2		
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, 7.5 mg tab	1	COUMADIN	
rivaroxaban 2.5 mg tab	2		QL(60 / 30)
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, 20 mg tab	3		QL(30 / 30)
XARELTO 15 mg tab, 2.5 mg tab	3		QL(60 / 30)
XARELTO 1 mg/ml susp	3		QL(900 / 30)
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers [Modificadores De La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	
DOPTELET 20 mg tab	5		PA, QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FULPHILA 6 mg/0.6ml sc soln pfs	5		PA
LEUKINE 250 mcg inj soln	5		
MULPLETA 3 mg tab	5		PA, QL(7 / 7)
NEULASTA 6 mg/0.6ml sc soln pfs	5		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	5		PA
PROMACTA 25 mg tab	5		PA, QL(30 / 30)
PROMACTA 50 mg tab, 75 mg tab	5		PA, QL(60 / 30)
PROMACTA 12.5 mg pckt, 12.5 mg tab	5		PA, QL(90 / 30)
PROMACTA 25 mg pckt	5		PA, QL(180 / 30)
RETACRIT 40000 unit/ml inj soln	3		PA, QL(4 / 28)
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	3		PA, QL(12 / 28)
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	4	AGGRENOX	QL(60 / 30)
BRILINTA 60 mg tab	3		
cilostazol 100 mg tab, 50 mg tab	2	PLETAL	
clopidogrel bisulfate 75 mg tab	1	PLAVIX	
prasugrel hcl 10 mg tab, 5 mg tab	4	EFFIENT	QL(30 / 30)
ticagrelor 90 mg tab	2		
CARDIOVASCULAR AGENTS [AGENTES CARDIOVASCULARES]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch	4	CATAPRES-TTS	QL(4 / 28)
clonidine 0.3 mg/24hr tdwk patch	4	CATAPRES-TTS	QL(8 / 28)
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
droxidopa 100 mg cap, 200 mg cap, 300 mg cap	4	NORTHERA	PA, QL(180 / 30)
guanfacine hcl 1 mg tab, 2 mg tab	2	TENEX	HR
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROAMATINE	
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	CARDURA	
prazosin hcl 1 mg cap, 2 mg cap, 5 mg	4	MINIPRESS	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cap			
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	
Angiotensin Ii Receptor Antagonists [Antagonistas Del Receptor De Angiotensina Ii]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	4	ATACAND	
EDARBI 40 mg tab, 80 mg tab	3		
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	6	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	6	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	6	BENICAR	
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	6	MICARDIS	
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	6	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (Eca)]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	6	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	6	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	6	ZESTRIL	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	6	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	6	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	6	MAVIK	
Antiarrhythmics [Antiarrítmicos]			
amiodarone hcl 200 mg tab	1	CORDARONE	
amiodarone hcl 400 mg tab	4	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	3	NORPACE	PA, HR
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	4	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg	2	TAMBOCOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab, 50 mg tab			
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	2	MEXITIL	
MULTAQ 400 mg tab	3		
pacerone 200 mg tab, 400 mg tab	4	CORDARONE	
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	2	RYTHMOL	
quinidine sulfate 200 mg tab	1		
quinidine sulfate 300 mg tab	2		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	2	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	2	BETAPACE AF	
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
acebutolol hcl 200 mg cap, 400 mg cap	2	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	2	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	2	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	2	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL XL	
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2	BYSTOLIC	
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	4	INDERAL LA	
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
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	2	CARDIZEM CD	
dilt-xr 120 mg cap er 24 hr, 180 mg cap	2	DILACOR XR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
er 24 hr, 240 mg cap er 24 hr			
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	2	CARDIZEM	
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	4	CARDIZEM	
diltiazem hcl er beads 420 mg cap er 24 hr	2	TIAZAC	
diltiazem hcl er coated 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	2	CARDIZEM CD	
nicardipine hcl 20 mg cap, 30 mg cap	4	CARDENE	
nifedipine 10 mg cap, 20 mg cap	4	PROCARDIA	HR
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 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, 90 mg tab er 24 hr	2	PROCARDIA XL	
tiadylt er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	2	TIAZAC	
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 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	VERELAN	
verapamil hcl er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	4	VERELAN	
Cardiovascular Agents (combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
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	6	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	6	EXFORGE	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5	6	LOTENSIN HCT	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab			
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	2	ZIAC	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	6	VASERETIC	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	6	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	6	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	2	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	6	BENICAR HCT	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ACCURETIC	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	6	DIOVAN HCT	
Cardiovascular Agents, Combinations			
BIDIL 20-37.5 mg tab	3		
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
aliskiren fumarate 150 mg tab, 300 mg tab	4	TEKTURNA	
CORLANOR 5 mg/5ml soln	3		QL(600 / 30)
digoxin 125 mcg tab, 250 mcg tab	2	LANOXIN	HR
ENTRESTO 15-16 mg cap sprinkle, 6-6 mg cap sprinkle	3		
ENTRESTO 49-51 mg tab, 97-103 mg tab	3		QL(60 / 30)
ENTRESTO 24-26 mg tab	3		QL(180 / 30)
ivabradine hcl 5 mg tab, 7.5 mg tab	2		QL(60 / 30)
KERENDIA 10 mg tab, 20 mg tab	3		PA
metyrosine 250 mg cap	5	DEMSER	
pentoxifylline er 400 mg tab er	2	TRENTAL	
ranolazine er 1000 mg tab er 12 hr	4	RANEXA	QL(60 / 30)
ranolazine er 500 mg tab er 12 hr	4	RANEXA	QL(120 / 30)
VERQUVO 10 mg tab, 2.5 mg tab, 5	3		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mg tab			
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	
KEVEYIS 50 mg tab	5		PA, QL(120 / 30)
Diuretics, Loop [Diuréticos, Asa De Henle]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	
bumetanide 0.25 mg/ml inj soln	4	BUMEX	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln	2	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	2	DEMADEX	
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
amiloride hcl 5 mg tab	2	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	4	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
Diuretics, Thiazide [Diuréticos, Tiazidas]			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	2	TRICOR	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	4	TRICOR	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa]			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	LIPITOR	QL(30 / 30)
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		QL(30 / 30)
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	6	MEVACOR	
pravastatin sodium 10 mg tab, 80 mg tab	6	PRAVACHOL	
pravastatin sodium 20 mg tab, 40 mg	6	PRAVACHOL	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tab			
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	CRESTOR	QL(30 / 30)
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	6	ZOCOR	QL(30 / 30)
Dyslipidemics, Other [Dislipidémicos, Otros]			
cholestyramine 4 gm pckt	2	QUESTRAN	
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	
colestipol hcl 1 gm tab	2	COLESTID	
colestipol hcl 5 gm pckt	3	COLESTID	
ezetimibe 10 mg tab	2	ZETIA	QL(30 / 30)
icosapent ethyl 1 gm cap	1	VASCEPA	QL(120 / 30)
icosapent ethyl 0.5 gm cap	1	VASCEPA	QL(240 / 30)
JUXTAPID 10 mg cap, 30 mg cap	5		PA, QL(30 / 30)
JUXTAPID 5 mg cap	5		PA, QL(45 / 30)
JUXTAPID 20 mg cap	5		PA, QL(90 / 30)
NEXLETOL 180 mg tab	3		PA, QL(30 / 30)
NEXLIZET 180-10 mg tab	3		PA, QL(30 / 30)
niacin er (antihyperlipidemic) 500 mg tab er	2	NIASPAN	
niacin er (antihyperlipidemic) 1000 mg tab er, 750 mg tab er	4	NIASPAN	
omega-3-acid ethyl esters 1 gm cap	2	LOVAZA	QL(120 / 30)
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	3		PA, QL(2 / 28)
prevalite 4 gm pckt	2	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	3		PA, QL(6 / 28)
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	3		PA, QL(7 / 28)
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		PA, QL(6 / 28)
Vasodilators, Direct-acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	2	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	2	LONITEN	
Vasodilators, Direct-acting Arterial/venous [Vasodilatadores Arteriovenosos De Acción Directa]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ISORDIL TITRADOSE	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
nitroglycerin 0.4 % rect oint	4		QL(30 / 30)
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td	2	NITRO-DUR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
patch 24hr, 0.6 mg/hr td patch 24hr			
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	2	NITROSTAT	
RECTIV 0.4 % rect oint	4		QL(30 / 30)
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	4	ADDERALL XR	QL(30 / 30)
amphetamine-dextroamphet er 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr	4	ADDERALL XR	QL(60 / 30)
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	QL(60 / 30)
dextroamphetamine sulfate 5 mg tab	4	DEXTROSTAT	QL(90 / 30)
dextroamphetamine sulfate 10 mg tab	4	DEXTROSTAT	QL(180 / 30)
dextroamphetamine sulfate 20 mg tab, 30 mg tab	4	ZENZEDI	QL(60 / 30)
dextroamphetamine sulfate 15 mg tab	4	ZENZEDI	QL(90 / 30)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	NUVIGIL	QL(30 / 30)
atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap	3	STRATTERA	QL(30 / 30)
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	3	STRATTERA	QL(60 / 30)
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	FOCALIN	QL(60 / 30)
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	QL(30 / 30), HR
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	2	METHYLIN	QL(900 / 30)
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	2	RITALIN	QL(90 / 30)
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	4	METADATE CD	QL(30 / 30)
methylphenidate hcl er (cd) 30 mg cap er	4	METADATE CD	QL(60 / 30)
methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg	4	RITALIN LA	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cap er 24 hr, 60 mg cap er 24 hr			
methylphenidate hcl er (la) 30 mg cap er 24 hr	4	RITALIN LA	QL(60 / 30)
Central Nervous System, Other [Sistema Nervioso Central, Otros]			
AUSTEDO 6 mg tab	5		PA, QL(60 / 30)
AUSTEDO 12 mg tab, 9 mg tab	5		PA, QL(120 / 30)
AUSTEDO XR 12 mg tab er 24 hr, 18 mg tab er 24 hr, 24 mg tab er 24 hr, 30 mg tab er 24 hr, 36 mg tab er 24 hr, 42 mg tab er 24 hr, 48 mg tab er 24 hr	5		PA, QL(60 / 30)
AUSTEDO XR 6 mg tab er 24 hr	5		PA, QL(240 / 30)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 mg tab er pack	5		PA
INGREZZA 40 mg cap, 40 mg cap sprinkle, 60 mg cap, 60 mg cap sprinkle, 80 mg cap, 80 mg cap sprinkle	5		PA
riluzole 50 mg tab	2	RILUTEK	QL(60 / 30)
tetrabenazine 12.5 mg tab	4	XENAZINE	PA, QL(112 / 28)
tetrabenazine 25 mg tab	5	XENAZINE	PA, QL(112 / 28)
VEOZAH 45 mg tab	3		PA NSO, QL(30 / 30)
Fibromyalgia Agents			
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		QL(60 / 30)
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents [Agentes Para La Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA, QL(1 / 28)
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA, QL(1 / 28)
BETASERON 0.3 mg sc kit	5		PA, QL(15 / 30)
dalfampridine er 10 mg tab er 12 hr	2	AMPYRA	PA, QL(60 / 30)
dimethyl fumarate 120 mg cap dr	4	TECFIDERA	PA, QL(14 / 7)
dimethyl fumarate 240 mg cap dr	4	TECFIDERA	PA, QL(60 / 30)
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	PA
fingolimod hcl 0.5 mg cap	5	GILENYA	PA, QL(30 / 30)
glatiramer acetate 40 mg/ml sc soln pfs	5	COPAXONE	PA, QL(12 / 28)
glatiramer acetate 20 mg/ml sc soln pfs	5	COPAXONE	PA, QL(30 / 30)
glatopa 40 mg/ml sc soln pfs	5	COPAXONE	PA, QL(12 / 28)
glatopa 20 mg/ml sc soln pfs	5	COPAXONE	PA, QL(30 / 30)
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA, QL(1.2 / 28)
MAVENCLAD (10 TABS) 10 mg tab	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pack			
MAVENCLAD (4 TABS) 10 mg tab pack	5		PA
MAVENCLAD (5 TABS) 10 mg tab pack	5		PA
MAVENCLAD (6 TABS) 10 mg tab pack	5		PA
MAVENCLAD (7 TABS) 10 mg tab pack	5		PA
MAVENCLAD (8 TABS) 10 mg tab pack	5		PA
MAVENCLAD (9 TABS) 10 mg tab pack	5		PA
MAYZENT 1 mg tab	5		PA
MAYZENT 2 mg tab	5		PA, QL(30 / 30)
MAYZENT 0.25 mg tab	5		PA, QL(112 / 28)
MAYZENT STARTER PACK 7 x 0.25 mg tab pack	4		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
PLEGRIDY 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	5		PA, QL(1 / 28)
teriflunomide 14 mg tab, 7 mg tab	5	AUBAGIO	PA, QL(30 / 30)
VUMERITY 231 mg cap dr	5		PA, QL(120 / 30)
DENTAL AND ORAL AGENTS [AGENTES DENTALES Y ORALES]			
Dental And Oral Agents [Agentes Dentales Y Orales]			
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
kourzeq 0.1 % m/t paste	2	KENALOG IN ORABASE	
periogard 0.12 % m/t soln	1	PERIDEX	
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatitis And Pruritus Agents			
EUCRISA 2 % oint	3		
Dermatological Agents [Agentes Dermatológicos]			
accutane 10 mg cap, 20 mg cap, 40 mg cap	2	ABSORICA	
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	2	SORIATANE	
adapalene 0.1 % crm	4	DIFFERIN	
ALTRENO 0.05 % lot	4		PA
ammonium lactate 12 % crm, 12 % lot	2	LAC-HYDRIN	
calcipotriene 0.005 % crm	4	DOVONEX	QL(120 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
COSENTYX 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 UNOREADY 300 mg/2ml sc soln auto-inj	5		PA
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA, QL(4.56 / 28)
DUPIXENT 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	5		PA, QL(8 / 28)
fluorouracil 2 % ext soln, 5 % ext soln	2	EFUDEX	
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
methoxsalen rapid 10 mg cap	5	OXSORALEN-ULTRA	
OTEZLA 10 & 20 & 30 mg tab pack, 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA 20 mg tab, 30 mg tab	5		PA, QL(60 / 30)
pimecrolimus 1 % crm	4	ELIDEL	QL(100 / 30)
podofilox 0.5 % ext soln	2	CONDYLOX	
SANTYL 250 unit/gm oint	4		QL(180 / 30)
selenium sulfide 2.5 % lot	2	SELSUN	
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	5		PA, QL(0.5 / 28)
STELARA 90 mg/ml sc soln pfs	5		PA, QL(1 / 28)
tacrolimus 0.03 % oint, 0.1 % oint	4	PROTOPIC	QL(100 / 30)
tazarotene 0.05 % crm	4		
tazarotene 0.1 % crm	4	TAZORAC	
TREMFYA 100 mg/ml sc soln pfs	5		PA, QL(2 / 28)
tretinoin 0.05 % gel	4	ATRALIN	PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	4	RETIN-A	PA
ustekinumab 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	5		PA, QL(0.5 / 28)
ustekinumab 90 mg/ml sc soln pfs	5		PA, QL(1 / 28)
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
Dermatological Agents (combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
clotrimazole-betamethasone 1-0.05 % crm	2	LOTRISONE	QL(90 / 30)
Dermatological Agents, Other			
calcipotriene 0.005 % ext soln	4	DOVONEX	QL(120 / 30)
diclofenac sodium 3 % gel	4	SOLARAZE	PA, QL(100 / 28)
fluorouracil 5 % crm	2	EFUDEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
imiquimod 5 % crm	2	ALDARA	QL(24 / 30)
Pediculicides/scabicides [Pediculicidas/Escabicidas]			
malathion 0.5 % lot	4	OVIDE	
permethrin 5 % crm	2	ELIMITE	
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement [Reemplazo De Electrolitos/Minerales]			
carglumic acid 200 mg tab sol	5	CARBAGLU	
ISOLYTE-S PH 7.4 iv soln	3		
klor-con m10 10 meq tab er	2		
klor-con m15 15 meq tab er	2	KLOR-CON	
klor-con m20 20 meq tab er	2	KLOR-CON	
levocarnitine 1 gm/10ml soln	2	CARNITOR	
levocarnitine 330 mg tab	4	CARNITOR	
magnesium sulfate 50 % inj soln	2		
magnesium sulfate 50 % inj soln	2		PA BvD
multiple electro type 1 ph 7.4 iv soln	2		
PLASMA-LYTE A iv soln	3		
potassium chloride 2 meq/ml iv soln	1		PA BvD
potassium chloride 2 meq/ml iv soln	2		PA BvD
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	4	K-SOL	
potassium chloride crys er 10 meq tab er	2		
potassium chloride crys er 15 meq tab er, 20 meq tab er	2	KLOR-CON	
potassium chloride er 15 meq tab er	2		
potassium chloride er 20 meq tab er	2	K-TAB	
potassium chloride er 10 meq tab 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	2		
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	
REVCOVI 2.4 mg/1.5ml im soln	5		PA
sodium chloride 0.45 % iv soln, 0.9 % iv soln	2		
Electrolyte/mineral Replacement (combination Product) [Reemplazo De Electrolitos/Minerales (Productos En Combinación)]			
CLENPIQ 10-3.5-12 MG-GM - gm/175ml soln	3		
CLINIMIX E/DEXTROSE (2.75/5) 2.75	4		PA BvD

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
% iv soln			
CLINIMIX E/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA BvD
CLINIMIX E/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA BvD
CLINIMIX E/DEXTROSE (5/15) 5 % iv soln	4		PA BvD
CLINIMIX E/DEXTROSE (5/20) 5 % iv soln	4		PA BvD
CLINIMIX/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA BvD
CLINIMIX/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA BvD
CLINIMIX/DEXTROSE (5/15) 5 % iv soln	4		PA BvD
CLINIMIX/DEXTROSE (5/20) 5 % iv soln	4		PA BvD
dextrose 5 % iv soln	2		
dextrose 10 % iv soln	2		PA BvD
dextrose-sodium chloride 5-0.45 % iv soln, 5-0.9 % iv soln	2		
INTRALIPID 20 % iv emul, 30 % iv emul	4		PA BvD
ISOLYTE-P IN D5W iv soln	3		
NUTRILIPID 20 % iv emul	4		PA BvD
PROSOL 20 % iv soln	4		PA BvD
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	3		
TRAVASOL 10 % iv soln	4		PA BvD
TROPHAMINE 10 % iv soln	4		PA BvD
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
deferasirox 125 mg tab sol	2	EXJADE	PA
deferasirox 250 mg tab sol	4	EXJADE	PA
deferasirox 500 mg tab sol	5	EXJADE	PA
deferasirox 90 mg tab	3	JADENU	PA
deferasirox 180 mg tab, 360 mg tab	4	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferiprone 1000 mg tab, 500 mg tab	5	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
JYNARQUE 15 mg tab, 30 mg tab	5		PA, QL(120 / 30)
LOKELMA 5 gm pckt	3		QL(30 / 30)
LOKELMA 10 gm pckt	3		QL(34 / 30)
sodium polystyrene sulfonate oral pwdr	2	KAYEXALATE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sps (sodium polystyrene sulf) 15 gm/60ml cmb susp	2		
tolvaptan 15 mg tab pack, 30 & 15 mg tab pack, 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	5		PA, QL(56 / 28)
trientine hcl 500 mg cap	5		PA, QL(240 / 30)
trientine hcl 250 mg cap	5	SYPRINE	PA, QL(240 / 30)
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Anti-constipation Agents			
constulose 10 gm/15ml soln	2	CONSTULOSE	
enulose 10 gm/15ml soln	2	CONSTULOSE	
GAVILYTE-C 240 gm soln	2		
gavilyte-g 236 gm soln	2	GOLYTELY	
generlac 10 gm/15ml soln	2	CONSTULOSE	
lactulose 10 gm/15ml soln	2	CONSTULOSE	
peg 3350-kcl-na bicarb-nacl 420 gm soln	2	NULYTELY	
peg-3350/electrolytes 236 gm soln	2	GOLYTELY	
Anti-diarrheal Agents [Agentes Antidiarreicos]			
alosetron hcl 0.5 mg tab	3	LOTRONEX	
alosetron hcl 1 mg tab	5	LOTRONEX	
XERMELO 250 mg tab	5		PA, QL(90 / 30)
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
dicyclomine hcl 10 mg cap, 20 mg tab	2	BENTYL	PA, HR
dicyclomine hcl 10 mg/5ml soln	4	BENTYL	PA, HR
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
methscopolamine bromide 2.5 mg tab, 5 mg tab	4	PAMINE	
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
cromolyn sodium 100 mg/5ml oral conc	4	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	4	LOMOTIL	PA, HR
GATTEX 5 mg sc kit	5		PA
loperamide hcl 2 mg cap	2	IMODIUM	
MOVANTIK 12.5 mg tab, 25 mg tab	3		QL(30 / 30)
REZDIFFRA 100 mg tab, 60 mg tab, 80 mg tab	5		PA, QL(30 / 30)
SEROSTIM 4 mg sc soln, 5 mg sc soln, 6 mg sc soln	5		PA
ursodiol 300 mg cap	2	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	2	URSO	
VOWST cap	5		PA
Histamine2 (h2) Receptor Antagonists [Antagonistas Del Receptor De Histamina2 (H2)]			
cimetidine hcl 300 mg/5ml soln	2	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nizatidine 150 mg cap, 300 mg cap	2	AXID	
Irritable Bowel Syndrome Agents [Agentes Para El Síndrome Del Colon Irritable]			
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		QL(30 / 30)
lubiprostone 24 mcg cap, 8 mcg cap	3	AMITIZA	QL(60 / 30)
Protectants [Protectores]			
misoprostol 100 mcg tab, 200 mcg tab	2	CYTOTEC	
sucralfate 1 gm tab	2	CARAFATE	
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
esomeprazole magnesium 20 mg cap dr	2	NEXIUM	QL(30 / 30)
esomeprazole magnesium 40 mg cap dr	2	NEXIUM	QL(60 / 30)
lansoprazole 15 mg cap dr	4	PREVACID	QL(30 / 30)
lansoprazole 30 mg cap dr	4	PREVACID	QL(60 / 30)
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	4	ZEGERID	QL(30 / 30), ST
pantoprazole sodium 20 mg tab dr	1	PROTONIX	QL(30 / 30)
pantoprazole sodium 40 mg tab dr	1	PROTONIX	QL(60 / 30)
rabeprazole sodium 20 mg tab dr	2	ACIPHEX	QL(30 / 30)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [DESORDEN GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Desorden Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
betaine oral pwdr	5	CYSTADANE	
CERDELGA 84 mg cap	5		PA
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		
miglustat 100 mg cap	5	ZAVESCA	PA, QL(90 / 30)
nitisinone 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	5	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 20 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
PALYNZIQ 10 mg/0.5ml sc soln pfs, 2.5 mg/0.5ml sc soln pfs, 20 mg/ml sc soln pfs	5		PA
PROLASTIN-C 1000 mg/20ml iv soln	5		PA BvD
RAVICTI 1.1 gm/ml liq	5		PA
sapropterin dihydrochloride 100 mg tab	5	KUVAN	
sodium phenylbutyrate 500 mg tab	5	BUPHENYL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt, 60000-189600 unit cap dr prt	3		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
EVRYSDI 0.75 mg/ml soln	5		PA
PYRUKYND 20 mg tab, 5 mg tab, 50 mg tab	5		PA
PYRUKYND TAPER PACK 5 mg tab pack, 7 x 20 MG & 7 x 5 mg tab pack, 7 x 50 MG & 7 x 20 mg tab pack	5		PA
VIJOICE 50 mg pckt	5		PA NSO
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic, Enzyme, Or Protein Disorder: Replacement, Modifiers, Treatment			
GALAFOLD 123 mg cap	5		PA, QL(14 / 28)
OCALIVA 10 mg tab, 5 mg tab	5		PA, QL(30 / 30)
VYNDAMAX 61 mg cap	5		PA, QL(30 / 30)
VYNDAQEL 20 mg cap	5		PA, QL(120 / 30)
GENITOURINARY AGENTS [AGENTES GENITOURINARIOS]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
GEMTESA 75 mg tab	4		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
oxybutynin chloride 5 mg tab	2	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	2	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	2	DITROPAN	
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	
trospium chloride 20 mg tab	4	SANCTURA	
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	QL(30 / 30)
dutasteride 0.5 mg cap	2	AVODART	
finasteride 5 mg tab	1	PROSCAR	
tadalafil 2.5 mg tab, 5 mg tab	2	CIALIS	PA, QL(30 / 30)
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	2	URECHOLINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ELMIRON 100 mg cap	4		QL(90 / 30)
penicillamine 250 mg cap	5	CUPRIMINE	PA
penicillamine 250 mg tab	5	DEPEN TITRATABS	PA
tiopronin 100 mg tab dr, 300 mg tab dr	5		PA
tiopronin 100 mg tab	5	THIOLA	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (sex Hormones/ Modifiers)			
ashlyna 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
azurette 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
iclevia 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
jaimiess 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
kariva 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	2	LOSEASONIQUE	QL(91 / 84)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
lojaimiess 0.1-0.02 & 0.01 mg tab	2	LOSEASONIQUE	QL(91 / 84)
pimtrea 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
setlakin 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
ACTHAR 80 unit/ml inj gel	5		PA, QL(35 / 28)
ACTHAR GEL 40 unit/0.5ml sc pen-inj, 80 unit/ml sc pen-inj	5		PA
ala-cort 1 % crm	1	ALA-CORT	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	2	ACLOVATE	
betamethasone dipropionate 0.05 % crm, 0.05 % oint	2	DIPROSONE	
betamethasone dipropionate 0.05 % lot	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint	2	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	3	DIPROLENE	
betamethasone valerate 0.1 % crm, 0.1 % oint	2	BETA-VAL	
betamethasone valerate 0.1 % lot	2	BETA-VAL	
budesonide 2 mg rect foam	1		
clobetasol propionate 0.05 % ext soln	2	TEMOVATE	
clobetasol propionate 0.05 % crm	2	TEMOVATE-E	
clobetasol propionate e 0.05 % crm	2	TEMOVATE-E	
CORTROPHIN 80 unit/ml inj gel	5		PA, QL(35 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
CORTROPHIN GEL 40 unit/0.5ml Subcutaneous Prefilled Syringe, 80 unit/ml Subcutaneous Prefilled Syringe	5		PA, QL(35 / 28)
desoximetasone 0.25 % crm	2	TOPICORT	QL(120 / 30)
dexamethasone 1 mg tab, 2 mg tab	2		
dexamethasone 0.5 mg/5ml soln	2		
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	2	DECADRON	
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	2	SYNALAR	
fluocinonide 0.05 % crm	2	LIDEX	
fluocinonide 0.05 % ext soln	2	LIDEX	
fluocinonide emulsified base 0.05 % crm	4	LIDEX-E	
fluticasone propionate 0.005 % oint, 0.05 % crm	2	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	2	ULTRAVATE	
hydrocortisone 2 % lot	2		
hydrocortisone 1 % crm	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone 100 mg/60ml rect enema	4	CORTENEMA	
hydrocortisone 1 % oint, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	2	HYTONE	
hydrocortisone (perianal) 2.5 % crm	1	ANUSOL HC	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	2	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	2	LOCOID	
hydrocortisone valerate 0.2 % crm, 0.2 % oint	2	WESTCORT	
mometasone furoate 0.1 % crm, 0.1 % oint	2	ELOCON	
mometasone furoate 0.1 % ext soln	2	ELOCON	
prednisolone 5 mg tab	2	MILLIPRED	PA BvD
prednisolone 15 mg/5ml soln	2	PRELONE	PA BvD
prednisolone sodium phosphate 25 mg/5ml soln	3		PA BvD
prednisolone sodium phosphate 5 mg/5ml soln	3	PEDIAPRED	PA BvD
prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 50 mg tab	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
prednisone 10 mg (21) tab pack, 10 mg (48) tab pack, 5 mg (21) tab pack, 5 mg (48) tab pack	2		
prednisone 5 mg/5ml soln	3		
procto-med hc 2.5 % crm	2	ANUSOL HC	
proctosol hc 2.5 % crm	2	ANUSOL HC	
proctozone-hc 2.5 % crm	2	ANUSOL HC	
triamcinolone acetonide 0.025 % oint	1	KENALOG	
triamcinolone acetonide 0.1 % oint, 0.5 % oint	2	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot	2	KENALOG	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			
desmopressin ace spray refrig 0.01 % nasal soln	4	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	
EGRIFTA SV 2 mg sc soln	5		PA, QL(30 / 30)
INCRELEX 40 mg/4ml sc soln	5		
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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Androgens [Andrógenos]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	3	DANOCRINE	
testosterone 20.25 MG/ACT (1.62%) td gel	2	ANDROGEL	PA, QL(150 / 30)
testosterone 12.5 MG/ACT (1%) td gel	3	ANDROGEL	PA, QL(300 / 30)
testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	4	ANDROGEL	PA, QL(300 / 30)
testosterone 30 mg/act td soln	4	AXIRON	PA, QL(180 / 30)
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA, QL(5 / 28)
XYOSTED 100 mg/0.5ml sc soln auto-	3		PA, QL(2 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj			
Estrogens [Estrógenos]			
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	2	VIVELLE-DOT	QL(8 / 28)
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	QL(4 / 28), HR
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	HR
estradiol 0.01 % vag crm	2	ESTRACE	
estradiol 10 mcg vag tab	2	VAGIFEM	QL(18 / 28)
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	QL(8 / 28), HR
estradiol valerate 10 mg/ml im oil	2		
estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil	2	DELESTROGEN	
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		QL(1 / 84)
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	2	VIVELLE-DOT	QL(8 / 28)
PREMARIN 0.625 mg/gm vag crm	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	3		HR
yuvafem 10 mcg vag tab	2	VAGIFEM	QL(18 / 28)
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers) (combination Product) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Hormonas Sexuales/Modificadores) (Productos En Combinación)]			
altavera 0.15-30 mg-mcg tab	2	NORDETTE	
alyacen 1/35 1-35 mg-mcg tab	2		
apri 0.15-30 mg-mcg tab	2	DESOGEN	
aranelle 0.5/1/0.5-35 mg-mcg tab	2		
aubra eq 0.1-20 mg-mcg tab	2	ALESSE	
aviane 0.1-20 mg-mcg tab	2	ALESSE	
balziva 0.4-35 mg-mcg tab	2		
blisovi 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
briellyn 0.4-35 mg-mcg tab	2		
cryselle-28 0.3-30 mg-mcg tab	2		
cyred eq 0.15-30 mg-mcg tab	2	DESOGEN	
drospirenone-ethinyl estradiol 3-0.03 mg tab	2	YASMIN	
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	
eluryng 0.12-0.015 mg/24hr vag ring	4	NUVARING	QL(1 / 28)
enilloring 0.12-0.015 mg/24hr vag ring	4	NUVARING	
enskyce 0.15-30 mg-mcg tab	2	DESOGEN	
estarylla 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
estradiol-norethindrone acet 0.5-0.1 mg tab	2	ACTIVELLA	HR
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
falmina 0.1-20 mg-mcg tab	2	ALESSE	
fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	HR
hailey 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
isibloom 0.15-30 mg-mcg tab	2	DESOGEN	
jasmiel 3-0.02 mg tab	2	YAZ	
jinteli 1-5 mg-mcg tab	2	FEMHRT	HR
juleber 0.15-30 mg-mcg tab	2	DESOGEN	
junel 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
junel 1/20 1-20 mg-mcg tab	2	LOESTRIN	
junel fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
junel fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
junel fe 24 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
kelnor 1/35 1-35 mg-mcg tab	2	DEMULEN	
kurvelo 0.15-30 mg-mcg tab	2	NORDETTE	
larin 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
larin 1/20 1-20 mg-mcg tab	2	LOESTRIN	
larin fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
larin fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
lessina 0.1-20 mg-mcg tab	2	ALESSE	
levonest 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	2	ALESSE	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	2	NORDETTE	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	2	NORDETTE	
loryna 3-0.02 mg tab	2	YAZ	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
low-ogestrel 0.3-30 mg-mcg tab	2		
lutera 0.1-20 mg-mcg tab	2	ALESSE	
marlissa 0.15-30 mg-mcg tab	2	NORDETTE	
microgestin fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
mili 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	
mimvey 1-0.5 mg tab	2	ACTIVELLA	HR
necon 0.5/35 (28) 0.5-35 mg-mcg tab	2		
nikki 3-0.02 mg tab	2	YAZ	
norelgestromin-eth estradiol 150-35 mcg/24hr tdwk patch	2		QL(3 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	2	TAYTULLA	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	2	LOESTRIN	
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	HR
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	2		
nortrel 1/35 (21) 1-35 mg-mcg tab	2		
nortrel 1/35 (28) 1-35 mg-mcg tab	2		
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		
nylia 1/35 1-35 mg-mcg tab	2		
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		
portia-28 0.15-30 mg-mcg tab	2	NORDETTE	
PREMPHASE 0.625-5 mg tab	3		HR
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		HR
reclipsen 0.15-30 mg-mcg tab	2	DESOGEN	
sprintec 28 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
sronyx 0.1-20 mg-mcg tab	2	ALESSE	
syeda 3-0.03 mg tab	2	YASMIN	
tarina 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
tarina fe 1/20 eq 1-20 mg-mcg tab	1	LOESTRIN FE	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	2		
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	2	ORTHO TRI-CYCLEN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN	
valtya 1/50 1-50 mg-mcg tab	2	DEMULEN	
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		
vestura 3-0.02 mg tab	2	YAZ	
vienva 0.1-20 mg-mcg tab	2	ALESSE	
vyfemla 0.4-35 mg-mcg tab	2		
vylibra 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
xulane 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
zafemy 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
zovia 1/35 (28) 1-35 mg-mcg tab	2	DEMULEN	
Progestins [Progestinas]			
camila 0.35 mg tab	1	NOR-QD	
deblitane 0.35 mg tab	1	NOR-QD	
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 84)
errin 0.35 mg tab	1	NOR-QD	
heather 0.35 mg tab	1	NOR-QD	
incassia 0.35 mg tab	1	NOR-QD	
lyleq 0.35 mg tab	1	NOR-QD	
lyza 0.35 mg tab	1	NOR-QD	
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	2	DEPO-PROVERA	QL(1 / 84)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	2	MEGACE	HR
megestrol acetate 40 mg/ml susp	2	MEGACE	HR
NEXPLANON 68 mg sc implant	3		
norethindrone 0.35 mg tab	1	NOR-QD	
norethindrone acetate 5 mg tab	2	AYGESTIN	
progesterone 100 mg cap, 200 mg cap	2	PROMETRIUM	
sharobel 0.35 mg tab	1	NOR-QD	
SKYLA 13.5 mg iud	3		
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
DUAVEE 0.45-20 mg tab	3		HR
raloxifene hcl 60 mg tab	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
levothyroxine sodium 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	1	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	2	CYTOMEL	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]			
Hormonal Agents, Suppressant (pituitary) [Agentes Hormonales, Supresores (Pituitaria)]			
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	4		
FIRMAGON 80 mg sc soln	4		PA NSO
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	5		PA NSO
leuprolide acetate 1 mg/0.2ml inj kit	4	LUPRON	
leuprolide acetate (3 month) 22.5 mg im inj	4		
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		
LUPRON DEPOT-PED (1-MONTH) 7.5 mg im kit	5		
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit	5		
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		
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	3	SANDOSTATIN	
ORGOVYX 120 mg tab	5		PA NSO
ORILISSA 150 mg tab	5		PA, QL(28 / 28)
ORILISSA 200 mg tab	5		PA, QL(56 / 28)
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA, QL(60 / 30)
SOMAVERT 10 mg sc soln, 15 mg sc	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln			
SYNAREL 2 mg/ml nasal soln	5		
TRELSTAR MIXJECT 3.75 mg im susp	4		QL(1 / 28)
TRELSTAR MIXJECT 11.25 mg im susp	4		QL(1 / 84)
TRELSTAR MIXJECT 22.5 mg im susp	4		QL(1 / 168)
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	2		
IMMUNOLOGICAL AGENTS [AGENTES INMUNOLÓGICOS]			
Angioedema Agents [Agentes De La Angioedema]			
CINRYZE 500 unit iv soln	5		PA, QL(20 / 30)
HAEGARDA 3000 unit sc soln	5		PA, QL(20 / 30)
HAEGARDA 2000 unit sc soln	5		PA, QL(30 / 30)
icatibant acetate 30 mg/3ml sc soln pfs	5		PA, QL(18 / 30)
sajazir 30 mg/3ml sc soln pfs	5		PA, QL(18 / 30)
Angioedema Agents			
ORLADEYO 110 mg cap, 150 mg cap	5		PA, QL(30 / 30)
TAKHZYRO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln, 300 mg/2ml sc soln pfs	5		PA, QL(4 / 28)
Immune Suppressants [Inmunosupresores]			
ASTAGRAF XL 0.5 mg cap er 24 hr, 1 mg cap er 24 hr, 5 mg cap er 24 hr	4		PA NSO
azathioprine 50 mg tab	2	IMURAN	PA BvD
cyclosporine 100 mg cap, 25 mg cap	3	SANDIMMUNE	PA BvD
cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap	2	NEORAL	PA BvD
cyclosporine modified 100 mg/ml soln	3	NEORAL	PA BvD
ENBREL 25 mg/0.5ml sc soln pfs	5		PA, QL(4 / 28)
ENBREL 25 mg/0.5ml sc soln, 50 mg/ml sc soln pfs	5		PA, QL(8 / 28)
ENBREL MINI 50 mg/ml sc soln cart	5		PA, QL(8 / 28)
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA, QL(8 / 28)
ENVARSUS XR 0.75 mg tab er 24 hr, 1 mg tab er 24 hr, 4 mg tab er 24 hr	4		PA NSO
everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	5	AFINITOR DISPERZ	PA NSO, QL(112 / 28)
everolimus 0.25 mg tab	4	ZORTRESS	PA BvD
everolimus 0.5 mg tab, 0.75 mg tab, 1 mg tab	5	ZORTRESS	PA BvD

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
gengraf 100 mg cap, 25 mg cap	2	NEORAL	PA BvD
HUMIRA (2 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(2 / 28)
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(6 / 28)
HUMIRA (2 SYRINGE) 20 mg/0.2ml sc pfs kit	5		PA, QL(2 / 28)
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA, QL(6 / 28)
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(3 / 28)
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	5		PA, QL(4 / 28)
methotrexate sodium 50 mg/2ml inj soln	2		
methotrexate sodium 2.5 mg tab	2		PA BvD, ST
methotrexate sodium (pf) 50 mg/2ml inj soln	2		
mycophenolate mofetil 250 mg cap, 500 mg tab	2	CELLCEPT	PA BvD
mycophenolate mofetil 200 mg/ml susp	5	CELLCEPT	PA BvD
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	2	MYFORTIC	PA BvD
ORENCIA 50 mg/0.4ml sc soln pfs	5		PA, QL(1.6 / 28)
ORENCIA 87.5 mg/0.7ml sc soln pfs	5		PA, QL(2.8 / 28)
ORENCIA 125 mg/ml sc soln pfs	5		PA, QL(4 / 28)
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA, QL(4 / 28)
PROGRAF 0.2 mg pckt, 1 mg pckt	4		PA BvD
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	3		
REZUROCK 200 mg tab	5		PA NSO
RINVOQ 15 mg tab er 24 hr, 30 mg tab	5		PA, QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
er 24 hr, 45 mg tab er 24 hr			
RINVOQ LQ 1 mg/ml soln	5		PA, QL(360 / 30)
sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab	4	RAPAMUNE	PA BvD
sirolimus 1 mg/ml soln	4	RAPAMUNE	PA BvD
SKYRIZI 180 mg/1.2ml sc soln cart	5		PA, QL(1.2 / 56)
SKYRIZI 360 mg/2.4ml sc soln cart	5		PA, QL(2.4 / 56)
SKYRIZI 150 mg/ml sc soln pfs	5		PA, QL(7 / 365)
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA, QL(7 / 365)
tacrolimus 0.5 mg cap, 1 mg cap	2	PROGRAF	PA BvD
tacrolimus 5 mg cap	3	PROGRAF	PA BvD
TREMFYA 200 mg/2ml sc soln pfs	5		PA, QL(2 / 28)
TREMFYA ONE-PRESS 100 mg/ml sc soln pen-inj	5		PA, QL(2 / 28)
TREMFYA PEN 200 mg/2ml sc soln auto-inj	5		PA
TREMFYA-CD/UC INDUCTION 200 mg/2ml sc soln auto-inj	5		PA, QL(24 / 365)
XELJANZ 10 mg tab, 5 mg tab	5		PA, QL(60 / 30)
XELJANZ 1 mg/ml soln	5		PA, QL(300 / 30)
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA, QL(30 / 30)
Immunizing Agents, Passive [Agentes Inmunizantes, Pasivos]			
BEXSERO 0.5 ml im susp pfs	3		
GAMMAGARD 2.5 gm/25ml inj soln	5		PA BvD
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	5		PA BvD
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 5 gm/50ml iv soln	5		PA BvD
OCTAGAM 1 gm/20ml iv soln, 2 gm/20ml iv soln	5		PA BvD
PRIVIGEN 20 gm/200ml iv soln	5		PA BvD
Immunological Agents, Other [Agentes Inmunológicos, Otros]			
KINERET 100 mg/0.67ml sc soln pfs	5		PA
TAVNEOS 10 mg cap	5		PA
TYENNE 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs	5		PA
Immunomodulators [Inmunomoduladores]			
ACTIMMUNE 100 mcg/0.5ml sc soln	5		PA
ARCALYST 220 mg sc soln	5		
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA, QL(8 / 28)
leflunomide 10 mg tab, 20 mg tab	2	ARAVA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Vaccines [Vacunas]			
ABRYSVO 120 mcg/0.5ml im soln	3		
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp, 5-2-15.5 lf-mcg/0.5 im susp pfs	3		
AREXVY 120 mcg/0.5ml im susp	3		
bcg vaccine 50 mg inj soln	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp, 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
DAPTACEL 23-15-5 im susp	3		
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe, 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		PA BvD
GARDASIL 9 0.5 ml im susp, 0.5 ml im susp pfs	3		QL(1.5 / 365)
HAVRIX 1440 el u/ml im susp pfs, 720 el u/0.5ml im susp pfs	3		
HEPLISAV-B 20 mcg/0.5ml im soln pfs	3		PA BvD
HIBERIX 10 mcg inj soln	3		
IMOVAX RABIES 2.5 unit/ml im susp	3		PA BvD
INFANRIX 25-58-10 im susp	3		
IPOL inj susp	3		
IXCHIQ im soln	3		
IXIARO im susp	3		
JYNNEOS 0.5 ml sc susp	3		
KINRIX 0.5 ml im susp pfs	3		
M-M-R II inj soln	3		
MENQUADFI 0.5 ml im soln	3		
MENVEO im soln	3		
MRESVIA 50 mcg/0.5ml im susp pfs	3		
PEDIARIX im susp pfs	3		
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		
PENBRAYA im susp	3		
PENTACEL im susp	3		
PRIORIX sc susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp, 0.5 ml im susp pfs	3		
RABAVERT im susp	3		PA BvD
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		PA BvD

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		QL(2 / 365)
TENIVAC 5-2 lf/0.5ml im susp	3		
TICOVAC 1.2 mcg/0.25ml im susp pfs, 2.4 mcg/0.5ml im susp pfs	3		QL(1.5 / 365)
TRUMENBA 0.5 ml im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	3		
VAQTA 25 unit/0.5ml im susp, 25 unit/0.5ml im susp pfs, 50 unit/ml im susp, 50 unit/ml im susp pfs	3		
VARIVAX 1350 pfu/0.5ml inj susp	3		QL(2 / 365)
VAXCHORA susp	3		
VIMKUNYA 40 mcg/0.8ml im susp pfs	3		
VIVOTIF cap dr	3		
YF-VAX sc susp	3		
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates [Aminosalicilatos]			
balsalazide disodium 750 mg cap	2	COLAZAL	
DIPENTUM 250 mg cap	5		ST
mesalamine 800 mg tab dr	4	ASACOL HD	
mesalamine 1000 mg rect supp	3	CANASA	
mesalamine 400 mg cap dr	4	DELZICOL	
mesalamine 1.2 gm tab dr	4	LIALDA	
mesalamine er 0.375 gm cap er 24 hr	4	APRISO	
sulfasalazine 500 mg tab	2	AZULFIDINE	
sulfasalazine 500 mg tab dr	4	AZULFIDINE	
Glucocorticoids [Glucocorticoides]			
budesonide 3 mg cap dr prt	4	ENTOCORT	
deflazacort 22.75 mg/ml susp	4		PA
deflazacort 18 mg tab	5		PA, QL(30 / 30)
deflazacort 30 mg tab, 36 mg tab, 6 mg tab	5		PA, QL(60 / 30)
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	2	MEDROL	
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
alendronate sodium 35 mg tab, 70 mg tab	1	FOSAMAX	QL(4 / 28)
alendronate sodium 10 mg tab	1	FOSAMAX	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	QL(3.7 / 28)
calcitriol 0.25 mcg cap, 0.5 mcg cap	2	ROCALTROL	
calcitriol 1 mcg/ml soln	4	ROCALTROL	
cinacalcet hcl 30 mg tab	3	SENSIPAR	QL(60 / 30)
cinacalcet hcl 60 mg tab	4	SENSIPAR	QL(60 / 30)
cinacalcet hcl 90 mg tab	4	SENSIPAR	QL(120 / 30)
EVENITY 105 mg/1.17ml sc soln pfs	5		PA, QL(2.34 / 30)
ibandronate sodium 150 mg tab	2	BONIVA	QL(1 / 28)
JUBBONTI 60 mg/ml sc soln pfs	3		QL(1 / 180)
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	4	ZEMPLAR	
RAYALDEE 30 mcg cap er	3		QL(60 / 30)
risedronate sodium 150 mg tab	4	ACTONEL	QL(1 / 28)
risedronate sodium 35 mg tab	4	ACTONEL	QL(4 / 28)
risedronate sodium 30 mg tab, 5 mg tab	4	ACTONEL	QL(30 / 30)
risedronate sodium 35 mg tab dr	4	ATELVIA	QL(4 / 28)
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(1.56 / 30)
XGEVA 120 mg/1.7ml sc soln	5		PA
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]			
Ophthalmic Agents (combination Product) [Agentes Oftálmicos (Productos En Combinación)]			
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	2	POLYSPORIN	
COMBIGAN 0.2-0.5 % ophth soln	3		
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	2	COSOPT	
neo-polycin 3.5-400-10000 ophth oint	2	NEOSPORIN	
neo-polycin hc 1 % ophth oint	2	CORTISPORIN	
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	
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-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	4	CORTISPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
SIMBRINZA 1-0.2 % ophth susp	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sulfacetamide-prednisolone 10-0.23 % ophth soln	2	VASOCIDIN	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	2	TOBRADEX	
ZYLET 0.5-0.3 % ophth susp	3		
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
atropine sulfate 1 % ophth soln	4	ISOPTO ATROPINE	
CYSTARAN 0.44 % ophth soln	5		PA, QL(60 / 28)
RESTASIS 0.05 % ophth emul	3		QL(60 / 30)
RESTASIS MULTIDOSE 0.05 % ophth emul	3		QL(60 / 30)
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
cromolyn sodium 4 % ophth soln	2	OPTICROM	
epinastine hcl 0.05 % ophth soln	2	ELESTAT	
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
bromfenac sodium 0.075 % ophth soln	2		
bromfenac sodium (once-daily) 0.09 % ophth soln	2	BROMDAY	
BROMSITE 0.075 % ophth soln	3		
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	2	VOLTAREN	
difluprednate 0.05 % ophth emul	3	DUREZOL	
EYSUVIS 0.25 % ophth susp	3		QL(8.3 / 14)
fluorometholone 0.1 % ophth susp	4	FML	
flurbiprofen sodium 0.03 % ophth soln	2	OCUFEN	
ILEVRO 0.3 % ophth susp	3		
INVELTYS 1 % ophth susp	3		
ketorolac tromethamine 0.5 % ophth soln	2	ACULAR	QL(10 / 25)
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
loteprednol etabonate 0.2 % ophth susp	2		ST
loteprednol etabonate 0.5 % ophth gel	4	LOTEMAX	
prednisolone acetate 1 % ophth susp	4	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	2		
PROLENSA 0.07 % ophth soln	3		
XIIDRA 5 % ophth soln	3		QL(60 / 30)
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
ALPHAGAN P 0.1 % ophth soln	3		HR
apraclonidine hcl 0.5 % ophth soln	2	IOPIDINE	
brimonidine tartrate 0.2 % ophth soln	1	ALPHAGAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
brinzolamide 1 % ophth susp	2	AZOPT	
carteolol hcl 1 % ophth soln	2	OCUPRESS	
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTO CARPINE	
RHOPRESSA 0.02 % ophth soln	3		QL(2.5 / 25), ST
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	4	TIMOPTIC XE	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
ROCKLATAN 0.02-0.005 % ophth soln	3		QL(2.5 / 25), ST
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
latanoprost 0.005 % ophth soln	1	XALATAN	QL(2.5 / 25)
LUMIGAN 0.01 % ophth soln	3		QL(2.5 / 25)
travoprost (bak free) 0.004 % ophth soln	4	TRAVATAN	QL(2.5 / 25)
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents (combination Product) [Agentes Óticos (Productos En Combinación)]			
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	3	CIPRODEX	QL(7.5 / 7)
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
budesonide 1 mg/2ml inh susp	3	PULMICORT	PA BvD, QL(60 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	3	PULMICORT	PA BvD, QL(120 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	2	NASALIDE	QL(50 / 25)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)
mometasone furoate 50 mcg/act nasal susp	4	NASONEX	QL(34 / 30)
XHANCE 93 mcg/act Nasal Exhaler Suspension	3		QL(32 / 30), ST
Antihistamines [Antihistamínicos]			
azelastine hcl 0.1 % nasal soln	2	ASTELIN	QL(30 / 25)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	PA, HR
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
Antileukotrienes [Antileucotrienos]			
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	4	ACCOLATE	
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 28)
ipratropium bromide 0.06 % nasal soln	2	ATROVENT	QL(15 / 10)
ipratropium bromide 0.03 % nasal soln	2	ATROVENT	QL(30 / 28)
ipratropium bromide 0.02 % inh soln	2	ATROVENT	PA BvD, QL(312.5 / 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)
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	ACCUNEB	PA BvD, QL(360 / 30)
albuterol sulfate 2 mg/5ml syr	2	PROVENTIL	
albuterol sulfate 2.5 mg/0.5ml inh neb soln	2	PROVENTIL	PA BvD, QL(120 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	2	PROVENTIL	PA BvD, QL(360 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(13.4 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(17 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(36 / 30)
epinephrine 0.3 mg/0.3ml inj soln auto-inj	2	ADRENACLICK	QL(4 / 30)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	2	EPIPEN JR	QL(4 / 30)
NEFFY 1 mg/0.1ml nasal soln, 2 mg/0.1ml nasal soln	4		
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 28)
terbutaline sulfate 2.5 mg tab, 5 mg tab	4	BRETHINE	
Cystic Fibrosis Agents [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	5		PA, LA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt, 5.8 mg pckt, 50 mg pckt,	5		PA, QL(56 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
75 mg pckt			
ORKAMBI 100-125 mg pckt, 150-188 mg pckt, 75-94 mg pckt	5		PA, QL(56 / 28)
ORKAMBI 100-125 mg tab, 200-125 mg tab	5		PA, QL(120 / 30)
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	5		PA, QL(56 / 28)
TOBI PODHALER 28 mg inh cap	5		QL(224 / 28)
tobramycin 300 mg/4ml inh neb soln	5	BETHKIS	PA BvD
tobramycin 300 mg/5ml inh neb soln	5	TOBI	PA BvD
TRIKAFTA 100-50-75 & 75 mg pack, 80-40-60 & 59.5 mg pack	5		PA, QL(56 / 28)
TRIKAFTA 100-50-75 & 150 mg tab pack, 50-25-37.5 & 75 mg tab pack	5		PA, QL(84 / 28)
Mast Cell Stabilizers [Estabilizadores De Los Mastocitos]			
cromolyn sodium 20 mg/2ml inh neb soln	2	INTAL	PA BvD
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
roflumilast 250 mcg tab	1	DALIRESP	QL(28 / 28)
roflumilast 500 mcg tab	1	DALIRESP	QL(30 / 30)
theophylline 80 mg/15ml soln	4		
theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr	4	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	2	UNIPHYL	
Pulmonary Antihypertensives [Antihipertensivos Pulmonares]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA, QL(90 / 30)
alyq 20 mg tab	3	ADCIRCA	PA, QL(60 / 30)
ambrisentan 10 mg tab, 5 mg tab	5	LETAIRIS	PA, QL(30 / 30)
OPSUMIT 10 mg tab	5		PA, QL(30 / 30)
sildenafil citrate 20 mg tab	2	REVATIO	PA, QL(90 / 30)
tadalafil (pah) 20 mg tab	3	ADCIRCA	PA, QL(60 / 30)
TRACLEER 125 mg tab, 62.5 mg tab	5		PA, QL(60 / 30), LA
TRACLEER 32 mg tab sol	5		PA, QL(112 / 28)
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	5		PA, QL(60 / 30)
UPTRAVI 200 mcg tab	5		PA, QL(240 / 30)
UPTRAVI TITRATION 200 & 800 mcg tab pack	5		PA
WINREVAIR 2 x 45 mg sc kit, 2 x 60 mg sc kit, 45 mg sc kit, 60 mg sc kit	5		PA NSO, QL(1 / 21)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Pulmonary Fibrosis Agents [Agentes Para La Fibrosis Pulmonar]			
OFEV 100 mg cap, 150 mg cap	5		PA, QL(60 / 30)
pirfenidone 801 mg tab	5	ESBRIET	PA, QL(90 / 30)
pirfenidone 267 mg cap, 267 mg tab	5	ESBRIET	PA, QL(270 / 30)
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
acetylcysteine 10 % inh soln, 20 % inh soln	2	MUCOMYST	PA BvD
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
ARIKAYCE 590 mg/8.4ml inh susp	4		PA
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30)
breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	4	SYMBICORT	QL(30.6 / 30), ST
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(8 / 30)
FASENRA 30 mg/ml sc soln pfs	5		PA, QL(1 / 28)
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA, QL(1 / 28)
fluticasone-salmeterol 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	2	ADVAIR DISKUS	QL(60 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	2	DUONEB	PA BvD, QL(540 / 30)
NUCALA 40 mg/0.4ml sc soln pfs	5		PA, QL(0.4 / 28), LA
NUCALA 100 mg sc soln	5		PA, QL(3 / 28), LA
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	5		PA, QL(3 / 28), LA
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA BvD
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		QL(4 / 30)
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(30.6 / 30)
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
wixela inhub 100-50 mcg/act inh aer	2	ADVAIR DISKUS	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pwdr br act, 250-50 mcg/act inh aer *pwdr br act, 500-50 mcg/act inh aer* *pwdr br act*			
XOLAIR 150 mg sc soln	5		PA
XOLAIR 150 mg/ml sc soln auto-inj, 150 mg/ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs, 75 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln pfs	5		PA
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos]			
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	PA, HR
tizanidine hcl 2 mg tab, 4 mg tab	2	ZANAFLEX	
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	4	LUNESTA	QL(30 / 30), HR
flurazepam hcl 15 mg cap, 30 mg cap	2	DALMANE	
temazepam 15 mg cap, 30 mg cap	1	RESTORIL	QL(30 / 30)
zaleplon 10 mg cap, 5 mg cap	4	SONATA	QL(30 / 30), HR
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
HETLIOZ LQ 4 mg/ml susp	5		PA, QL(150 / 30)
modafinil 100 mg tab	2	PROVIGIL	QL(30 / 30)
modafinil 200 mg tab	2	PROVIGIL	QL(60 / 30)
tasimelteon 20 mg cap	5		PA, QL(30 / 30)
XYREM 500 mg/ml soln	5		PA, QL(540 / 30), LA
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	QL(30 / 30), HR
Sleep Promoting Agents			
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		QL(30 / 30)
Wakefulness Promoting Agents			
SUNOSI 150 mg tab, 75 mg tab	4		PA, QL(30 / 30)

List of Additional Covered Medications

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

Over the Counter (OTC) Covered Drug List

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

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This formulary was updated on 09/02/2025. For more recent information or other questions, please contact Prominence Health Customer Service, at **833-775-MEDS (6337)** or, for TTY users, **711**, 8 am to 8 pm, 7 days a week from October 1 – March 31 and 8 am to 8 pm, Monday – Friday from April 1 – September 30 or visit **ProminenceMedicare.com**.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at ProminenceMedicare.com. You may also call Member Services at 833-775-MEDS (6337) (TTY/TDD users should call 711) for updated information.

This information is available for free in other languages. Please contact our Member Services number at 1-855-969-5882 for additional information. This document may be available in an alternate format such as large print or Spanish.

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