

MMM of Florida, Inc.

MMM Elite (HMO)

2022 Formulary

(List of Covered Drugs)

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

HPMS ID 22272, Version Number 6

This formulary was updated on August 19, 2021. For more recent information or other questions, please contact MMM of Florida, Inc. Member Services, at 1-844-212-9858 (Toll Free) or, for TTY users, 711, Monday through Sunday from 8:00 a.m. to 8:00 p.m., or visit www.mmm-fl.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 MMM of Florida, Inc. When it refers to “plan” or “our plan,” it means MMM Elite (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of August 19, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

MMM of Florida, Inc.
MMM Elite (HMO)
Formulario para 2022
(Lista de Medicamentos Cubiertos)

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS ID 22272, Versión Número 6

Este formulario fue actualizado el 19 de agosto de 2021. Para información más reciente, para consultar un listado completo o si tiene otras preguntas, comuníquese con Servicios al Afiliado de MMM of Florida, Inc. al 1-844-212-9858, los usuarios de TTY deben llamar al 711, lunes a domingo de 8:00 a.m. a 8:00 p.m., o visite www.mmm-fl.com.

Nota para los miembros actuales: Este formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de Medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a MMM of Florida, Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a MMM Elite (HMO).

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 19 de agosto de 2021. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2022 y periódicamente durante el año.

What is the MMM of Florida Formulary?

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

¿Qué es el Formulario de MMM of Florida, Inc.?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran parte necesaria de un programa de tratamiento de calidad. Normalmente, nuestro plan cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de nuestro plan y se cumpla con otras reglas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de Cobertura.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MMM of Florida Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market,

we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30 day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MMM of Florida Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 60 days before the change becomes effective). In addition, an updated version of our printed formulary will be updated the first week of the effective month and posted on our website at www.mmm-fl.com.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nuestro plan podría agregar o quitar medicamentos de la lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de Medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida?”.
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y le notificaremos a los afiliados que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o ambos. O, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de terapia escalonada en un medicamento o si pasamos un medicamento a un nivel más alto de costo compartido, debemos notificarle a los afiliados afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el afiliado solicite una repetición del medicamento, momento en el cual el afiliado recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida?”.

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2022 que estaba cubierto al comienzo del año, nosotros no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que estén tomándolos. No recibirá notificación directa este año sobre los cambios que no lo afectan. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante consultar la Lista de Medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto es vigente a partir del 1 de enero de 2022. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. En el caso de cambios en el formulario, no de mantenimiento a mitad de año, todos los afiliados afectados serán notificados por correo (al menos 60 días antes de que el cambio entre en vigencia). Además, una versión actualizada de nuestro formulario impreso se actualizará la primera semana del mes efectivo y se publicará en nuestro sitio web www.mmm-fl.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 17. 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 page 17. 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 151. The Index provides an alphabetical list of all 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.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 17. Los medicamentos de este Formulario están agrupados en categorías según el tipo de condición médica para la cual son utilizados. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se agrupan dentro de la categoría

Agentes Cardiovasculares. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 17. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 151. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for *glimpiride 4mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 17. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the MMM of Florida formulary?” on page 9 for information about how to request an exception.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan proporciona 60 tabletas por receta para *glimepiride 4mg*. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces nuestro plan cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 17. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Puede pedirle a nuestro plan que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida?” en la página 10 para obtener información acerca de cómo solicitar una excepción.

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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Afiliado y preguntar si su medicamento está cubierto.

Si resulta que nuestro plan no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios al afiliado una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

How do I request an exception to the MMM of Florida, Inc. Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions

would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, lower cost-sharing drug or utilization restriction exception. **When you request a formulary, lower cost-sharing drug or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

¿Cómo puedo solicitar que se haga una excepción al Formulario de MMM of Florida, Inc.?

Puede solicitarle a nuestro plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor si este medicamento no está incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, nuestro plan solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su condición o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, de nivel de costo más bajo o a la restricción de uso. **Cuando solicita una excepción al Formulario, de nivel de costo más bajo o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. 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.

For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como afiliado nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede

necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea afiliado de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice repeticiones por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido afiliado del plan durante menos de 90 días.

Si es residente de una institución a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Para aquellos afiliados que son dados de alta de un hospital o de una institución de cuidado a sus hogares, o si su capacidad para obtener medicamentos es limitada, nuestro plan proveerá un suministro temporal de 30 días de medicamentos que no están en nuestro formulario, mientras le pide a su médico que le recete un medicamento similar que esté cubierto por nuestro plan.

For more information

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

If you have questions about our plan, 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>.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos con receta de nuestro plan, consulte la Evidencia de Cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre su cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

MMM Elite Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 151.

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

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

Formulario de MMM Elite

El formulario a continuación proporciona información acerca de la cobertura de medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 151.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, JENTADUETO), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *glipizide*).

La información incluida en la columna de Requisitos/límites indica si tiene algún requisito especial para la cobertura del medicamento.

Tier Level Structure

Before the total yearly drug costs (paid by you and our plan) reach \$7,500.00 you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Elite (HMO)	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00
	3	Preferred Brand	\$5.00/ Insulins \$0.00	\$15.00/ Insulins \$0.00	\$15.00/ Insulins \$0.00
	4	Non-Preferred Brand	\$15.00	\$45.00	\$45.00
	5	Specialty	33%	Not Covered	Not Covered
		6	Select Care Drugs	\$0.00	\$0.00

After your total yearly drug costs reach \$7,500.00, you receive full tier coverage (all drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$7,050.00.

The plan offers additional coverage in the gap for the following tiers:

MMM Elite (HMO)	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00
	6	Select Care Drugs	\$0.00	\$0.00	\$0.00

During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$0.00.

After your yearly out-of-pocket drug costs reach \$7,050.00, you pay the greater of:

- 5% coinsurance, or
- \$3.95 for generic drugs (including brand drugs treated as generic) and \$9.85 for all other drugs

For more information on how the tier level is applied, please review your Evidence of Coverage.

Estructura de Niveles

Antes de que el costo total anual de medicamentos (pagado por usted y nuestro plan) alcance \$7,500.00, usted paga lo siguiente por medicamentos recetados:

MMM Elite (HMO)	Nivel	Medicamento	Copago por cantidad al detal (30 días)	Copago por cantidad al detal (90 días)	Copago por orden por correo (90 días)
	1	Genérico Preferido	\$0.00	\$0.00	\$0.00
	2	Genérico	\$0.00	\$0.00	\$0.00
	3	Marca Preferida	\$5.00/ Insulins \$0.00	\$15.00/ Insulins \$0.00	\$15.00/ Insulins \$0.00
	4	Marca No Preferida	\$15.00	\$45.00	\$45.00
	5	Especialidad	33%	No Cubierto	No Cubierto
	6	Medicamentos Select Care	\$0.00	\$0.00	\$0.00

Luego de que su costo total anual en medicamentos alcance \$7,500.00, usted recibe cobertura completa por el plan (todos los medicamentos en ciertos niveles). También recibe un descuento en medicamentos de marca y, por lo general, no paga más de 25% del costo del plan por

medicamentos de marca y 25% del costo del plan por medicamentos genéricos hasta que su costo de bolsillo anual por medicamentos alcance \$7,050.00

El plan ofrece cobertura adicional durante la brecha para los siguientes niveles:

MMM Elite (HMO)	Nivel	Medicamento	Copago por cantidad al detal (30 días)	Copago por cantidad al detal (90 días)	Copago por orden por correo (90 días)
	1	Genérico Preferido	\$0.00	\$0.00	\$0.00
	2	Genérico	\$0.00	\$0.00	\$0.00
	6	Medicamentos Select Care	\$0.00	\$0.00	\$0.00

Durante la Etapa de Brecha de Cobertura, sus gastos de bolsillo para insulinas selectas serán \$0.00.

Luego de que los costos totales anuales de su bolsillo por medicamentos alcancen los \$7,500 en el año, usted pagará la cantidad mayor entre:

- 5% de coaseguro, o
- \$3.95 por medicamentos genéricos (incluyendo medicamentos de marca tratados como genéricos) y \$9.85 por todos los demás medicamentos

Para más información sobre cómo los niveles de copago son aplicados, por favor revise su Evidencia de Cobertura.

Symbols and abbreviations used in the formulary

PA – Drugs that need Prior Authorization

QL (##/##) – Drugs with Quantity Limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply

ST – Step Therapy

LA – Drugs with Limited Access (ex. Specialty Drugs)

MT – Maintenance drugs (ex. Contracted pharmacies and Mail Order, 90-day supply)

GC – Drugs covered during the Coverage Gap

ED – This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

NM – Not available at mail-order

B/D – Covered under Medicare B or D

SI – Select Insulins

Símbolos y abreviaturas utilizadas en el Formulario

PA – Medicamentos que requieren Preautorización

QL (##/##) – Medicamentos con Límite de Cantidad; la cantidad en paréntesis especifica la cantidad límite que le podemos suplir en el número máximo autorizado de días.

ST – Terapia Escalonada

LA – Medicamentos con Acceso Limitado (ej. Medicamentos de especialidad)

MT – Medicamentos de Mantenimiento (ej. suministro de 90 días - farmacias contratadas y envío por correo)

GC – Medicamentos cubiertos durante su brecha de cobertura

ED – Este medicamento recetado normalmente no está cubierto en un Plan de Medicamentos Recetados de Medicare. La cantidad que usted paga cuando usted compra una receta para este medicamento no cuenta para sus costos totales de medicamentos (es decir, la cantidad que usted paga no le ayuda a cualificar para la cobertura catastrófica). Además, si usted está recibiendo ayuda adicional para pagar por sus medicamentos recetados, usted no obtendrá ayuda adicional para pagar por este medicamento.

NM – No disponible para envío por correo

B/D – Cubierto por la Parte B o D de Medicare

SI – Insulinas Selectas

**Nombre de Medicamento/
Drug Name**

**Nivel/
Drug Tier**

**Requisitos/Limites
Requirements/Limits**

ANALGESICOS/ANALGESICS

GOTA/GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	2	GC, QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	GC
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	GC

NSAIDS

<i>celecoxib</i> CAPS 50mg	2	GC, QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	GC, QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	GC, QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	GC
<i>diflunisal</i> TABS 500mg	2	GC
<i>ec-naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)

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You can find information on what the symbols and abbreviations on this table by going to page 16

Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	GC
<i>flurbiprofen</i> TABS 100mg	2	GC
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	GC
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	GC
<i>piroxicam</i> CAPS 10mg, 20mg	2	GC
<i>sulindac</i> TABS 150mg, 200mg	2	GC
ANALGÉSICOS OPIOIDES, ACCIÓN PROLONGADA/OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	GC, QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	GC, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	GC, QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	GC, QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	GC, QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	GC, QL (90 tabs / 30 days), PA

ANALGÉSICOS OPIOIDES, ACCIÓN CORTA/OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	GC, QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	GC, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	GC, QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	GC, QL (240 tabs / 30 days)

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>endocet tab 10-325mg</i>	2	GC, QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	2	GC, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	GC, QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	GC, QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	2	GC, QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	2	GC, QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	GC, QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	2	GC, QL (180 mL / 30 days)

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>morphine sulfate</i> TABS 15mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	2	GC, QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	GC, QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)

ANESTESICOS/ANESTHETICS

ANESTESICOS LOCALES/LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	GC, B/D
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You can find information on what the symbols and abbreviations on this table by going to page 16

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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ANTI-INFECTIVOS/ANTI-INFECTIVES

**ANTI-INFECTIVOS - MISCELANEOS/ANTI-INFECTIVES -
MISCELLANEOUS**

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	GC
<i>atovaquone</i> SUSP 750mg/5ml	2	GC
<i>aztreonam</i> SOLR 1gm, 2gm	2	GC
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	GC
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	GC
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	GC
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	GC
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>dapsone</i> TABS 25mg, 100mg	2	GC
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	GC
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	GC
<i>gentamicin in saline inj 2 mg/ml</i>	2	GC
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	GC
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	GC
<i>ivermectin</i> TABS 3mg	2	GC
<i>linezolid</i> SOLN 600mg/300ml	2	GC
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	GC, QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>meropenem SOLR 1gm, 500mg</i>	2	GC
<i>methenamine hippurate TABS 1gm</i>	2	GC
<i>metronidazole TABS 250mg, 500mg</i>	1	GC
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	GC
<i>neomycin sulfate TABS 500mg</i>	2	GC
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paromomycin sulfate CAPS 250mg</i>	2	GC
<i>pentamidine isethionate inh SOLR 300mg</i>	2	GC, B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	GC
<i>praziquantel TABS 600mg</i>	2	GC
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate SOLR 1gm</i>	2	GC
SULFADIAZINE TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
SYNERCID INJ 500MG	5	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	GC
<i>trimethoprim TABS 100mg</i>	1	GC
<i>vancomycin hcl CAPS 125mg</i>	2	GC, QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	2	GC, QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	GC
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALES/ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b SOLR 50mg</i>	2	GC, B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	2	GC
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	GC
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	GC
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	2	GC
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	2	GC
<i>itraconazole CAPS 100mg</i>	2	GC, PA
<i>ketoconazole TABS 200mg</i>	2	GC, PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	5	
<i>NOXAFIL SUSP 40mg/ml</i>	5	QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	2	GC
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	GC, QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg</i>	2	GC, QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	2	GC, QL (120 tabs / 30 days), PA
<i>ANTIMALARIA/ANTIMALARIALS</i>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	GC
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	GC
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	GC
<i>primaquine phosphate</i> TABS 26.3mg	2	GC
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	GC, PA

AGENTES ANTIRRETROVIRALES/ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	GC, NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	GC, NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	GC, NM
<i>emtricitabine</i> CAPS 200mg	2	GC, NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INTELENCE TABS 100mg, 200mg	5	NM
INVIRASE TABS 500mg	5	NM
ISENTRESS CHEW 25mg; PACK 100mg	3	NM
ISENTRESS CHEW 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	GC, NM
LEXIVA SUSP 50mg/ml	4	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	2	GC, NM
NORVIR PACK 100mg; SOLN 80mg/ml	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	GC, NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	NM
SELZENTRY TABS 25mg	3	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	GC, NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	3	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	GC, NM

COMBINACION DE AGENTES

ANTIRRETROVIRALES/ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	GC, NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NM
BIKTARVY TAB	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
DELSTRIGO TAB	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	GC, NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	GC, NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	GC, NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ TAB	5	NM
<i>AGENTES ANTITUBERCULARES/ANTITUBERCULAR AGENTS</i>		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	GC
<i>isoniazid SYRP 50mg/5ml</i>	2	GC
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	GC
<i>rifabutin CAPS 150mg</i>	2	GC
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	GC
SIRTURO TABS 20mg, 100mg	5	LA, PA
TRECTOR TABS 250mg	4	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ANTIVIRALES/ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	GC
<i>acyclovir</i> SUSP 200mg/5ml	2	GC
<i>acyclovir sodium</i> SOLN 50mg/ml	2	GC, B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	NM
BARACLUDGE SOLN .05mg/ml	5	NM
<i>entecavir</i> TABS .5mg, 1mg	2	GC, NM
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	GC
<i>ganciclovir sodium</i> SOLR 500mg	2	GC, B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	GC, NM
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	GC, QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	GC, QL (84 caps / year)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	GC, QL (1080 mL / year)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	GC, NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	GC
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	GC
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	GC
VEMLIDY TABS 25mg	5	NM, PA
VOSEVI TAB	5	NM, PA
<i>CEFALOSPORINAS/CEPHALOSPORINS</i>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	GC
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	GC
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	GC
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	GC
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	GC
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	GC
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	GC
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	GC
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	GC
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	GC
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	2	GC
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	GC
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	GC
TEFLARO SOLR 400mg, 600mg	5	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>ERYTHROMYCINA - MACROLIDOS/ERYTHROMYCINS- MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	GC
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	GC
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	2	GC
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	GC
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	GC
<i>FLUOROQUINOLONAS/FLUOROQUINOLONES</i>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	GC
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	GC
<i>ciprofloxacin hcl</i> TABS 100mg	2	GC
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	GC
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	GC
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	GC
PENICILINA/PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	GC
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	GC
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>ampicillin</i> CAPS 500mg	1	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	GC
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	2	GC
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	GC
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	GC
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	GC
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	GC
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>penicillin g sodium</i> SOLR 5000000unit	2	GC
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	GC
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	GC
TETRACICLINAS/TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	GC
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	GC
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	GC
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	GC
<i>mondoxyne nl</i> CAPS 100mg	2	GC
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	GC, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>tigecycline</i> SOLR 50mg	2	GC
TIGECYCLINE SOLR 50mg	5	

AGENTES ANTINEOPLASICOS/ANTINEOPLASTIC AGENTS

AGENTES ALQUILANTES/ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	GC, B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	GC, B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	GC, B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	GC, B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	GC, B/D

ANTIBIÓTICOS/ANTIBIOTICS

<i>adriamycin</i> SOLN 2mg/ml	2	GC, B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	GC, B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	2	GC, B/D
ANTIMETABOLITOS/ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	GC, B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	GC, B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	GC, B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	2	GC
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	GC, B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
AGENTES ANTINEOPLASICOS HORMONALES/HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>bicalutamide</i> TABS 50mg	2	GC
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
<i>exemestane</i> TABS 25mg	2	GC
<i>flutamide</i> CAPS 125mg	2	GC
<i>fulvestrant</i> SOLN 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	GC
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	GC, NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>INMUNOMODULADORES/IMMUNOMODULATORS</i>		
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
<i>MISCELANEOS/MISCELLANEOUS</i>		
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	GC, B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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<i>tretinoin (chemotherapy) CAPS 10mg</i>	5	
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INHIBIDORES MITÓTICOS/MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	B/D
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<i>docetaxel</i> CONC 20mg/ml	2	GC, B/D
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<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
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DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
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<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	2	GC, B/D
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<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	GC, B/D
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<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	2	GC, B/D
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<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC, B/D
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<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	GC, B/D
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AGENTES MOLECULARES/MOLECULAR TARGET AGENTS

AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
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AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
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AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
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AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA

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You can find information on what the symbols and abbreviations on this table by going to page 16

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	5	QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPk 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	QL (42 tabs / 28 days), NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
UKONIQ TABS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBP 20mg, 40mg	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBP 20mg, 40mg	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBP 20mg, 60mg	5	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBP 20mg	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBP 20mg, 40mg	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBP 20mg	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBP 20mg, 50mg	5	NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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AGENTES DE PROTECCION/PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	GC, B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	GC
MESNEX TABS 400mg	5	

CARDIOVASCULARES/CARDIOVASCULAR

**COMBINACION DE INHIBIDORES DE ACE/ACE INHIBITOR
COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>INHIBIDORES ACE/ACE INHIBITORS</i>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	6	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	6	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	6	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	6	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC
RECEPTOR ANTAGONISTA DE LA ALDOSTERONA/ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	2	GC
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	GC
ALFA BLOQUEADORES/ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	GC
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	GC
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	GC
COMBINACION DE RECEPTOR DE ANTAGONISTA DE ANGIOTENSINA II/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	GC, QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i>	6	QL (30 tabs / 30 days)

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<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)

RECEPTORES ANTAGONISTAS DE ANGIOTENSINA II/ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	GC, QL (30 tabs / 30 days)

ANTIARRITMICOS/ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	GC
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	GC, NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	GC
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	GC
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	GC
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	GC
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl (afib/afI)</i> TABS 80mg, 120mg, 160mg	2	GC
ANTILIPIDEMICOS, FIBRATOS/ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	GC
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	GC
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPIDEMICOS, INHIBIDORES DE LA HMG-CoA REDUCTASA/ ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)

**ANTILIPIDEMICOS, MISCELANEOS/ANTILIPEMICS,
MISCELLANEOUS**

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	GC
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	GC
<i>ezetimibe</i> TABS 10mg	2	GC
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	GC, QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	GC
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOQUEADORES - COMBINACION DE DIURETICOS/BETA-BLOCKER- DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC
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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	GC
BETA-BLOQUEADORES/BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	GC
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	GC
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	GC
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	GC
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	GC
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	GC
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	GC
<i>pindolol</i> TABS 5mg, 10mg	2	GC
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	GC

BLOQUEADORES DEL CANAL DE CALCIO/CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	GC
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	GC
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>isradipine</i> CAPS 2.5mg, 5mg	2	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	GC
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	GC
<i>nimodipine</i> CAPS 30mg	2	GC
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC

DIURETICOS/DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	GC
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	GC
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>furosemide inj</i> SOLN 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	GC
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	GC
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	GC
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	GC
MISCELANEOS/MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	GC
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	GC
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek</i> TABS .125mg, .25mg	2	GC, QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>digox</i> TABS 125mcg, 250mcg	2	GC, QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	GC
<i>digoxin</i> TABS 125mcg, 250mcg	2	GC, QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>methyldopa</i> TABS 250mg, 500mg	2	GC, PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	GC
<i>minoxidil</i> TABS 2.5mg, 10mg	2	GC
<i>ranolazine</i> TB12 500mg, 1000mg	2	GC
<i>NITRATOS/NITRATES</i>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	GC
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	GC
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	GC

***HIPERTENSION PULMONAR ARTERIAL/PULMONARY ARTERIAL
HYPERTENSION***

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	GC, QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

***SISTEMA NERVIOSO CENTRAL/CENTRAL NERVOUS SYSTEM
ANSIEDAD/ANTIAXIETY***

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	GC
<i>lorazepam</i> CONC 2mg/ml	2	GC, QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	GC, QL (150 mL / 30 days)
ANTICONVULSANTES/ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	GC
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	GC, QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	GC, QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	GC, QL (300 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	GC, QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	GC, QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	GC, QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	GC, QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	GC
<i>diazepam inj</i> SOLN 5mg/ml	2	GC
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	

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<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	GC
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	GC
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	GC
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	GC
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>gabapentin</i> SOLN 250mg/5ml	2	GC, QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	GC, QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	GC, QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	GC
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	GC
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	GC
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older

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<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	GC
<i>phenytoin sodium</i> SOLN 50mg/ml	2	GC
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	GC
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	GC, QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	GC, QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	GC, QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	GC, QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	GC
<i>roweepra</i> TABS 500mg	2	GC
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	GC
<i>topiramate</i> CPSP 15mg, 25mg	2	GC
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	GC
<i>valproic acid</i> CAPS 250mg	2	GC
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	5	QL (56 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
<i>ANTIDEMENCIA/ANTIDEMENTIA</i>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	GC, QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	GC
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	GC, QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	GC, PA; PA if < 30 yrs

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	GC, QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	2	GC, QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	2	GC, QL (60 caps / 30 days)
ANTIDEPRESIVOS/ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	GC
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	GC
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	GC, QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	GC, QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	GC
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	GC
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	GC
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	2	GC
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	GC
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	GC
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	

AGENTES ANTIPARKINSON/ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP 50mg/5ml; TABS 100mg	2	GC
<i>benztropine mesylate</i> SOLN 1mg/ml	2	GC
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	GC
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	GC
<i>entacapone TABS 200mg</i>	2	GC
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	GC
<i>rasagiline mesylate TABS 1mg</i>	2	GC, QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	2	GC, QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	GC
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSICOTICOS/ANTIPSYCHOTICS

<i>ABILIFY MANTENA</i> PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
<i>ABILIFY MANTENA</i> SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	GC, QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
<i>ARISTADA</i> PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
<i>ARISTADA</i> PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
<i>ARISTADA INITIO</i> PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	GC, QL (60 tabs / 30 days)
<i>CAPLYTA</i> CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	GC
<i>clozapine</i> TABS 25mg, 50mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>clozapine</i> TABS 100mg	2	GC, QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	GC, QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	GC, PA
<i>clozapine</i> TBDP 100mg	2	GC, QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	GC, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	GC
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	GC
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	GC
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	GC
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	GC
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	GC
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	GC
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	GC, QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	GC, QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	GC, QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	GC
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	GC
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	GC, QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	GC, QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	GC, QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	GC
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	GC, QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	GC, QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), PA

**DESORDEN HIPERACTIVO Y DEFICIT DE ATENCION/ATTENTION
DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	GC, QL (30 caps / 30 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	GC, QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	GC, QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	GC, QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	GC, QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	GC, QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	GC, QL (60 tabs / 30 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	2	GC, QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	GC, QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	GC, QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	GC, QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	GC, QL (90 tabs / 30 days), PA
HIPNOTICOS/HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	GC, QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	2	GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	2	GC, QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>temazepam</i> CAPS 30mg	2	GC, QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAÑA/MIGRAINE		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	GC, QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	GC, QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	GC, QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	GC, QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	GC, QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	GC, QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	GC, QL (12 injections / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	GC, QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	GC, QL (12 tabs / 30 days)

MISCELANEOS/MISCELLANEOUS

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	GC
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	2	GC, QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	GC
<i>riluzole</i> TABS 50mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

**AGENTES PARA ESCLEROSIS MULTIPLE/MULTIPLE SCLEROSIS
AGENTS**

<i>BETASERON</i> KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	GC, NM, PA
<i>GILENYA</i> CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

**AGENTES PARA TERAPIA
MUSCULOESQUELETAL/MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 10mg, 20mg	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	GC
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>NARCOLEPSIA - CATAPLEXIA/NARCOLEPSY - CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	2	GC, QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	GC, QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<i>PSICOTERAPEUTICOS-MISCELANEOS/PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	2	GC
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	GC, QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	GC, QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	GC, QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	GC
CHANTIX TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
CHANTIX CONTINUING MONTH TABS 1mg	4	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	4	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	2	GC
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
<i>naltrexone hcl</i> TABS 50mg	2	GC
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
VIVITROL SUSR 380mg	5	NM

**ENDOCRINO Y METABOLICO/ENDOCRINE AND METABOLIC
ANDROGENOS/ANDROGENS**

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	2	GC, QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	2	GC, QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	GC, QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	GC, PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	GC, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>ANTIDIABETICOS/ANTIDIABETICS</i>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	GC
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	3	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<i>ANTIDIABETICOS, INSULINAS/ANTIDIABETICS, INSULINS</i>		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI, (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI, (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI, (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI, (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI, (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI, (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI, (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI, (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI, (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI, (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI, (brand RELION not covered)
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA

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You can find information on what the symbols and abbreviations on this table by going to page 16

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
OMNIPOD MIS 5 PACK	4	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

REGULADORES DE CALCIO/CALCIUM REGULATORS

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	GC, B/D
FORTEO SOPN 620mcg/2.48ml	5	NM, PA
<i>ibandronate sodium</i> TABS 150mg	2	GC, B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	2	GC, B/D

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PROLIA SOSY 60mg/ml	4	B/D, QL (1 syringe / 180 days), NM
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	GC, B/D, NM

AGENTES QUELANTES/CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	GC
<i>sps</i> SUSP 15gm/60ml	2	GC
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	PA

CONTRACEPTIVOS/CONTRACEPTIVES

<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>aubra eq</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>aurovela 1/20</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>azurette</i>	2	GC
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila TABS .35mg</i>	2	GC
<i>caziant</i>	2	GC
<i>chateal</i>	2	GC
<i>cryselle-28</i>	2	GC
<i>cyclafem 1/35</i>	2	GC
<i>cyclafem 7/7/7</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>deblitane TABS .35mg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	GC
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	GC
<i>elinest</i>	2	GC
ELLA TABS 30mg	3	
<i>eluryng</i>	2	GC
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin TABS .35mg</i>	2	GC
<i>estarylla</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	GC
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	GC
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>hailey 1.5/30</i>	2	GC
<i>heather TABS .35mg</i>	2	GC
<i>iclevia</i>	2	GC
<i>incassia TABS .35mg</i>	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jasmiel</i>	2	GC
<i>jolessa</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>larissia</i>	2	GC
<i>leena</i>	2	GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	GC
<i>levora 0.15/30-28</i>	2	GC
<i>lillow</i>	2	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	GC
<i>lyleq TABS .35mg</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC
<i>mono-linyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC
<i>nora-be TABS .35mg</i>	2	GC
<i>norethindrone (contraceptive) TABS .35mg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	GC
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc TABS .35mg</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	GC
<i>nortrel 1/35 (21)</i>	2	GC
<i>nortrel 1/35 (28)</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	2	GC
<i>ocella</i>	2	GC
<i>orsythia</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>portia-28</i>	2	GC
<i>previfem</i>	2	GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel TABS .35mg</i>	2	GC
<i>simliya</i>	2	GC
<i>sprintec 28</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>sronyx</i>	2	GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	GC
<i>velivet</i>	2	GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>viorele</i>	2	GC
<i>vyfemla</i>	2	GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>xulane</i>	2	GC
<i>zafemy</i>	2	GC
<i>zarah</i>	2	GC
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	GC
SYNAREL SOLN 2mg/ml	5	
ESTROGENOS/ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	GC
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	2	GC
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	GC
GLUCOCORTICOIDES/GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	GC
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>fludrocortisone acetate</i> TABS .1mg	2	GC
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	GC
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	GC, B/D
<i>methylprednisolone</i> TBPK 4mg	2	GC
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	GC, B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	GC, B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	GC, B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	GC, B/D
<i>prednisone</i> SOLN 5mg/5ml	2	GC, B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	GC, B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	GC
PREDNISONO INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<i>AGENTES ELEVADORES DE GLUCOSA/GLUCOSE ELEVATING AGENTS</i>		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	

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MISCELANEOS/MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>cabergoline</i> TABS .5mg	2	GC
CARBAGLU TABS 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	2	GC, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	GC
<i>desmopressin acetate spray</i> SOLN .01%	2	GC
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	GC
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	GC, B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	2	GC, NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	GC
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
AGENTES FIJADORES DE FOSFATO/PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	GC, QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	GC, QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	2	GC, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	GC, QL (540 tabs / 30 days)
PROGESTINAS/PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	GC
AGENTES DE TIROIDE/THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	GC
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	GC
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<u>ANÁLOGOS DE VITAMINA D/VITAMIN D ANALOGS</u>		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	GC, B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	GC, B/D
RAYALDEE CPCR 30mcg	5	
<u>GASTROINTESTINAL</u>		
<u>ANTIEMETICOS/ANTIEMETICS</u>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	GC, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	GC, B/D

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>compro</i> SUPP 25mg	2	GC
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	GC, B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	GC
<i>granisetron hcl</i> TABS 1mg	2	GC, B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	GC
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	2	GC, B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	2	GC
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	2	GC, B/D
<i>prochlorperazine</i> SUPP 25mg	2	GC
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	GC
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	GC, PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

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You can find information on what the symbols and abbreviations on this table by going to page 16

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ANTIESPASMODICOS/ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	GC
ANTAGONISTAS DEL RECEPTOR H2/H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	GC
<i>famotidine</i> SUSR 40mg/5ml	2	GC, QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	GC
<i>nizatidine</i> CAPS 150mg, 300mg	2	GC
ENFERMEDAD INTESTINAL INFLAMATORIA/INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	GC
<i>budesonide</i> CPEP 3mg	2	GC, PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	GC
<i>mesalamine</i> CP24 .375gm	2	GC, QL (120 caps / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>mesalamine</i> CPDR 400mg	2	GC, QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	GC
<i>mesalamine</i> TBEC 1.2gm	2	GC, QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	GC
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	GC
LAXANTES/LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	GC
<i>enulose</i> SOLN 10gm/15ml	2	GC
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i> SOLN 10gm/15ml	2	GC
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	GC
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	GC
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte</i>	1	GC
MISCELANEOS/MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	2	GC, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	GC
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	GC
<i>misoprostol</i> TABS 100mcg, 200mcg	2	GC
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	2	GC
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
ENZYMAS PANCREATICAS/PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
INHIBIDORES DE LA BOMBA DE PROTONES/PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	GC, QL (60 caps / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	2	GC
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC

GENITOURINARIOS/GENITOURINARY

HIPERPLASIA PROSTATICA BENIGNA/BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	GC, QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	GC, QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	GC, QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC
<i>tamsulosin hcl</i> CAPS .4mg	1	GC

MISCELANEOS/MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	GC
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	GC
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	GC

ANTIESPASMODICOS URINARIOS/URINARY ANTISPASMODICS

MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	GC
<i>oxybutynin chloride</i> TB24 5mg	2	GC, QL (30 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	GC, QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	GC, QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)

ANTI-INFECTIVOS VAGINALES/VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	2	GC
<i>metronidazole vaginal</i> GEL .75%	2	GC
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	GC
<i>vandazole</i> GEL .75%	2	GC

HEMATOLOGIA/HEMATOLOGIC

ANTICOAGULANTES/ANTICOAGULANTS

ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	GC
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	GC, B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	2	GC
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	2	GC
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	2	GC
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
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**FACTORES DE CRECIMIENTO HEMATOPOYETICO/HEMATOPOIETIC
GROWTH FACTORS**

PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

MISCELANEOS/MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	GC
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	GC
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	GC
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA

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You can find information on what the symbols and abbreviations on this table by going to page 16

Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	GC

***INHIBIDORES DE LA AGREGACION PLAQUETARIA/PLATELET
AGGREGATION INHIBITORS***

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	GC
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	GC

***AGENTES INMUNOLOGICOS/IMMUNOLOGIC AGENTS
AGENTES AUTOINMUNES/AUTOIMMUNE AGENTS***

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA

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You can find information on what the symbols and abbreviations on this table by going to page 16

Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / year), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / year), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

**MEDICAMENTOS ANTIRREUMATICOS MODIFICADORES DE LA
ENFERMEDAD/DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS
(DMARDS)**

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	GC
<i>leflunomide</i> TABS 10mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	GC
XATMEP SOLN 2.5mg/ml	4	B/D

INMUNOGLOBULINAS/IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	5	NM, PA
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You can find information on what the symbols and abbreviations on this table by going to page 16

Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
<i>INMUNOMODULADORES/IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	5	B/D, NM
INTRON A SOLR 10mu	3	B/D, NM
INTRON A SOLR 18mu	4	B/D, NM
<i>INMUNOSUPRESORES/IMMUNOSUPPRESSANTS</i>		
<i>azathioprine</i> TABS 50mg	2	GC, B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	GC, B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	5	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	GC, B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	GC, B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	GC, B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	GC, B/D, NM
ZORTRESS TABS 1mg	5	B/D, NM
VACUNAS/VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

SUPLEMENTOS - NUTRICIONALES/NUTRITIONAL- SUPPLEMENTS
ELECTROLITOS - MINERALES, INYECTABLES/ELECTROLYTES -
MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	2	GC
D5W/LYTES INJ #48	4	
D10W/NAACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% in lactated ringers</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	GC
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	GC
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	GC
TPN ELECTROL INJ	4	B/D
<i>ELECTROLITOS – MINERALES - VITAMINAS, ORAL/ELECTROLYTES - MINERALS - VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	2	GC
<i>klor-con 8 TBCR 8meq</i>	1	GC
<i>klor-con 10 TBCR 10meq</i>	1	GC
<i>klor-con m10 TBCR 10meq</i>	1	GC
<i>klor-con m15 TBCR 15meq</i>	2	GC
<i>klor-con m20 TBCR 20meq</i>	1	GC
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	GC
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	GC
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	GC
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
TRICARE TAB PRENATAL	3	

NUTRICION IV/IV NUTRITION

AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	GC, B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	GC
<i>dextrose SOLN 50%, 70%</i>	2	GC, B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	GC, B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OFTALMICOS/OPHTHALMIC

ANTI-INFECTIVO - ANTI-INFLAMATORIOS/ANTI-INFECTIVE - ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	GC
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	GC
<i>neomycin-polymyxin-hc ophth susp</i>	2	GC
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	GC
ZYLET SUS 0.5-0.3%	3	

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>ANTI-INFECTIVOS/ANTI-INFECTIVES</i>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	2	GC
<i>gentak OINT .3%</i>	2	GC
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	GC
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
<i>ofloxacin (ophth) SOLN .3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	GC
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
<i>trifluridine SOLN 1%</i>	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
ZIRGAN GEL .15%	4	
<i>ANTI-INFLAMATORIOS/ANTI-INFLAMMATORIES</i>		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	2	GC
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	GC
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	GC
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	GC
<i>flurbiprofen sodium</i> SOLN .03%	2	GC
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	GC
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	GC
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
<i>ANTIALERGICOS/ANTIALLERGICS</i>		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	GC
<i>bepotastine besilate</i> SOLN 1.5%	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
LASTACAFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	2	GC
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	GC
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	2	GC
<i>brinzolamide</i> SUSP 1%	2	GC
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	GC
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	GC
VYZULTA SOLN .024%	4	
<i>MISCELANEOS/MISCELLANEOUS</i>		
ATROPINE SULFATE SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	2	GC
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
<i>OTICOS/OTIC</i>		
<i>AGENTES OTICOS/OTIC AGENTS</i>		
<i>acetic acid (otic)</i> SOLN 2%	2	GC
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	GC
<i>flac</i> OIL .01%	2	GC
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC

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<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	GC
<i>ofloxacin (otic) SOLN .3%</i>	2	GC

INHIBIDORES DE FOSFODIESTERASA TIPO 5/PHOSPHODIESTERASE TYPE 5 INHIBITORS

CIALIS TABS 10mg, 20mg	3	ED, QL (4 tabs / 30 days)
LEVITRA TABS 10mg, 20mg	3	ED, QL (4 tabs / 30 days)
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	1	ED, QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 10mg, 20mg	1	ED, QL (4 tabs / 30 days)
<i>vardenafil hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	ED, QL (4 tabs / 30 days)
VIAGRA TABS 25mg, 50mg, 100mg	3	ED, QL (4 tabs / 30 days)

RESPIRATORIO/RESPIRATORY

ANTICOLINERGICO - BETA ANTAGONISTAS

COMBINACION/ANTICHOLINERGIC - BETA AGONIST

COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)

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Puede encontrar información sobre los símbolos y abreviaturas en esta tabla en la página 16

Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	GC, B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICOLINERGICOS/ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	GC, B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	GC
ANTIHIISTAMINICOS/ANTIHIISTAMINES		
<i>azelastine hcl SOLN .1%, .15%</i>	2	GC
<i>cetirizine hcl SOLN 1mg/ml</i>	1	GC
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	GC
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml</i>	3	PA; PA if 70 years and older

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	GC, PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	GC, PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	GC

BETA AGONISTAS/BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	GC, B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	GC
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	GC, B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	GC, QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
MODULADORES DE LEUKOTRIENO/LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	GC
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	2	GC
MISCELANEOS/MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	GC, B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	GC, B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	GC; (generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	GC; (generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 1mg/ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
ESTEROIDES NASALES/NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	GC, QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC, QL (1 bottle / 30 days)
ESTEROIDES INHALADOS/STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	GC, B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>ESTEROIDES - BETA AGONISTAS COMBINACIONES/STEROID -BETA- AGONIST COMBINATIONS</i>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICOS/TOPICAL

DERMATOLOGIA, ACNE/DERMATOLOGY, ACNE

<i>acutane</i> CAPS 20mg, 30mg, 40mg	2	GC, PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	2	GC, PA
<i>avita</i> CREA .025%; GEL .025%	2	GC, QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	GC, QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA

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<i>clindamycin phosphate (topical)</i> GEL 1%	2	GC, QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	GC, QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	GC, QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	GC, QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	GC, QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	GC, QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>DERMATOLOGIA, ANTIBIOTICOS/DERMATOLOGY, ANTIBIOTICS</i>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	GC, QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	GC, QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	GC
<i>ssd</i> CREA 1%	2	GC
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>DERMATOLOGIA, ANTIFUNGALES/DERMATOLOGY, ANTIFUNGALS</i>		
<i>ciclopirox olamine</i> CREA .77%	2	GC, QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	GC, QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	GC, QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	GC, QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	GC, QL (45 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	2	GC, QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	GC, QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>DERMATOLOGIA, ANTIPSORIASICOS/DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	GC, PA
<i>calcipotriene</i> OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	GC, QL (120 mL / 30 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>calcitrene</i> OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	GC, QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

**DERMATOLOGIA, ANTISEBORREICA/DERMATOLOGY,
ANTISEBORRHEICS**

<i>ketoconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	GC

**DERMATOLOGIA, CORTICOSTEROIDES/DERMATOLOGY,
CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%, 2.5%	1	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	GC, QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	GC, QL (120 mL / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	GC, QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	GC, QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	GC, QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	GC, QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	GC, QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	GC, QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	GC, QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	GC
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	GC, QL (50 gm / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	GC
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	GC
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	GC
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	GC
<i>triderm</i> CREA .5%	1	GC

DERMATOLOGIA, ANESTESICOS LOCALES/DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	GC, QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	GC, QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	GC, QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	GC, QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	GC, QL (30 gm / 30 days), PA

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	2	GC, QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	GC, QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	GC, QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	GC, QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	GC
<i>imiquimod</i> CREA 5%	2	GC, QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	GC
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	GC, QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	GC, QL (59 mL / 30 days)
<i>podofilox</i> SOLN .5%	2	GC, QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	GC
<i>procto-pak</i> CREA 1%	2	GC
<i>proctozone-hc</i> CREA 2.5%	2	GC
RECTIV OINT .4%	4	QL (30 gm / 30 days)

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>rosadan</i> CREA .75%	2	GC, QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	GC, QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGIA, ESCABICIDAS Y PEDICULOSIS/DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	2	GC, QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	GC, QL (60 gm / 30 days)

DERMATOLOGIA, AGENTES PARA EL CUIDADO DE ULCERAS/DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	GC
<i>water for irrigation, sterile irrigation soln</i>	2	GC

BOCA – GARGANTA - AGENTES DENTALES/MOUTH -THROAT- DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	2	GC
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC

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Nombre de Medicamento/ Drug Name	Nivel/ Drug Tier	Requisitos/Limites Requirements/Limits
<i>clotrimazole</i> TROC 10mg	2	GC, QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	GC
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	GC
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	GC
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	GC

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