

KAISER PERMANENTE DE GEORGIA

LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES DE LOS BENEFICIOS CHOICE 2026

**Este documento incluye la Lista de medicamentos
recetados disponibles de los beneficios Choice 2026
de Kaiser Permanente de Georgia hasta el
1.º de enero de 2026**

**Para obtener la Lista de medicamentos recetados
disponibles actualizada, por favor llame al
1-855-364-3185 (TTY 771), de lunes a viernes,
de 8:00 a. m. a 6:00 p. m. hora del Este.**

Planes de Organizaciones de Proveedores Preferidos (PPO) de Kaiser Permanente Insurance Company (KPIC)

NOTA: Esta Lista de medicamentos recetados disponibles se actualiza con frecuencia y está sujeta a cambios. Después de la modificación, todas las versiones anteriores de la Lista de medicamentos recetados disponibles dejan de estar vigentes.

Debe consultar este documento si está actualmente inscrito(a) o le interesa inscribirse en un plan de Organizaciones de Proveedores Preferidos (Preferred Provider Organization, PPO) de Kaiser Permanente de Georgia. Kaiser Permanente Insurance Company (KPIC), subsidiaria de Kaiser Foundation Health Plan, Inc., suscribe exclusivamente la cobertura del plan de PPO.

Este documento contiene información relativa a los medicamentos recetados para pacientes ambulatorios que están cubiertos por el plan de PPO. El beneficio de medicamentos recetados para pacientes ambulatorios de KPIC es administrado por MedImpact.

Si necesita ayuda con esta Lista de medicamentos recetados disponibles, por favor llame a MedImpact las 24 horas del día, los 7 días de la semana, al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711** (TTY).

Puede acceder a la versión más actualizada de la Lista de medicamentos recetados disponibles visitando <http://kp.org/kpic-georgia> (en inglés). Para obtener ayuda en su idioma preferido, vea la sección "Ayuda en su idioma" más adelante en este documento.

Cómo utilizar este documento (Lista de medicamentos recetados disponibles)

Este documento es una lista de los medicamentos recetados cubiertos por su plan de PPO.

- Los medicamentos genéricos aparecen con su nombre genérico (en *cursivas*), seguido del nombre de marca más común, si es que existe (por ejemplo, atorvastatina, tableta oral de 10 mg o 20 mg [Lipitor]).
- Algunos medicamentos genéricos tienen un nombre registrado (de marca) y aparecen en letras MAYÚSCULAS (por ejemplo, JUNEL 1/20 [21], TABLETA ORAL 1-20 MG-MCG).
- Los medicamentos de marca aparecen con su nombre de marca en letras MAYÚSCULAS (por ejemplo, JANUVIA, TABLETA ORAL DE 100 MG, 25 MG, 50 MG).

Puede acceder a la Lista de medicamentos recetados disponibles usando:

- Categorías de medicamentos: los medicamentos se agrupan en categorías de acuerdo con los tipos de afecciones médicas que tratan. Use el "Índice" para ir a la categoría del medicamento.
- Listado alfabético del índice: El índice se encuentra al final de la Lista de medicamentos recetados disponibles y proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Primero, busque en el índice y encuentre el medicamento. Junto al medicamento, hay un número de página donde el miembro puede encontrar información sobre la cobertura. Luego, vaya a la página indicada en el índice y busque el nombre del medicamento en la primera columna de la lista de esa página.

Este documento se aplica solo a los medicamentos recetados para pacientes ambulatorios proporcionados a los asegurados a través de las farmacias minoristas o del servicio de farmacia por correo. Este documento no se aplica a los medicamentos obtenidos en el consultorio del médico o en el hospital. **Definición de niveles de la Lista de medicamentos**

recetados disponibles:

Símbolo	Pauta	Descripción
T1	Nivel 1	Preventivos genéricos
T2	Nivel 2	Preferidos genéricos
T3	Nivel 3	Preferidos de marca
T4	Nivel 4	No preferidos
T5	Nivel 5	Especializados

Los medicamentos preventivos obligatorios cubiertos por la Ley de Cuidado de Salud Asequible (Affordable Care Act, ACA) se identifican en la Lista de medicamentos recetados disponibles con "\$0".

Diseño de Beneficios por niveles

La Lista de medicamentos recetados disponibles puede aplicarse a un Diseño de Beneficios por niveles, donde el asegurado comparte el costo de la terapia con medicamentos recetados según el nivel del medicamento mediante un copago o coseguro compartido. En la mayoría de los casos, los medicamentos disponibles en versión genérica estarán cubiertos en otro nivel inferior (menor costo compartido), sea preventivo o preferido, y los medicamentos de marca que aparecen en la Lista de medicamentos recetados disponibles estarán cubiertos en un nivel superior (mayor costo compartido de copago). Los medicamentos especializados estarán cubiertos en el nivel más alto (coseguro con un máximo por medicamento recetado). Los medicamentos preventivos que exige la Ley de Cuidado de Salud Asequible estarán cubiertos tal y como se describe en la sección "SERVICIOS CUBIERTOS" de su *Certificado de Seguro y Programa de Cobertura (Certificate of Insurance and Schedule of Coverage)*.

Mantenimiento y actualización de la Lista de medicamentos recetados disponibles

Los Comités de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y de la Lista de medicamentos recetados disponibles de MedImpact Healthcare Systems proporcionan a médicos y farmacéuticos un método para evaluar la seguridad, eficacia y rentabilidad de los medicamentos disponibles en el mercado. Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact se reúnen cada trimestre, y con mayor frecuencia si es necesario, para garantizar la pertinencia clínica de la Lista de medicamentos recetados disponibles.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact actualizan esta Lista de medicamentos recetados disponibles usando un enfoque estructurado del proceso de asignación de niveles para garantizar el acceso continuo de los pacientes a tratamientos farmacológicos médicamente apropiados.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact utilizan los siguientes criterios en la evaluación de la asignación de niveles de medicamentos para la Lista de medicamentos recetados disponibles:

- perfil de seguridad del medicamento;
- eficacia del medicamento;
- comparación de los beneficios terapéuticos relevantes con los medicamentos actuales de la Lista de medicamentos recetados disponibles de uso similar, y para minimizar la duplicación terapéutica cuando sea posible;
- rentabilidad en relación con una terapia comparable.

¿Qué medicamentos están cubiertos?

Por lo general, KPIC cubrirá los medicamentos genéricos, de marca y especializados recetados que aparezcan en la Lista de medicamentos recetados disponibles, siempre que el medicamento sea médicamente necesario y se sigan otras reglas de cobertura. Los medicamentos de venta libre (Over-the-Counter, OTC) no suelen estar cubiertos. En ciertos planes, algunos medicamentos preventivos OTC están cubiertos cuando los receta un médico, como la aspirina y los suplementos de hierro.

¿Qué es un medicamento genérico?

Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) como un medicamento que contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

En su plan de PPO, puede pagar un copago o coseguro diferente por los medicamentos genéricos preferidos y por los medicamentos genéricos no preferidos. En el caso de los medicamentos genéricos preferidos, sus gastos de bolsillo serán menores a los de los medicamentos genéricos no preferidos.

¿Qué es un medicamento de marca?

Por lo general, la fabricación y venta de los medicamentos de marca están a cargo de la compañía farmacéutica que primero realizó la investigación y desarrolló el medicamento. Cuando la patente de un medicamento de marca vence, otras compañías farmacéuticas pueden fabricar y vender una versión genérica aprobada por la FDA del medicamento con los mismos principios activos y a un precio más bajo.

En su plan de PPO, puede pagar un copago o coseguro diferente por los medicamentos de marca preferidos y los medicamentos de marca no preferidos. En el caso de los medicamentos de marca preferidos, sus gastos de bolsillo serán menores a los de los medicamentos de marca no preferidos.

Si solicita un medicamento de marca cuando se le recetó un medicamento genérico, es posible que tenga que pagar el costo compartido del medicamento de marca más la diferencia de costo entre el medicamento genérico y el de marca. Consulte su *Certificado de Seguro y su Programa de Cobertura* para obtener más detalles.

¿Qué son los medicamentos especializados?

Los medicamentos especializados son medicamentos recetados de alto costo que incluyen medicamentos utilizados para tratar enfermedades complejas y crónicas, como la esclerosis múltiple, la artritis reumatoide y la hepatitis C. Los medicamentos especializados suelen requerir una manipulación, administración o supervisión especiales.

¿Qué son los medicamentos preventivos?

En algunos planes, los medicamentos, incluso los de venta libre (OTC), están cubiertos sin costo alguno si el asegurado tiene una receta de su proveedor de atención médica. La vacuna contra la gripe no requiere receta médica, pero hay que presentar la tarjeta del seguro en la farmacia. Algunos medicamentos solo están cubiertos sin gastos compartidos para determinados pacientes, por ejemplo, para un rango de edad específico, para grupos que tienen el requisito de, o han optado por, la cobertura de medicamentos preventivos exigidos por la Ley de Cuidado de Salud Asequible o cuando un medicamento se utiliza para un fin determinado.

¿Qué medicamentos no están cubiertos?

- Medicamentos de venta libre (OTC) o sus equivalentes, a menos que su plan los cubra de otro modo.
- Cualquier medicamento utilizado con fines cosméticos.
- Medicamentos experimentales o cualquier medicamento utilizado de forma experimental.
- Sustitución de medicamentos perdidos o robados.
- Medicamentos de estilo de vida (por ejemplo, para disfunción sexual).
- Medicamentos que requieren la administración por parte de un profesional clínico de salud, a menos que se especifique lo contrario en la Lista de medicamentos recetados disponibles.
- Suministros diferentes de aquellos para diabéticos/suministros de diagnóstico/suministros o dispositivos de ostomía.
- Vea su *Certificado de Seguro y su Programa de Cobertura* para obtener una lista de todas las exclusiones.

¿Hay alguna restricción sobre los medicamentos cubiertos en la Lista de medicamentos recetados disponibles?

Sí, para determinados medicamentos de la Lista de medicamentos recetados disponibles puede aplicarse una pauta de prescripción recomendada. Estas se mencionan a lo largo del documento mediante los siguientes símbolos (*consulte la tabla siguiente*).

Tabla de símbolos de las pautas:

Símbolo	Pautas	Descripción
EDAD	Límites de edad	La cobertura depende de la edad del paciente.
PA	Autorización previa	Requiere una autorización previa basada en criterios clínicos específicos. <i>Vea "¿Qué es una autorización previa?" más abajo para obtener información adicional.</i>
QL	Límites de cantidad	La cobertura se limita a cantidades específicas por receta o periodo de tiempo. Se requiere autorización previa para las cantidades que superen la restricción.
ST	Tratamiento escalonado	La cobertura depende del uso previo de otro medicamento. Puede ser necesaria una autorización previa. <i>Vea "¿Qué es el tratamiento escalonado?" más adelante para obtener información adicional.</i>

¿Qué es una autorización previa?

Una autorización previa (Prior Authorization, "PA") es una técnica que se utiliza para fomentar el uso seguro y rentable de los medicamentos. Muchos medicamentos tienen múltiples indicaciones, por lo que se establecen PA para los medicamentos para garantizar que el medicamento sea apropiado y seguro para el asegurado.

¿Cómo funciona el programa? Los medicamentos marcados con una PA significan que el profesional que emitió la receta debe demostrar primero que usted tiene una necesidad médica del medicamento recetado. Esto significa que para recibir cobertura su profesional que receta tendrá que colaborar con MedImpact para recibir la autorización previa del medicamento. Los medicamentos sujetos a autorización previa tienen criterios clínicos específicos que usted debe cumplir para obtener cobertura. Consulte la columna Requisitos/límites de la Lista de medicamentos recetados disponibles para conocer los medicamentos que requieren una PA.

Después de la recepción de su solicitud de autorización previa, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. Si MedImpact no responde en un plazo de 72 horas en el caso de las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes a partir de la recepción de un formulario de solicitud de un proveedor autorizado para recetar medicamentos, se considerará que la solicitud fue aprobada. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica). Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Qué es el tratamiento escalonado?

Algunos medicamentos recetados seleccionados requieren un tratamiento escalonado. El Programa de Tratamiento Escalonado fomenta el uso seguro y rentable de los medicamentos. En este programa, se requiere un enfoque "escalonado" para recibir la cobertura de ciertos medicamentos menos preferidos. Esto significa que para recibir cobertura es posible que tenga que probar primero un medicamento de eficacia probada y rentable antes de utilizar un tratamiento más costoso.

¿Cómo funciona el programa? El Programa de Tratamiento Escalonado requiere que tenga un historial de recetas de un medicamento "de primera línea" antes de que su plan de beneficios cubra un medicamento "de segunda línea". Un medicamento de primera línea está reconocido como seguro y eficaz en el tratamiento de una afección médica específica, además de ser rentable. Un medicamento de segunda línea es una opción de tratamiento menos preferida o a veces más costosa.

Cuando sea posible, su médico debe recetarle un medicamento de primera línea apropiado para su enfermedad. Si su médico determina que un medicamento de primera línea no es apropiado para usted o no es eficaz, su beneficio de medicamentos recetados cubrirá un medicamento de segunda línea cuando se cumplan determinadas condiciones. Puede ser necesaria una autorización previa.

Después de la recepción de su solicitud de un medicamento de segunda línea, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711 (TTY)**. Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Cuáles son los medicamentos elegibles para enviarse por el servicio de farmacia por correo?

La mayoría de los medicamentos de mantenimiento pueden enviarse a través de nuestro servicio de farmacia por correo. Sin embargo, los medicamentos permitidos en pedidos por correo no pueden ser enviados fuera de Estados Unidos. No hay cargos adicionales de pedido por correo. Se aplicarán los gastos de bolsillo correspondientes con base en su beneficio de medicamentos recetados.

Cobertura y limitaciones de los beneficios

La Lista de medicamentos recetados disponibles no proporciona información sobre la cobertura y las limitaciones específicas a las que puede estar sujeto un asegurado individual. Las inclusiones, las exclusiones y los gastos de bolsillo de beneficios específicos no se reflejan en la Lista de medicamentos recetados disponibles.

La Lista de medicamentos recetados disponibles se aplica solo a los medicamentos recetados para pacientes ambulatorios dispensados al asegurado para su autoadministración y no se aplica a los medicamentos que requieren administración médica. Si tiene preguntas específicas sobre su cobertura, por favor llame a Servicio al Cliente de KPIC al **1-855-364-3185, de lunes a viernes, de 8:00 a. m. a 6:00 p. m., hora del Este**. Para saber el costo de sus medicamentos, puede comunicarse con MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711 (TTY)**. Consulte su Certificado de Seguro y Programa de Cobertura para obtener información adicional.

AVISO DE NO DISCRIMINACIÓN

Kaiser Permanente Insurance Company (KPIC) cumple con la legislación federal aplicable en materia de derechos civiles y no discrimina por motivos de raza, color, nacionalidad (incluido el dominio limitado del inglés y el idioma materno), edad, discapacidad o sexo. KPIC no excluye ni trata a las personas de forma diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluidas las características sexuales, los rasgos intersexuales, el embarazo o afecciones relacionadas, la orientación sexual, la identidad de género y los estereotipos sexuales). Además:

- Proporcionamos ayuda y servicios sin costo a personas con discapacidades para que se comuniquen eficazmente con nosotros, como:
 - intérpretes calificados de lenguaje de señas;
 - información escrita en otros formatos, como impreso en letra grande, audio y formatos electrónicos accesibles.
- Proporcionamos servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:
 - intérpretes calificados,
 - información escrita en otros idiomas.

Si necesita estos servicios, llame al **1-855-364-3185** (TTY: **711**).

Si considera que Kaiser Permanente Insurance Company no le ha proporcionado estos servicios o que lo discriminaron de alguna otra forma por su raza, color, país de origen, edad, discapacidad o sexo, puede presentar una queja formal por correo enviado a: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736 o llamando por teléfono a Servicio a los Miembros al 1-855-364-3185.

También puede presentar una queja de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

AYUDA EN SU IDIOMA

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-364-3185** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግኙዎት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ **1-855-364-3185** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية فمن خدمات المساعدة اللغوية متوفرة لك المجان اتصلي رقم **1-855-364-3185** (TTY: **711**).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-364-3185** (TTY: **711**)。

فارسی (Farsi) توجه: اگر بهزبانفارسی صحبت میکنید، خدمتس هیلترانییصورتریکتیرایشملقرا هم میباشند. باشماره **1-855-364-3185** (TTY: **711**) تماس بگیرید.

Français (French) **ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-364-3185** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-855-364-3185** (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વધના મળૂં છે, આના પર ઉપલબ્ધ છે તમે. **1-855-364-3185** (TTY: **711**) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-364-3185** (TTY: **711**).

हिंदी (Hindi) ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके ललए ल िं शुल्क भाषा सहायता सेवाए उपलब्ध हैं। **1-855-364-3185** (टीटीवाई: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-855-364-3185**(TTY: **711**)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로이용하실 수 있습니다. **1-855-364-3185** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé, t'áá jik'eh, éí ná hól ó, koj'í' hódíłnih **1-855-364-3185** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-364-3185** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-364-3185** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-3185** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-855-364-3185** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-364-3185** (TTY: **711**).

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Abandono Del Tabaquismo		
Agentes Inhibidores De Tabaco (Estimulantes Ganglionares, Otros)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 COPAY	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Disuasivo De Tabaquismo, Otros		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Disuasivo De Tabaquismo-Agonístico Parcial De Receptores De Nicotina		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Agentes Misceláneos		
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5	PA
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 5	PA
Agente De Pku Tx-Cofactor De Fenilalanina Hidroxilasa		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 5	
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 5	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Tier 5	PA
Agentes De Terapia De Anafilaxia		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Tier 4	QL (4 EA per 1 FILL)
Agentes Parasimpáticos		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antagonistas De Receptores De Quimiocina Cxcr4		
XOLREMDI ORAL CAPSULE 100 MG	Tier 5	PA
Inhibidores De Enzima Sistémico		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Tier 5	PA
JOENJA ORAL TABLET 70 MG	Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 5	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 5	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
Oligonucleótidos Antisentido De Inclusión Genética D/O Tz-Exon		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
EVRYSDI ORAL TABLET 5 MG	Tier 5	PA
Alergia		
Antihistamínico Nasale & Antiinflam. Comb. De Esteroide		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)
Antihistamínico Nasaes		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 2	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 2	
Antihistamínicos - 1Era Generación		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)	Tier 2	Age (Min 2 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 2	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)	Tier 2	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i> (Clemsza)	Tier 2	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Tier 2	
CLEMSZA ORAL TABLET 2.68 MG (clemastine)	Tier 2	
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 2	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 4	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
Antihistamínicos - 2Da Generación		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 2	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 2	
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 2	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Combinaciones De Antihistamínicos & Descongestivo S De 2Da Gen		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days
Esteroides Antiinflamatorios Nasaes		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 2	
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4	ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3	ST: Must meet any of the following requirements: Nasal flunisolide or Fluticasone in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	ST: Must meet any of the following requirements: Nasal flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: Must meet the following requirements of one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)
Extractos Alergénicos, Terapéuticos		
GRASSTK SUBLINGUAL TABLET 2,800 BAU	Tier 3	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 3	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 5	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 5	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 5	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 5	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 5	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 5	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 5	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 5	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 5	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 5	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3	PA
Anestesia Local		
Anestesia Local		
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4	
Anticonceptivo/Ocitócicos		
Anticonceptivos, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Anticonceptivos, Intravaginal, Sistémico		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0 COPAY	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
Anticonceptivos, Inyectables		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Anticonceptivos, Orales		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG		\$0 COPAY	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 94 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MELEYA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Galbriela)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmyly)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
OPILL ORAL TABLET 0.075 MG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ORQUIDEA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
Anticonceptivos, Transdérmicos			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	\$0 COPAY	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		\$0 COPAY	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	
Anticonceptivos,Intravaginales			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		\$0 COPAY	

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VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0 COPAY	
Diafragma/Capuchón Cervical		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0 COPAY	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0 COPAY	
Dispositivos Intrauterinos (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0 COPAY	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0 COPAY	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	\$0 COPAY	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0 COPAY	
Ocitócicos		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 4	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
Antiemesis/Antivertigo		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 2	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST: Must meet any of the following requirements: generic Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
Agentes Antieméticos/Antivértigos		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 2	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 2	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 2	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 3	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 2	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
VARUBI ORAL TABLET 90 MG	Tier 4	QL (2 EA per 14 days)
Asma Y Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 5	PA
Agentes Beta-Adrenérgicos		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Agentes Beta-Adrenérgicos, Inhalados Oralmente, De Acción Larga		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 2	ST: Must meet any of the following requirements: Serevent, Striverdi, or Perforomist in 120 days; QL (120 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>formoterol fumarate inhalation solution</i> (Perforomist) <i>for nebulization 20 mcg/2 ml</i>	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
Agentes Beta-Adrenérgicos, Inhalados, De Acción Corta		
<i>albuterol sulfate inhalation hfa aerosol</i> (Ventolin HFA) <i>inhaler 90 mcg/actuation</i>	Tier 2	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 2	
Agentes Beta-Adrenérgicos, Inhalados, De Acción Ultra Prolongada		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Antagonistas De Receptor De Leucotrienos		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
Anticolinérgicas, Inhalados Oralmente De Acción Corta		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
Anticolinérgicos, Inhalados Oralmente De Acción Prolongada		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)

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TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 4	ST: Must meet any of the following requirements: Spiriva Respimat or Incruse Ellipta in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 4	QL (90 ML per 30 days)
Anticuerpos Monoclonales - Antagonistas De Interleucinas-5			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 5	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 5	PA
Anticuerpos Monoclonales Para Inmunoglobulinas E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA
Ayudas Respiratorias, Dispositivos, Equipos			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 4	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 4	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 4	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 4	
AERONEB GO NEBULIZER	(nebulizers)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 4	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 4	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 4	
ASTHMAPACK CHILDREN'S KIT		Tier 4	
AURA PORTANEB	(nebulizers)	Tier 4	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 4	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 4	
COMFORTSEAL LARGE MASK DEVICE		Tier 4	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4	
COMFORTSEAL SMALL MASK DEVICE		Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 4	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 4	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 4	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE		Tier 4	
EASIVENT MASK MEDIUM DEVICE		Tier 4	
EASIVENT MASK SMALL DEVICE		Tier 4	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
EBASE CONTROLLER DEVICE		Tier 4	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 4	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 4	

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INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 4	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 4	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 4	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 4	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 4	
LC PLUS	(nebulizers)	Tier 4	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
LITETOUCH-LARGE MASK DEVICE		Tier 4	
LITETOUCH-SMALL MASK DEVICE		Tier 4	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 4	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 4	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
MICROSPACER SPACER	(inhalational spacing device)	Tier 4	
MINI PLUS NEBULIZER	(nebulizers)	Tier 4	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 4	
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 4	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 4	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 4	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 4	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 4	
PARI LC SPRINT SINUS	(nebulizers)	Tier 4	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 4	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 4	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 4	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 4	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 4	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 4	
PROVENT NASAL DEVICE		Tier 4	
PROVENT STARTER NASAL DEVICE		Tier 4	
PULMO-AIDE COMPRESSOR DEVICE		Tier 4	
PULMONEB LT COMPRESSOR NEBUL DEVICE	(nebulizer and compressor)	Tier 4	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
QUAKE VIBRATORY PEP DEVICE		Tier 4	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SIDESTREAM	(nebulizers)	Tier 4	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 4	
SIDESTREAM PLUS	(nebulizers)	Tier 4	
SILICONE MASK - INFANT DEVICE		Tier 4	
SINUSTAR NEBULIZER	(nebulizers)	Tier 4	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 4	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 4	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 4	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 4	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 4	
THRESHOLD IMT TRAINER DEVICE		Tier 4	
THRESHOLD PEP DEVICE DEVICE		Tier 4	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 4	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 4	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 4	
WILLIS THE WHALE COMPRESSOR NEB DEVICE	(nebulizer and compressor)	Tier 4	
Beta-Adrenérgicos-Anticolinérgicos-Glucocorticoides, Inhalados			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 3	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Combinaciones Beta-Adrenérgicas Y Anticolinérgicas		
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4	ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4	ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i> (Anoro Ellipta)	Tier 2	QL (60 EA per 30 days)
Combinaciones Beta-Adrenérgicas Y Glucocorticoides		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 2	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 2	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 2	QL (1 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i> (Advair HFA)	Tier 2	QL (12 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 2	QL (60 EA per 30 days)
Estabilizadores De Mastocitos		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 2	
Estabilizadores De Mastocitos, Inhalados Oralmente		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	
Glucocorticoides, Inhalados Oralmente		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTION, 80 MCG/ACTION	Tier 4	ST: Must meet any of the following requirements: Asmanex, Qvar, or Arnuity Ellipta in 365 days; QL (12.2 GM per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTION (30), 220 MCG/ ACTION (120), 220 MCG/ ACTION (30), 220 MCG/ ACTION (60)	Tier 3	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	Tier 2	QL (120 ML per 30 days)
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i> (Arnuity Ellipta)	Tier 2	QL (30 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 2	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2	QL (12 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4	ST: Must meet any of the following requirements: Asmanex, Qvar, or Arnuity Ellipta in 365 days; QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	QL (21.2 GM per 30 days)
Inhibidores De Fosfodiesterasa-4 (Pde4)		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 5	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 2	QL (1 EA per 1 day)
Xantinas		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 (theophylline) MG/15 ML	Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	
Deficiencia Vitamínica Y/O Mineral		
Preparados De Acido Fólico		
FA-8 ORAL CAPSULE 0.8 MG (folic acid)	Tier 2	
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral capsule 20 mg</i>	Tier 4	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg</i> (PureVita Folic Acid)	\$0 COPAY	
<i>folic acid oral tablet 800 mcg</i>	\$0 COPAY	
PUREVITA FOLIC ACID ORAL DROPS 200 MCG/ML	Tier 2	
PUREVITA FOLIC ACID ORAL TABLET (folic acid) 400 MCG	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Preparados De Fluoruro			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
<i>fluoride (sodium) dental cream 1.1 %</i>	(Denta 5000 Plus)	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i>	(Sodium Fluoride 5000 Dry Mouth)	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	(SoluVita)	\$0 COPAY	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	(Ludent Fluoride)	\$0 COPAY	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 4	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	Tier 2	
Preparados De Vitamins Prenatales			
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG		\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	\$0 COPAY	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	\$0 COPAY	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 4	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	\$0 COPAY	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0 COPAY	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	\$0 COPAY	
M-NATAL PLUS ORAL TABLET 27 MG (pnv, calcium 72-iron-folic IRON- 1 MG acid)	\$0 COPAY	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	\$0 COPAY	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	\$0 COPAY	
MYNATAL ORAL TABLET 90-1-50 MG	\$0 COPAY	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	\$0 COPAY	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	\$0 COPAY	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	\$0 COPAY	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	\$0 COPAY	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	\$0 COPAY	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	\$0 COPAY	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	\$0 COPAY	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	\$0 COPAY	
<i>pnv no.95-ferrous fumarate-fa oral tablet (Prenatal)</i> <i>28 mg iron- 800 mcg</i>	\$0 COPAY	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	\$0 COPAY	
PNV-SELECT ORAL TABLET 27-1 MG	\$0 COPAY	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	\$0 COPAY	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	\$0 COPAY	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	\$0 COPAY	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	\$0 COPAY	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
PRENATABS FA ORAL TABLET 29-1 MG	\$0 COPAY	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	\$0 COPAY	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	\$0 COPAY	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	\$0 COPAY	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	\$0 COPAY	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0 COPAY	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	\$0 COPAY	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	\$0 COPAY	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	\$0 COPAY	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	\$0 COPAY	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	\$0 COPAY
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		\$0 COPAY
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	\$0 COPAY
PRENATAL ORAL TABLET 28-800 MG- MCG		\$0 COPAY
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	\$0 COPAY
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		\$0 COPAY
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb- folic)	\$0 COPAY
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		\$0 COPAY
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	\$0 COPAY

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>prenatal vit no.179-iron-folic oral tablet</i> <i>28 mg iron- 800 mcg</i>	\$0 COPAY	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	\$0 COPAY	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	\$0 COPAY	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	\$0 COPAY	
<i>prenatal vit-iron fum-folic ac oral tablet</i> <i>28 mg iron- 800 mcg</i> (Prenatal Tablet)	\$0 COPAY	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	\$0 COPAY	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	\$0 COPAY	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	\$0 COPAY	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	\$0 COPAY	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	\$0 COPAY	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	\$0 COPAY	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	\$0 COPAY	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	\$0 COPAY	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	\$0 COPAY	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG- 200 MG	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	\$0 COPAY	
WESTAB PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic IRON- 1 MG acid)	\$0 COPAY	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	\$0 COPAY	
Preparados De Vitamina B		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
Preparados De Vitamina B1		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
Preparados De Vitamina B12		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 2	
DODEX INJECTION SOLUTION 1,000 (cyanocobalamin (vitamin MCG/ML b-12))	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2	
Preparados De Vitamina B6		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
Preparados De Vitamina C		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	
Preparados De Vitamina D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2) 1,250 mcg (50,000 unit)</i>	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 (ergocalciferol (vitamin MCG (50,000 UNIT) d2))	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Preparados Multivitamínicos		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 2	
Sustituto De Hierro		
FEOSOL ORAL TABLET 325 MG (65 (ferrous sulfate) MG IRON)	Tier 2	
FEROSUL ORAL TABLET 325 MG (65 (ferrous sulfate) MG IRON)	Tier 2	
FERRO-TIME ORAL TABLET 325 MG (ferrous sulfate) (65 MG IRON)	Tier 2	
<i>ferrous sulfate oral drops 15 mg iron (75 (Fe-Vite) mg)/ml</i>	Tier 2	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral tablet 325 mg (65 mg (Feosol) iron)</i>	Tier 2	
<i>ferrous sulfate oral tablet extended (Slow Release Iron) release 142 mg (45 mg iron)</i>	Tier 2	
<i>ferrous sulfate oral tablet, delayed (Tier 2 release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>		
FE-VITE ORAL DROPS 15 MG IRON (ferrous sulfate) (75 MG)/ML	Tier 2	
HIGH POTENCY IRON ORAL TABLET (ferrous sulfate) 134 MG (27 MG IRON)	Tier 2	
HIGH POTENCY IRON ORAL TABLET 27 MG IRON	Tier 2	
IRON (FERROUS SULFATE) ORAL (ferrous sulfate) TABLET 325 MG (65 MG IRON)	Tier 2	
IRON ORAL TABLET 325 MG (65 MG (ferrous sulfate) IRON)	Tier 2	
PEDIA IRON ORAL DROPS 15 MG (ferrous sulfate) IRON (75 MG)/ML	Tier 2	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SLOW RELEASE IRON ORAL TABLET (ferrous sulfate) EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON)	Tier 2	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON)	Tier 2	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
Vitaminas Prenatales Si Hierro		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	\$0 COPAY	
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG	\$0 COPAY	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	\$0 COPAY	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	\$0 COPAY	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	\$0 COPAY	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	\$0 COPAY	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	\$0 COPAY	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	\$0 COPAY	
Deficiencia Hormonal		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	QL (30 EA per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 2	ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine in 120 days; QL (1 EA per 1 day)
VEOZAH ORAL TABLET 45 MG	Tier 4	
Agentes Androgénicos		
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 4	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG	Tier 4	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG	Tier 4	PA; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA; QL (22 GM per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 2	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 2	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 2	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA; QL (2 ML per 28 days)
Agentes Estrogénicos		
ABIGALE LO ORAL TABLET 0.5-0.1 MG (estradiol-norethindrone acet)	Tier 2	
ABIGALE ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	ST: Must meet the following requirement: Combipatch in 120 days; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3	QL (2 EA per 7 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate) OIL 5 MG/ML	Tier 4	
DOTTI TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>estradiol transdermal gel in metered- dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 2	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 2	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 2	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 2	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 2	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 2	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i> (Delestrogen)	Tier 2	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	Tier 2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	Tier 2	

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EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 4	ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 3	
Agentes Progestacionales			
CRINONE VAGINAL GEL 4 %		Tier 3	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	(Gallifrey)	Tier 2	
<i>progesterone intramuscular oil 50 mg/ml</i>		Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	(Prometrium)	Tier 2	
Combinaciones De Estrógeno/Andrógeno			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	

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EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	Tier 2	
Estrógeno & Mod De Recept Selectivo De Estrógeno (Serm) Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 3	
Estrógeno & Progestina Con Antagonista De La Aldosterona Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 4	
Dermatología - Acné			
WINLEVI TOPICAL CREAM 1 %		Tier 4	PA; QL (60 GM per 30 days)
Agentes De Acne, Sistémico			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(Accutane)	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2	
Agentes De Acne, Tópicos			
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 4	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 4	
ADALINA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 4	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	(Epiduo)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	(Epiduo Forte)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 4	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 4	

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ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 4	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 4	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 4	
ALIXI TOPICAL CREAM 6-4 %		Tier 4	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 4	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 4	
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 4	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 4	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 4	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Tier 4	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Tier 4	
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 4	
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 4	
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl peroxide-niacin)	Tier 4	
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 4	
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 4	
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl peroxide-clindamycin-niacin)	Tier 4	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl peroxide-clindamycin-niacin)	Tier 2	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clindamycin-spironolactone)	Tier 4	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 4	
AVIDORA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	Tier 4	
AWANIS TOPICAL CREAM 0.025-8.5-2 %	Tier 4	
AZALTA HP TOPICAL GEL 0.05-5-2 % (tretinoin-spironolact-niacin)	Tier 4	
AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin-spironolact-niacin)	Tier 4	
AZELEX TOPICAL CREAM 20 %	Tier 4	ST: Must meet any of the following requirements: Sulfacetamide +/- Sulfur, Clindamycin +/- Benzoyl Peroxide, Erythromycin +/- Benzoyl Peroxide, Adapalene +/- Benzoyl Peroxide, or Tretinoin in 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> (Onexton) with pump 1.2 %(1 % base) -3.75 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) with pump 1.2-2.5 %	Tier 2	ST: Must meet any of the following requirements: Generic Clindamycin/Benzoyl Peroxide Gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel</i> with pump 1-5 %	Tier 2	
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 2	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 2	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiron-niacin)	Tier 4	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 4	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 4	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spironolactone-niacin)	Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 4	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 4	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 4	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spirolactone-niacin)	Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 4	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 4	
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Tier 4	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 4	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 4	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 4	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 4	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 4	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 4	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 4	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 4	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 2	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 4	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 4	
ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 4	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 4	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
RUMILO TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 4	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 4	
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 4	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spiroinolact-niacin)	Tier 4	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 4	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 4	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 4	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spiroinolact-niacin)	Tier 4	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
Agentes De Rosácea, Tópicos			
AVEIDA TOPICAL GEL 1-1 %		Tier 4	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 4	
<i>azelaic acid topical gel 15 %</i>		Tier 2	
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 4	
<i>brimonidine topical gel with pump 0.33 %</i>	(Mirvaso)	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 4	
DAZOMON TOPICAL GEL 0.25 %		Tier 4	
FINACEA TOPICAL FOAM 15 %		Tier 3	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 4	
<i>ivermectin topical cream 1 %</i>	(Soolantra)	Tier 2	ST: Must meet the following requirement: Finacea gel or foam in 120 days
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	Tier 2	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	
REMYDA TOPICAL GEL 0.25 %	Tier 4	
RESTIMO TOPICAL GEL 1-1 %	Tier 4	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Tier 4	
ROVIS TOPICAL GEL 0.25-1-1-4 %	Tier 4	
Combinaciones Queratolítica-Glucocorticoides		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
Derivados De Vitamina A		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	
<i>adapalene topical gel 0.3 %</i>	Tier 2	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 2	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 2	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 4	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 4	ST: Must meet 2 of the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 2	ST: Must meet 2 of the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Derivados De Vitamina A, Agentes Tópicos De Acne		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	ST: Must meet any of the following requirements: Tazarotene, Tretinoin, or Adapalene (Gel, Cream, Lotion, or Solution) in 120 days; Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 4	
ALVOX TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 4	
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 4	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 4	
Preparados Tópicos, Antibacteriales		
BASADROX TOPICAL GEL IN PACKET	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
hydrocortisone-iodoquinol topical cream 1-1 % (Corti-Sav)	Tier 2	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 % (Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4	
IODOSORB TOPICAL GEL 0.9 %	Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4	
silver nitrate topical solution 0.5 %, 25 %, 50 %	Tier 2	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
Dermatología - Antiinfecciosos		
DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 4	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 4	
Agente De Esteroides Tópico Antifúngico/Antiinflamatorio		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 2	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 2	
DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 4	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 4	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 4	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 4	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 4	
Antibióticos Tópicos			
BATIZIA TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 4	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 4	
<i>clindamycin phosphate topical foam 1 %</i>	(Clindacin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>		Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	(Clindagel)	Tier 2	ST: Must meet the following requirement: generic Cleocin-T 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	(Cleocin T)	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>		Tier 2	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	Tier 2	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>		Tier 2	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	Tier 2	
<i>gentamicin topical cream 0.1 %</i>		Tier 2	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>		Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>		Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	(Centany)	Tier 2	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 4	
XEPI TOPICAL CREAM 1 %		Tier 4	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Antifúngicos Tópicos			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 4	
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>		Tier 2	
<i>ciclopirox topical shampoo 1 %</i>		Tier 2	
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	Tier 2	
<i>clotrimazole topical solution 1 %</i>	(Athlete's Foot (clotrimazole))	Tier 2	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
DENVITA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 4	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 4	
<i>econazole nitrate topical cream 1 %</i>		Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	(econazole nitrate)	Tier 4	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %		Tier 2	
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 4	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 4	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 4	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 4	
FRIVO TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 4	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 4	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 4	
<i>ketoconazole topical cream 2 %</i>		Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>		Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
<i>luliconazole topical cream 1 %</i>	(Luzu)	Tier 2	ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	(Vusion)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 4	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 2	PA
Antiparásicos Tópicos		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %	Tier 4	
Antivirales Tópicos		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
Derivados De Pleuromutilina Tópica		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Sulfomanidas Tópicas		
ABENOR HP TOPICAL LOTION 15-4 %	Tier 4	
ABENOR TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 4	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 4	
mafenide acetate topical packet 50 gram (Sulfamylon)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %	Tier 4	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 4	
silver sulfadiazine topical cream 1 % (SSD)	Tier 2	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-2 % (Avar LS)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w) (Avar)	Tier 2	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 % (Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4 % (Sumaxin)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 % (Sumadan)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 4	
Dermatología - Antiinflamatorio		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
ANZUPGO TOPICAL CREAM 2 %	Tier 4	PA; QL (60 GM per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 5	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 5	PA
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5	PA
OPZELURA TOPICAL CREAM 1.5 %	Tier 3	PA; QL (60 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antibióticos		
Tópicos/Antiinflamatorio, Esteroides		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
Antiinflamatorio Esteroides Tópico		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 4	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 4	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	
<i>clobetasol topical cream 0.05 %</i>	Tier 2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 2	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 4	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>desonide topical cream 0.05 %</i>	Tier 2	
<i>desonide topical gel 0.05 %</i>	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
DIVINIX TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 4	
DIVINIX TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 4	
DIVINIX TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 4	
DOMELA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DYNOMA TOPICAL CREAM 0.05-4 %	Tier 4	
<i>fluocinolone and shower cap scalp oil</i> 0.01 % (Derma-Smoothe/FS Scalp Oil)	Tier 2	
<i>fluocinolone topical cream</i> 0.01 %	Tier 2	
<i>fluocinolone topical cream</i> 0.025 % (Synalar)	Tier 2	
<i>fluocinolone topical oil</i> 0.01 % (Derma-Smoothe/FS Body Oil)	Tier 2	
<i>fluocinolone topical ointment</i> 0.025 % (Synalar)	Tier 2	
<i>fluocinolone topical solution</i> 0.01 % (Synalar)	Tier 2	
<i>fluocinonide topical cream</i> 0.05 %	Tier 2	
<i>fluocinonide topical cream</i> 0.1 % (Vanos)	Tier 2	
<i>fluocinonide topical gel</i> 0.05 %	Tier 2	
<i>fluocinonide topical ointment</i> 0.05 %	Tier 2	
<i>fluocinonide topical solution</i> 0.05 %	Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 2	
<i>fluocinonide-emollient topical cream</i> 0.05 % (Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 4	
<i>flurandrenolide topical cream</i> 0.05 %	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>flurandrenolide topical lotion</i> 0.05 %	Tier 2	
<i>flurandrenolide topical ointment</i> 0.05 %	Tier 2	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream</i> 0.05 %	Tier 2	
<i>fluticasone propionate topical lotion</i> 0.05 % (Beser)	Tier 2	
<i>fluticasone propionate topical ointment</i> 0.005 %	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 2	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 2	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 4	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 2	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone topical solution 2.5 %</i> (Texacort)	Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 4	
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 4	
PANDEL TOPICAL CREAM 0.1 %	Tier 4	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4	
TELIORA TOPICAL GEL 0.1-0.5 %	Tier 4	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 4	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 4	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.025 %, 0.1 %	Tier 2	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
Antiinflamatorio Tópico, Nsaids		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 2	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 2	
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Tier 2	
KERAXA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	ST: Must meet the following requirement: generic Flector patch in 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 4	
Top. Antiinflamatorio, Inhib De Fosfodiesterasa-4 (Pde4)		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 %	Tier 3	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	Tier 3	PA; QL (60 GM per 30 days)
Dermatología - Misceláneo		
Agentes Antiseborreico		
OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4	ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 2	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
Agentes Oxidantes		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 4	
RENOVAR TOPICAL SOLUTION	Tier 4	
Agentes Tópicos Antineoplásicos & Lesiones Premalignas		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 5	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 2	QL (100 GM per 1 FILL)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 2	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 4	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 4	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 3	
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA
Anestésico Local Antiinflamatorio		
Esteroides Tópicos		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
Anestésicos Locales Tópicos		
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 4	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 2	
<i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(DermacinRx Lidocan)	Tier 2	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>		Tier 2	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		Tier 2	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	(L.E.T. (lido-epineph-tetra))	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 4	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 4	
NOBELA TOPICAL OINTMENT 10-10-20 %		Tier 4	
NOLIRA TOPICAL CREAM 23-7 %		Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 4	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 4	
REGENECARE TOPICAL GEL 2 %		Tier 4	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY		Tier 4	
TRANZAREL TOPICAL GEL 4 %		Tier 4	
Antiperspirantes			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 3	
Antisépticos Del Yodo			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 4	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	(Betadine Ophthalmic Prep)	Tier 2	
Antisépticos, Generales			
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
<i>alcohol swabs topical pads, medicated</i>	(Alcohol Pads)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
WEBCOL TOPICAL PADS, MEDICATED	(alcohol swabs)	Tier 4	
Antisépticos, Misceláneos			
<i>guaiacol liquid</i>		Tier 4	
Emolientes			
<i>ammonium lactate topical cream 12 %</i>		Tier 2	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL		Tier 4	
KERASTAT TOPICAL CREAM		Tier 4	
KERASTAT TOPICAL GEL 5 %		Tier 4	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 2	
PRESERA TOPICAL FOAM		Tier 4	
XCLAIR TOPICAL CREAM		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Irrigantes		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 2	
Irritantes/Contraírritantes		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 2	
<i>methyl salicylate topical liquid</i>	Tier 2	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
Preparados Tópicos, Varios		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 4	
Protecciones		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 2	
PR CREAM TOPICAL CREAM	Tier 2	
RECEDO TOPICAL GEL	Tier 4	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 2	
<i>zinc oxide topical paste 25 %</i>	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Queratolíticos			
<i>benzoyl peroxide topical foam 9.8 %</i>	(BenzePrO)	Tier 2	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 2	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 2	
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 4	
METDRAY TOPICAL GEL 17-2 %		Tier 4	
NENDRUX TOPICAL GEL 40-5 %		Tier 4	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 4	
PODOCON TOPICAL LIQUID 25 %		Tier 2	
<i>podofilox topical gel 0.5 %</i>	(Condylox)	Tier 2	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>		Tier 2	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 2	
PRONAL TOPICAL GEL 10-40 %		Tier 4	
<i>salicylic acid topical cream 6 %</i>	(Salimez)	Tier 2	
<i>salicylic acid topical cream, extended release 6 %</i>		Tier 2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	(Virasal)	Tier 2	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	(UltraSal-ER)	Tier 2	
<i>salicylic acid topical foam 6 %</i>	(Salvax)	Tier 2	
<i>salicylic acid topical liquid 26 %</i>		Tier 2	
<i>salicylic acid topical lotion 6 %</i>		Tier 2	
<i>salicylic acid topical lotion, extended release 6 %</i>		Tier 2	
<i>salicylic acid topical ointment 3 %</i>		Tier 2	
<i>salicylic acid topical shampoo 6 %</i>	(Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 4	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 4	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>		Tier 2	
<i>silver nitrate topical solution 10 %</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	Tier 4	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 2	
urea topical cream 39 % (Uredeb)	Tier 2	
urea topical cream 40 %, 47 %	Tier 2	
urea topical cream 45 % (Uramaxin)	Tier 2	
urea topical cream 50 % (Ure-K)	Tier 2	
urea topical foam 35 % (Hydro 35)	Tier 2	
urea topical gel 45 % (CEM-Urea)	Tier 2	
urea topical lotion 40 %	Tier 2	
WAYZEN TOPICAL GEL 40-5 %	Tier 4	
WELERIS TOPICAL GEL 17-2 %	Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
XIRUN TOPICAL GEL 10-40 %	Tier 4	
Tópico/Membrana Mucosa/Subcut. Enzimas		
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA
Dermatología - Soriasis/Eccema		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 5	PA
Agentes Antipsoriásicos		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 4	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Must meet the following requirement: Topical Corticosteroid in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA; QL (60 GM per 30 days)
Agentes Antipsoriáticos, Sistémicos		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 5	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 5	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 5	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 5	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML		Tier 5	PA
Agentes Inmunosupresores Tópicos			
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate- niacin)	Tier 4	
ELYZIA TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 4	
HOVYN TOPICAL SOLUTION 0.1 %		Tier 4	
HYFTOR TOPICAL GEL 0.2 %		Tier 5	PA
NUJO TOPICAL SOLUTION 0.1 %		Tier 4	
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 4	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate- niacin)	Tier 4	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 4	
<i>pimecrolimus topical cream 1 %</i>	(Elidel)	Tier 2	ST: Must meet any of the following requirements: Generic Mometasone Cream or Ointment, Clobetasol Cream or Ointment, Hydrocortisone 1% or 2.5% Cream or Ointment, or Triamcinolone 0.1% or 0.5% Ointment in 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		Tier 2	ST: Must meet any of the following requirements: Generic Mometasone Cream or Ointment, Clobetasol Cream or Ointment, Hydrocortisone 1% or 2.5% Cream or Ointment, or Triamcinolone 0.1% or 0.5% Ointment in 120 days
VEVEN TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 4	
Agentes Tópicos, Varios			
L-MESITRAN SOFT TOPICAL GEL 40 %		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
OCM TOPICAL OINTMENT IN PACKET	Tier 4	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4	
<i>urea topical cream 20 %</i> (Gormel)	Tier 2	
Vit D Tópica Análoga/Antiinflamatorio, Steroideo		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 2	ST: Must meet the following requirements: Topical Corticosteroid in 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 4	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 4	
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	ST: Must meet any of the following requirements: Generic Taclonex Ointment in 120 days
Dermatología - Trastornos De Pigmentación		
Agentes De Hipopigmentación		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 2	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Tier 4	
KATARVIA TOPICAL EMULSION 4-0.025 %	Tier 4	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 4	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Tier 4	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %		Tier 4	
KEVARTIA TOPICAL EMULSION 6-0.05 %		Tier 4	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
KEXM TOPICAL EMULSION 6 %	(hydroquinone)	Tier 4	
KEYA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 4	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %		Tier 4	
KUTAR TOPICAL EMULSION 8-0.025 %		Tier 4	
KUTARVIA TOPICAL EMULSION 8-0.025 %		Tier 4	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
KUTEA TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
KUVARYE TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
KUXM TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 %		Tier 4	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 %		Tier 4	
MAVILO TOPICAL EMULSION 5-0.025-0.025 %		Tier 4	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MECORIX TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MEDORFA HP PLUS TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4	
MEDORFA HP TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4	
MEDORFA LP TOPICAL EMULSION 4 %	(hydroquinone)	Tier 4	
MEDORFA PLUS TOPICAL EMULSION 6-1 %	(hydroquinone-hyaluronate)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MEDORFA TOPICAL EMULSION 6 %	(hydroquinone)	Tier 4	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MEKAM TOPICAL EMULSION 6-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MELIDU TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MIMORA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 4	
MOKURA LP TOPICAL EMULSION 4-0.025 %		Tier 4	
MOKURA MOD TOPICAL EMULSION 6-0.05 %		Tier 4	
MOKURA PLUS TOPICAL EMULSION 8-0.025 %		Tier 4	
MOKURA TOPICAL EMULSION 8-0.025 %		Tier 4	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 %		Tier 4	
MYTHIUS TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
MYVORI TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 4	
OBAGI ELASTIDERM TOPICAL CREAM 4 %	(hydroquinone)	Tier 2	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	(hydroquinone)	Tier 2	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	(hydroquinone)	Tier 2	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15		Tier 4	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %		Tier 4	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %		Tier 4	
PROOXIA TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 4	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %		Tier 4	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (0.5 ML per 7 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
Antihiperoglucémicos - Agonistas De Receptor De Dopamina		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST: Must meet any of the following requirements: Glipizide/metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER in 180 days
Antihiperoglucémicos, De Tipo Análogo De Amilina		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 4	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 4	
Antihiperoglucémicos, Estimulante De Liberación De Insulina & Cmb De Biguanida		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihiperoglucémicos, Inhib. De Alfa-Glucosidasa (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
Antihiperoglucémicos, Inhibidor (Dpp-4) & Comb. De Biguanida		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihyperglucémicos, Inhibidores Dpp-4		
<i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>alogliptin oral tablet 6.25 mg</i>	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihiper glucémicos, Miméticos De Incretina (Glp-1 Agonistas De Recep.)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 4	PA; QL (0.85 ML per 7 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Tier 2	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 2	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 4	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 3	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
Antihiper glucémicos, Potenciador De Resp.-Insul & Cmb Biguanida		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihiperoglucémicos, Potenciador De Respuestas De Insulina (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihiperoglucémicos, Respuesta-Insulina & Comb. De Liberación		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihiperoglucémicos, Tipo De Biguanida (No-Sulfonilurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Antihiperoglucémicos, Tipo De Estimulante De Liberación De Insulina		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antihiperoglucémicos, Agonistas De Receptor De Insulina & Glp-1		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
Antihiperoglucémicos, Dpp-4 Inhib De Enzima & Tiazolidinediona		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni)	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>	Tier 4	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihiperoglucémicos-Bloqueador De Receptor De Glucocorticoides		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 5	PA
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 5	PA
Antihiperoglucémicos-Sod/Gluc Cotransport2(Sgt2)Inhib		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	Tier 2	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
Comb. De Inhibidor De Antihyperglucémicos, Sglt-2 & Dpp-4		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4	ST: Must meet any of the following requirements: Generic Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Must meet any of the following requirements: Generic Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
Diagnósticos De Azúcar En Sangre		
ACCU-CHEK AVIVA PLUS TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FORA 6 CONNECT GLUCOSE STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FORA GTEL GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FREESTYLE PRECISION NEO STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GM100 STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IHEALTH GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ONETOUCH VERIO TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days)
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SMARTTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

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TRUE METRIX GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)

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ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
UNISTRIPI TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
Equipod Médicos Duraderos, Misc. (Grupo 1)		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)
Hiperglucémicos		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 4	ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (4 EA per 1 FILL)

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GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 4	ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 4	ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (2.4 ML per 1 FILL)
Inhibidor De Antihyperglucémicos-Sglt2 & Comb De Biguanida		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i> (Xigduo XR)	Tier 2	QL (1 EA per 1 day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i> (Xigduo XR)	Tier 2	QL (2 EA per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)

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INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
Insulinas		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Must meet any of the following requirements: Insulin glargine-yfgn, Generic Toujeo or Generic Tresiba in 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 3	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)

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HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 3	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	Tier 4	ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 4	ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	Tier 2	QL (18 ML per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	Tier 2	QL (40 ML per 28 days)

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<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>	(Toujeo SoloStar U-300 Insulin)	Tier 2	QL (13.5 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>	(Toujeo Max U-300 SoloStar)	Tier 2	QL (18 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	Tier 3	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	Tier 3	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	Tier 4	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	Tier 4	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3	QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		Tier 4	ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (Non Tempo Version) in 365 days; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	QL (40 ML per 28 days)

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MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Must meet any of the following requirements: Insulin glargine-yfgn, Generic Toujeo or Generic Tresiba in 120 days; QL (30 ML per 28 days)
Preparados Para Úlcera Diabetica, Tópicos		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	
Pruebas De Glucosa En Orina		
DIASTIX STRIP	Tier 4	
Pruebas De Glucosa En Orina/Acetona, Tiras		
KETO-DIASTIX STRIP	Tier 4	
Suministros Diabeticos		
2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	

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ACCU-CHEK GUIDE ME GLUCOSE MTR	(blood-glucose meter)	Tier 3	
ADVANCED ALL-IN-ONE METER KIT	(blood-glucose meter)	Tier 3	
ADVANCED GLUCOSE METER	(blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS	(blood-glucose meter)	Tier 3	
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	(blood-glucose meter)	Tier 3	
AGAMATRIX PRESTO SYSTEM	(blood-glucose meter)	Tier 3	
ASSURE PLATINUM GLUCOSE METER	(blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI METER	(blood-glucose meter)	Tier 3	
BIONIME RIGHTEST GM300 SYSTEM KIT	(blood-glucose meter)	Tier 3	
BIOTEL CARE BGM-4 METER	(blood-glucose meter)	Tier 3	
BLOOD GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	
<i>blood-glucose meter</i>	(Accu-Chek Guide Glucose Meter)	Tier 3	
<i>blood-glucose meter kit</i>	(Advanced All-in-One Meter)	Tier 3	
BLULINK DIABETIC TEST BUNDLE KIT	(blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
CARESENS N	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER	(blood-glucose meter)	Tier 3	
CARESENS N PLUS BT KIT	(blood-glucose meter)	Tier 3	
CARESENS N VOICE	(blood-glucose meter)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	
CHOICEDM CLARUS	(blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE	(blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT	(blood-glucose meter)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS	(blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO	(blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO	(blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS	(blood-glucose meter)	Tier 3	
CONTOUR METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER	(blood-glucose meter)	Tier 3	

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CONTOUR NEXT GEN METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT		Tier 3	
CONTOUR NEXT LINK KIT		Tier 3	
CONTOUR NEXT METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER	(blood-glucose meter)	Tier 3	
CONTOUR PLUS BLUE METER	(blood-glucose meter)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET	(blood-glucose meter)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET	(blood-glucose meter)	Tier 3	
EASY STEP BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
EASY TALK BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
EASY TOUCH BLULINK GLUC SYST	(blood-glucose meter)	Tier 3	
EASY TOUCH GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EASY TRAK BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR	(blood-glucose meter)	Tier 3	
EASYGLUCO METER KIT	(blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT	(blood-glucose meter)	Tier 3	
EASYMAX NG	(blood-glucose meter)	Tier 3	
EASYMAX NG KIT	(blood-glucose meter)	Tier 3	
EASYMAX T1 KIT	(blood-glucose meter)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS	(blood-glucose meter)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Tier 3	

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EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 3	
EVENCARE G2	(blood-glucose meter)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EVENCARE KIT	(blood-glucose meter)	Tier 3	
EVENCARE MINI MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
EVOLUTION BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT	(blood-glucose meter)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA G20 KIT	(blood-glucose meter)	Tier 3	
FORA G30A	(blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE		Tier 3	
FORA PREMIUM V10 GLUCOSE METER	(blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER	(blood-glucose meter)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE		Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE		Tier 3	
FORA TN'G VOICE METER	(blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER	(blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER	(blood-glucose meter)	Tier 3	
FREESTYLE FLASH SYSTEM KIT	(blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT	(blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT	(blood-glucose meter)	Tier 3	
FREESTYLE INSULINX	(blood-glucose meter)	Tier 3	
FREESTYLE LITE METER KIT	(blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO METER	(blood-glucose meter)	Tier 3	
FREESTYLE SIDEKICK II KIT	(blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT	(blood-glucose meter)	Tier 3	
GDRIVE KIT	(blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	

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GE100 BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD 01 METER KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION	(blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE CONNEX METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE XL METER	(blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT	(blood-glucose meter)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT	(blood-glucose meter)	Tier 3	
GM100 KIT	(blood-glucose meter)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE		Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT		Tier 3	
HEALTHPRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
IHEALTH GLUCO PLUS METER KIT	(blood-glucose meter)	Tier 3	
INFINITY METER KIT KIT	(blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT	(blood-glucose meter)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
MYGLUCOHEALTH KIT	(blood-glucose meter)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE		Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT		Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 4	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
REFUAH PLUS GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
RELION ALL-IN-ONE METER KIT	(blood-glucose meter)	Tier 3	
RELION CONFIRM KIT	(blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
RELION PRIME METER	(blood-glucose meter)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT	(blood-glucose meter)	Tier 3	
RIGHTEST GT333 GLUCOSE METER	(blood-glucose meter)	Tier 3	
SMART SENSE MONITORING SYSTEM	(blood-glucose meter)	Tier 3	
SMARTEST EJECT KIT	(blood-glucose meter)	Tier 3	
SMARTEST PERSONA GLUCOSE METER	(blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT	(blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER	(blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT	(blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT	(blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT	(blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT	(blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER	(blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT	(blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI METER	(blood-glucose meter)	Tier 3	
TEMPO SMART BUTTON DEVICE		Tier 4	
TEST N'GO BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	Tier 3	
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	(blood-glucose meter)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT	(blood-glucose meter)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TWIIST REFILL KT(CSST-NDL-SYR) KIT	Tier 4	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
Enfermedad Cardiovascular - Agentes Misceláneos		
ATTRUBY ORAL TABLET 356 MG	Tier 5	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5	PA
Agentes Antianginas & Anti-Isquémicos, No Hemodinámicos		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 2	QL (120 EA per 30 days)
Agentes Vasopresores Adrenérgicos		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 5	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
Antihiperlip - Hmg-CoA&Bloqueador Cb De Canal Da Calcio		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Inhibidor Antianginas, Reductor De Ritmo Cardíaco, I(F)		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 2	ST: Must meet any of the following requirements: Metoprolol Succinate, Bisoprolol, or Carvedilol Required in 120 days; QL (2 EA per 1 day)
Recept De Angiotensina-Comb De Inhibidor De Neprilisina(Arni)		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 3	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)	Tier 3	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 4	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 2	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 2	QL (2 EA per 1 day)
Enfermedad Cardiovascular - Arritmia		
Antiarrítmicos		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	Tier 2	
<i>amiodarone oral tablet 400 mg</i>	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	
Enfermedad Cardiovascular - Estimulante Cardíaco		
Agentes Adrenérgicos, Catecolaminas		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
Glucósidos Digitálicos		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA
Enfermedad Cardiovascular - Hipertensión		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5	PA
TRYVIO ORAL TABLET 12.5 MG	Tier 5	PA
VANRAFIA ORAL TABLET 0.75 MG	Tier 5	PA
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 5	PA
Agentes Bloqueadores Alfa/Beta-Adrenérgicos		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 2	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 2	
Agentes Bloqueadores Alfa-Adrenérgicos		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyliline)	Tier 5	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4	PA
Agentes Bloqueadores Beta-Adrenérgicos		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	ST: Must meet the following requirement: Propranolol solution in 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 4	PA
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
Agentes Bloqueadores Beta-Adrenérgicos/Tiazidas & Relacionados		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
Agentes Bloqueadores De Canal De Calcio		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 2	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DILT-XR ORAL CAPSULE,EXT.REL (diltiazem hcl) 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	
<i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg	Tier 2	
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	Tier 2	
<i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)	Tier 2	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	Tier 2	
<i>nifedipine oral capsule</i> 10 mg, 20 mg	Tier 2	
<i>nifedipine oral tablet extended release</i> (Procardia XL) 24hr 30 mg, 60 mg, 90 mg	Tier 2	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg	Tier 2	
<i>nimodipine oral capsule</i> 30 mg	Tier 2	
<i>nimodipine oral solution</i> 60 mg/20 ml	Tier 5	PA
<i>nisoldipine oral tablet extended release</i> (Sular) 24 hr 17 mg, 34 mg, 8.5 mg	Tier 2	
<i>nisoldipine oral tablet extended release</i> 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 2	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 4	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA
TIADYLT ER ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	
<i>verapamil oral capsule, 24 hr er pellet ct</i> 100 mg, 200 mg, 300 mg	Tier 2	
<i>verapamil oral capsule,ext rel. pellets</i> 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 2	
<i>verapamil oral tablet</i> 120 mg, 40 mg, 80 mg	Tier 2	
<i>verapamil oral tablet extended release</i> 120 mg, 180 mg, 240 mg	Tier 2	
Antag. De Receptores De Angiotensina/Comb. De Diurético Tiazídico		
<i>candesartan-hydrochlorothiazid oral tablet</i> 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 2	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Antag. De Receptr. Angioten./Bloq. De Canal De Cal./Cb De Tiazidas		
<i>amlodipine-valsartan-hcthiiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 2	
Antgnst De Receptor De Angiotensina & Bloq. De Canal De Calcio		
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 2	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 2	
Antihipertensivos Pulmonares, Prostaciclina-Tipo		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 5	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 5	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 5	PA
Antihipertensivos, Antagonistas De Receptores De Angiotensina		
ARB LI ORAL SUSPENSION 10 MG/ML	Tier 4	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 2	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>eprosartan oral tablet 600 mg</i>	Tier 2	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	Tier 1	
<i>irbesartan oral tablet 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 2	
<i>telmisartan oral tablet 20 mg</i>	Tier 1	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihipertensivos, Bloqueadores Ganglionar		
VECAMEYL ORAL TABLET 2.5 MG	Tier 5	PA
Antihipertensivos, Inhibidores Eca		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 2	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>ramipril oral capsule 10 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Antihipertensivos, Misceláneos		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 5	PA
Antihipertensivos, Simpatolíticos		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2	
Antihipertensivos, Vasodilatadores		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Anti-Htn Pulmonar, Antagonistas De Receptor De Endotelina		
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 5	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 5	PA
<i>bosentan oral tablet for suspension 32 mg</i> (Tracleer)	Tier 5	PA
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 5	PA
Diurético De Asa		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 2	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 5	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 2	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
Diuréticos Ahorradores De Potasio		
<i>amiloride oral tablet 5 mg</i>	Tier 2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	PA
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Tier 2	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 2	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Diuréticos Ahorradores De Potasio En Combinación		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
Inhibidor De Renina, Directo		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
Inhibidor Eca/Tiazidas & Diuréticos Tiazidicos		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
Inhibidores Eca/Combinación De Bloqueador De Canal De Calcio		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	
Pulm Anti-Htn, Estimulante De Ciclasa De Guanilato Soluble		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Pulm.Anti-Htn,Sel.C-Gmp Inhib. De Fosfodiesterasa T5		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 5	PA; QL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 5	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 2	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 5	PA; QL (2 EA per 1 day)
Tiazidas Y Diuréticos Relacionados		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
HEMICLOR ORAL TABLET 12.5 MG	Tier 4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
THALITONE ORAL TABLET 15 MG	Tier 4	
Vasodilatadores, Combinación		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 2	
Enfermedad Cardiovascular - Irregularidad De Lípidos		
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST: Must meet the following requirement: generic statin in 120 days
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: Must meet the following requirement: generic statin in 120 days
Antihiperlipidémicos - Inhibidor De Mtp		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA
Antihiperlipidémicos - Inhibidor De Síntesis Apo B-100		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antihiperlipidémicos - Inhibidores De Pcsk9		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	ST: Must meet the following requirement: Repatha in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Must meet the following requirement: generic statin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Must meet the following requirement: generic statin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Must meet the following requirement: generic statin in 120 days
Antihiperlipidémicos - Inhibidores De Reductasa Hmg Coa		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Must meet the following requirements: Generic Rosuvastatin in 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluvastatin oral capsule 20 mg</i>	\$0 COPAY	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0 COPAY	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0 COPAY	ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihiperlipidémicos.Hmg Coa Reduct Inhib&Colest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin 10-40)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
Lipotrópicos			
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		Tier 2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	Tier 2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	(Lipofen)	Tier 2	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>		Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i>		Tier 2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	(Fibricor)	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	Tier 2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	(Vascepa)	Tier 2	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	(Vascepa)	Tier 2	QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		Tier 2	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	Tier 2	ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day)
Preparados De Niacina			
<i>niacin oral tablet 500 mg</i>	(Niacor)	Tier 2	
Secuestradores De Sales Biliares			
<i>cholestyramine (with sugar) oral powder 4 gram</i>	(Questran)	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	(Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 2	
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	Tier 2	
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	Tier 2	
<i>colestipol oral granules 5 gram</i>	(Colestid)	Tier 2	
<i>colestipol oral packet 5 gram</i>		Tier 2	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREVALITE ORAL POWDER 4 GRAM	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	
Enfermedad Cardiovascular - Vasodilatación		
Vasodilatadores, Coronario		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
Vasodilatadores, Periféricos		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
Enfermedad De Parkinson		
Inhibidores De Descarboxilasa		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
Medicamentos Antiparkinson, Anticolinérgicos		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
Medicamentos Antiparkinson, Otros		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 5	PA
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG	Tier 4	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 52.5-210 MG	Tier 4	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 70-280 MG	Tier 4	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 87.5-350 MG	Tier 4	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>entacapone oral tablet 200 mg</i>	Tier 2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 5	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 2	ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER)	Tier 2	ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 2	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	ST: Must meet any of the following requirements: Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 2	ST: Must meet the following requirement: Comtan (Entacapone) in 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 5	PA
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Must meet the following requirements: Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	ST: Must meet the following requirement: generic Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Enfermedad Infecciosa - Bacteriana		
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
VOWST ORAL CAPSULE	Tier 5	PA
XENLETA ORAL TABLET 600 MG	Tier 4	PA
Betalactaminas		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	PA
Carbapenemas (Tienamicinas)		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 4	PA; QL (2 EA per 1 day)
Cefalosporinas - 1Era Generación		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 2	
Cefalosporinas - 2Da Generación		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
Cefalosporinas - 3Ra Generación		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
Derivados De Nitrofuranos		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 2	PA
Macrólidos		
<i>azithromycin oral packet 1 gram</i>	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL (10 ML per 1 day)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 2	
<i>fidaxomicin oral tablet 200 mg</i> (Dificid)	Tier 2	QL (20 EA per 10 days)
Oxazolidinonas		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 2	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 2	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA
Penicilinas		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
MOXATAG ORAL TABLET, ER (amoxicillin) MULTIPHASE 24 HR 775 MG	Tier 4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Quimioterapéuticos, Antibacterianos, Varios		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 4	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 4	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 4	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2	
Quinolonas		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
Sulfonamidas Absorbibles		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
Tetraciclinas		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 2	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>doxycycline monohydrate oral capsule</i> (Mondoxylene NL) 75 mg	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - delay rel,biphase 40 mg	Tier 2	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml	Tier 2	
<i>doxycycline monohydrate oral tablet</i> 100 mg (Avidoxy)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 150 mg	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 50 mg, 75 mg	Tier 2	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4	PA
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	Tier 2	
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 4	PA
<i>tetracycline oral capsule</i> 250 mg, 500 mg	Tier 2	
Enfermedad Infecciosa - Fungosa		
Agentes Antifúngicos		
<i>clotrimazole mucous membrane troche</i> 10 mg	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
<i>fluconazole oral suspension for reconstitution</i> 10 mg/ml	Tier 2	
<i>fluconazole oral suspension for reconstitution</i> 40 mg/ml (Diflucan)	Tier 2	
<i>fluconazole oral tablet</i> 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
<i>flucytosine oral capsule</i> 250 mg, 500 mg (Ancobon)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 2	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 2	PA
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 2	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	
Antibióticos Antifúngicos		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Enfermedad Infecciosa - Miscelánea		
Agentes Antibacterianos, Misceláneos		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
Agentes Antimycobacterium		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
TRECTOR ORAL TABLET 250 MG	Tier 4	
Aminoglicósidos		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA
<i>neomycin oral tablet 500 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 5	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 5	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 5	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 5	PA
Antibióticos Antituberculosos		
<i>cycloserine oral capsule 250 mg</i>	Tier 2	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA
Antilepróticos		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
Lincosamidas		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	
Rifamicinas Y Antibióticos Derivados Relacionados		
XIFAXAN ORAL TABLET 200 MG	Tier 4	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA
Vancomicina Y Derivados		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 2	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 2	QL (600 ML per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Enfermedad Infecciosa - Parasitaria		
2Da Gen. Anaeróbico Antiprotozoario-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Agentes Anaeróbicos Antiprotozoario-Antibacterianos		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Antihelmínticos		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2	
<i>ivermectin oral tablet 6 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
Antiparasitarios		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2	QL (2 EA per 1 day)
Mediamcentos Antipalúdicos		
ARAKODA ORAL TABLET 100 MG	Tier 4	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 4	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 2	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 2	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 2	QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 5	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 4	QL (60 EA per 30 days)
Medicamentos Antiprotozoarios, Misceláneos		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	
Enfermedad Infecciosa - Viral		
DOVATO ORAL TABLET 50-300 MG	Tier 5	QL (1 EA per 1 day)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 5	PA
SUNLENCA ORAL TABLET 300 MG	Tier 5	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 5	PA
YEZTUGO ORAL TABLET 300 MG	Tier 5	PA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 5	PA
Agentes De Tratamiento De Hepatitis B		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 5	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 5	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Tratamiento De Hepatitis C		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Anticuerpos Antivirales Monoclonales		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
Antiretrovirales-Inhibidor De Integrasa Y Comb. Nnrti		
JULUCA ORAL TABLET 50-25 MG	Tier 5	QL (1 EA per 1 day)
Antiretrovirales-Nucleósido, Nucleótido, Proteasa, Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	QL (1 EA per 1 day)
Antivirales, Específicos Para Vih, Inhibidores De Proteasa		
<i>atazanavir oral capsule 150 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 5	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 5	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 5	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 5	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 5	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 5	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	
Antivirales, Específicos Para Vih, No Nucleósido, Rti		
EDURANT ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 5	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 5	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 5	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 5	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 5	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 5	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 5	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 5	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 5	QL (2 EA per 1 day)
Antivirales, Específicos Para Vih, Nucleósido Análogos, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 5	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 5	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 5	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 5	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 5	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 5	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
Antivirales, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 4	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 2	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2	
XOFLUZA ORAL TABLET 40 MG	Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (2 EA per 180 days)
Antivirales, Específico-Vih, Ccr5 Antag. Co-Receptor		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 5	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 5	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	QL (31 ML per 1 day)
Antivirales, Específico-Vih, Comb De Inhibidor De Proteasa		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 5	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 5	QL (4 EA per 1 day)
Antivirales, Específico-Vih, Inhibidores De Fusión		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	QL (2 EA per 1 day)
Antivirales, Específico-Vih, Nucleótido Análogo, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (1 EA per 1 day)
Antivirales, Spec-Vih, Inhib. De Proteasa No Peptídica		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 5	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 5	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 5	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 5	QL (16 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antivirales, Spec-Vih, Nucleósido Análogo, Comb Rti		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 5	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 5	QL (2 EA per 1 day)
Antivirales, Spec-Vih, Nucleósido-Nucleótido Análogo		
CIMDUO ORAL TABLET 300-300 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 5	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
Antivirales,Vih-1 Inhibidor De Trasferencia De Sepa De Integrasa		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	\$0 COPAY	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 5	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 5	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	QL (6 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Inhibidor De Integrasa		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	QL (1 EA per 1 day)
Cmb Artv De Nucleósido, Nucleótido,& No-Nucleósido Rti		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir disoproxil fumarate)	Tier 5	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	QL (1 EA per 1 day)
efavirenz-emtricitabine-tenofovir disoproxil fumarate oral tablet 600-200-300 mg	Tier 5	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg	Tier 5	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg (Symfi)	Tier 5	QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg (Complera)	Tier 5	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Combinación Inhibidor De Nucleótido Ns5b		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA
Hep C Virus,Nucleótido Análogo Ns5b Inh De Polimerasa		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Inhibidor De Integrasa & Arv Comb-Nrtis		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 5	QL (6 EA per 1 day)
Inhibidores De Citocromo P450		
TYBOST ORAL TABLET 150 MG	Tier 3	QL (1 EA per 1 day)
Inhibidores De Polimerasa De Virus Hep C - Ns5a & Ns5b. Comb.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ledipasvir-sofosbuvir oral tablet 90-400 mg (Harvoni)	Tier 5	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	Tier 5	PA
Virus De Hepatitis C- Comb De Inhib De Ns5a Y Ns3/4A		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
Enfermedad Inflamatoria		
Agentes Antiartríticos Y Quelantes		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 5	PA
penicillamine oral capsule 250 mg (Cuprimine)	Tier 5	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	Tier 5	PA
Agentes Antiinflamatorios/Antiartríticos, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA; QL (3 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 3	PA; QL (6 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA; QL (3 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (12.5 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA; QL (10 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (10 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4	PA; QL (6 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA; QL (4 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA; QL (8 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (12.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA; QL (6 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA; QL (6 ML per 180 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 3	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Antagonistas De Receptor De Bradiquinina B2			
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	Tier 5	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 5	PA
Anti Artrítico, Agentes Antagonistas De Fólico			
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 3	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML		Tier 3	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML		Tier 3	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML		Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML		Tier 3	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML		Tier 3	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML		Tier 3	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 3	QL (0.6 ML per 28 days)
Antiinflam. Antagonista De Receptor De Interleucina-1			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 5	PA
Antiinflamatorio, Inhibidor De Síntesis De Pirimidina			
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antiinflamatorios, Sel.Costim.Mod., Inhibidor De Célula-T		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA
Crisoterapia		
<i>auranofin oral capsule 3 mg</i> (Ridaura)	Tier 2	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 4	
Glucocorticoides		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 5	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
BETALOGAN SUIK KIT 6 MG/ML	Tier 4	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 2	ST: Must meet the following requirement: Balsalazide in 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 2	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Jaythari)	Tier 5	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 5	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 5	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 2	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 2	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KENALOG INJECTION SUSPENSION (triamcinolone acetonide) 10 MG/ML	Tier 4	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 4	
MEDROL ORAL TABLET 2 MG	Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 4	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 5	PA
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i> (Kenalog)	Tier 2	
TRILOAN II SUIK KIT 40 MG/ML	Tier 4	
TRILOAN SUIK KIT 40 MG/ML	Tier 4	
Inhib De Interleucina Humana-Anticuerpos Monoclonales 12/23		
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA
Inhib. De Antiinflamatorio, Fosfodiesterasa-4(Pde4)		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 5	PA
Inhibidor De Factor Antiinflamatorio De Necrosis De Tumor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 5	PA
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)	Tier 5	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 5	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 5	PA
SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk) SYRINGE KIT 40 MG/0.4 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5	PA
Inhibidores De Esterasa C1		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5	PA
Inhibidores De Kallikrein De Plasma		
DAWNZERA SUBCUTANEOUS AUTO- INJECTOR 80 MG/0.8 ML	Tier 5	PA; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG	Tier 5	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Inhibidores De Quinasa De Janus (Jak)		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5	PA
LEQSELVI ORAL TABLET 8 MG	Tier 5	PA
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5	PA
Inhibidores De Receptor De Interleucina-6 (Il-6)		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
Inmunomodulador, Estimulante De B-Linfocito(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
Mineralocorticoides		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Nsaids (Cox Inhib No-Specífico)& Prostaglandina Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 2	
Nsaids, Inhibidor De Ciclooxygenasa 2 - Tipo		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2	
Nsaids, Inhibidor De Ciclooxygenasa- Tipo		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2	
<i>etodolac oral tablet 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin rectal suppository 100 mg</i>	Tier 2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2	
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 2	
LURBIPR ORAL TABLET 100 MG (flurbiprofen)	Tier 2	
LURBIRO ORAL TABLET 100 MG (flurbiprofen)	Tier 2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
<i>oxaprozin oral tablet 600 mg</i>	Tier 2	
<i>piroxicam oral capsule 10 mg</i>	Tier 2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<i>tolmetin oral capsule 400 mg</i>	Tier 2	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4	
TORONOVA SUIK KIT 30 MG/ML	Tier 4	
Enfermedad Neoplásica		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA
KRAZATI ORAL TABLET 200 MG	Tier 5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5	PA
MODEYSO ORAL CAPSULE 125 MG	Tier 5	PA; QL (20 EA per 28 days)
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA
WELIREG ORAL TABLET 40 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA
Agentes Alquilantes		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 5	PA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 5	
MYLERAN ORAL TABLET 2 MG	Tier 5	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA
Agentes Antiandrogénicos		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	Tier 5	PA
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Tier 5	PA
ABIRTEGA ORAL TABLET 250 MG (abiraterone)	Tier 5	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 5	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 5	PA
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
Agentes Antineoplásico Inmunomoduladores		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5	PA
Agentes Intrapleurales Esclerosantes, Antineoplásico. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4	
Agonistas De Receptor De Retinoide Selectiva X (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 5	PA
Antagonistas De Antineoplásico Lhrh(Gnrh),Supresores Pituitarios		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA
Antimetabolitos		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 5	PA
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	Tier 5	ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 5	ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplásico - Inhibidor De La Vía Hedgehog		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA
Antineoplásico - Inhibidores De Quinasa De Braf		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5	PA
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA
Antineoplásico - Inhibidores De Quinasa De Janus (Jak)		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; QL (2 EA per 1 day)
Antineoplásico - Inhibidores De Quinasa Mek1 Y Mek2		
COTELLIC ORAL TABLET 20 MG	Tier 5	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA
Antineoplásico - Inhibidores De Quinasa Mtor		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 5	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 5	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 5	PA
Antineoplásico - Inhibidores De Topoisomerasa I		
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	
Antineoplásico Inhibidores De Aromatasa		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 2	
Antineoplásico, Inhibidores De Histona Deacetilasa, Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	
Antineoplásico, Misceláneos		
<i>etoposide oral capsule 50 mg</i>	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 5	
MATULANE ORAL CAPSULE 50 MG	Tier 5	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 5	
Antineoplásicos Antibióticos		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 5	PA
Antineoplásicos De Esteroides		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Fotoactivados, Antineopls. & Lesiones Premalignas		
AMELUZ TOPICAL GEL 10 %	Tier 4	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Inhibidores De Antineoplásico-B Célular De Linfoma-2 (Bcl-2)		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA
Inhibidores De Antineoplásico-Isocitrato Deshidrogenasa		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA
Inhibidores De Enzima Antineoplásico Sistémico		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA
BRUKINSA ORAL TABLET 160 MG	Tier 5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Phyrago)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	PA
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA
HERNEXEOS ORAL TABLET 60 MG	Tier 5	PA; QL (3 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA
IBTROZI ORAL CAPSULE 200 MG	Tier 5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5	PA
IWILFIN ORAL TABLET 192 MG	Tier 5	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 5	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 5	PA
NERLYNX ORAL TABLET 40 MG	Tier 5	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)	Tier 5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 5	PA
QINLOCK ORAL TABLET 50 MG	Tier 5	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 5	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 5	PA
STIVARGA ORAL TABLET 40 MG	Tier 5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; QL (4 EA per 1 day)
WAYRILZ ORAL TABLET 400 MG	Tier 5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5	PA
XOSPATA ORAL TABLET 40 MG	Tier 5	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA
Moduladores Selectivos De Receptores De Estrógeno (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 5	PA
Rescate De Quimioterapia/Agentes Antídotos		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	Tier 2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 5	QL (24 EA per 14 days)
Enfermedad Neurológica - Miscelánea		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 5	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA
VELSIPITY ORAL TABLET 2 MG	Tier 5	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
Agentes De Efecto Pseudobulbar (Pba), Antagonistas De Nmda		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA
Agentes De Esclerosis Lateral Amiotrófica		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
<i>riluzole oral tablet 50 mg</i>	Tier 2	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Fibromialgia,Serotonina-Noradrenalina Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day)
Agentes Neuropáticos		
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 165 mg, 82.5 mg	Tier 2	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg	Tier 2	ST: Must meet 2 of the following requirements: Divalproex, Duloxetine, Gabapentin, Pregabalin, a tricyclic antidepressant, Valproic Acid, or Venlafaxine in 365 days; QL (2 EA per 1 day)
Agentes Para Trata Esclerosis Múltiple		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML	Tier 5	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 5	PA
<i>tingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 5	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 5	PA
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	Tier 5	PA
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 5	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5	PA
PONVORY ORAL TABLET 20 MG	Tier 5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 5	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 5	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA
Agts Tx Dis Transmisión Neuromusc,Bloq Can-Pot		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 5	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
Trastornos De Movimiento (Terapia Con Medicamentos)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 5	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 5	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; QL (1 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 5	PA
Inmunización		
Antisuero		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
Vacunas De Virus Entéricos		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	
Vacunas Gram (-) Bacilli (No-Entérica)		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
Vacunas Para Bacilli Productora De Toxinas/Toxoides		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Vacunas Virales/Tumorigénicas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 4	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	
Inmunosupresión/Modulación		
REZUROCK ORAL TABLET 200 MG	Tier 5	PA
Inmunomoduladores		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Tier 4	
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 4	
KYNARA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Tier 4	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Tier 4	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Tier 4	
Inmunosupresores		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 2	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 2	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 2	
La Gota Y Enfermedades Relacionadas		
Agentes Uricosúricos		
<i>probenecid oral tablet 500 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Colchicina		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
Hiperuricemia Tx - Inhibidores De Purina		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 2	
<i>allopurinol oral tablet 300 mg</i>	Tier 2	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 2	ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
Manejo De Dolor - Analgésicos		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA; QL (3 ML per 30 days)
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Tier 2	PA
Agentes De Terapia De Abstinencia De Narcóticos		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 3	QL (2 EA per 1 day)
Analgésicos Narcóticos & Comb. De Analgésicos No Salicilatos		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 2	Age (Min 12 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 4	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	(Apadaz)	Tier 2	ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>		Tier 2	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>		Tier 2	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		Tier 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>		Tier 2	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Endocet)	Tier 2	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Analgésicos Narcóticos & Salicilato, Barb.& Xantina			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Analgésicos, Agonistas Narcóticos Y Combinación Nsaid			
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Analgésicos, Narcóticos		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 4	
<i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate (pf)-0.9% nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 2	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 2	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	
<i>HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 20 MG, 30 MG, 40 MG, 80 MG</i> (hydrocodone bitartrate)	Tier 4	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL (methadone) CONCENTRATE 10 MG/ML	Tier 2	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL (methadone) TABLET, SOLUBLE 40 MG	Tier 2	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	PA
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>morphine oral tablet 15 mg</i>	Tier 2	
<i>morphine oral tablet 30 mg</i>	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 2	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 2	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Tier 2	
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 80 mg</i> (OxyContin)	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 80 MG	Tier 4	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 2	
ROXYBOND ORAL TABLET, ORAL (oxycodone) ONLY 10 MG, 15 MG, 30 MG, 5 MG	Tier 4	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 2	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tramadol oral tablet, er multiphase 24 hr</i> 100 mg	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr</i> 200 mg, 300 mg	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgésicos, No Narcóticos		
JOURNAVX ORAL TABLET 50 MG	Tier 4	PA
Analgésicos, No Salicilato, Barbitúrico & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 2	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 2	
Analgésicos, Salicilato, Barbitúrico & Xanthine Cmb		
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	
Analgésicos/Antipiréticos, Salicilado		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0 COPAY	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2	
Comb. De Analgésico, No-Salicilado & Barbitúrico		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 2	ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2	
Narc. & No-Sal. Analgésico, Barbitúrico & Xantina Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Preparaciones Antimigraña		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA; QL (1.5 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; QL (1 ML per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 3	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA; QL (1 EA per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA; QL (8 EA per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 2	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 2	QL (18 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	Tier 2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 2	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 4	PA; QL (8 EA per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)
Oído - Trastornos Generales		
Preparados Antiinflamatorios Para El Oído		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Preparados Óticos,Antiinflamatorio-Antibióticos		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution 0.3-0.025 % (0.25 ml)</i>	Tier 2	
Preparados Para El Oído, Antibióticos		
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i>	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Preparados Para El Oído, Misc. Antiinfecciosos		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 4	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
Ojo - Glaucoma		
Agentes Oftálmicos Antifibróticos		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 5	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4	
Inhibidores De Anhidrasa Carbónica		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
Midriáticos		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 2	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate) DROPS 0.5 %	Tier 4	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 2	
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 2	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 2	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 2	
Mioticos/Otros Intraoc. Reductores De Presión		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 2	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 2	
<i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 2	ST: Must meet any of the following requirements: Dorzolamide/Timolol (non-Cosopt PF formulation) in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 2	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
IYUZEH (PF) OPTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	Tier 5	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)	Tier 2	QL (10 ML per 30 days)
QLOSI OPTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4	ST: Must meet any of the following requirements: Generic Pilocarpine Ophthalmic Solution in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.1%, Simbrinza, or Travatan Z in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	Tier 2	QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 2	
<i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF)) <i>dropperette 0.25 %, 0.5 %</i>	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 2	
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 2	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 2	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 2	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 2	
<i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2	QL (2.5 ML per 25 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Tier 4	QL (1 EA per 1 day)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4	ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days)
Ojo - Misceláneos		
Agentes Para Entrecruzamiento Corneal De Colágeno		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 5	
Agentes Reductores De Cistina Oftálmica		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA
Combinaciones Midriática Y Nsaid De Ojos		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe- OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat) 0.5 %	Tier 2	
Lágrimas Artificiales		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
Preparados Para Los Ojos, Varios (Venta Libre)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
Ojo - Trastornos Generales		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	PA
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 2	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA
Agentes Antiinflamatorios Para Los Ojos		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	ST: Must meet 2 of the following requirements: Ilevro 0.3% and (Diclofenac 0.1% or Ketorolac 0.5%) in 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 2	ST: Must meet any of the following requirements: Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 2	ST: Must meet any of the following requirements: Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2	ST: Must meet any of the following requirements: Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 2	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (15 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	Tier 2	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax) <i>drops,gel 0.5 %</i>	Tier 2	QL (10 GM per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>loteprednol etabonate ophthalmic (eye)</i> (Alrex) <i>drops,suspension 0.2 %</i>	Tier 2	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> <i>drops,suspension 0.5 %</i>	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Must meet 2 of the following requirements: Ilevro 0.3% and (Diclofenac 0.1% or Ketorolac 0.5%) in 365 days; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye)</i> (Pred Forte) <i>drops,suspension 1 %</i>	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	QL (20 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Anestesia Local Para Los Ojos		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 2	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	Tier 4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 2	
Antibióticos Oftálmicos		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	Tier 3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 2	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
Antihistamínicos Para Ojos		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 2	ST: Must meet any of the following requirements: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Tier 2	QL (3 ML per 30 days)
Antivirales Para Los Ojos		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days
Combinaciones Antibióticos-Corticoides Para Los Ojos		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 2	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Estabilizadores De Mastocitos Oftálmicos		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	QL (50 ML per 30 days)
Inmunomodulador Antiinflamatorio Oftálmico-Tipo		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: Must meet 2 of the following requirements: Cyclosporine/Restasis, Miebo, Tyrvaya, and Xiidra in 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 2	QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
Preparados Oftálmicos, Varios		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 4	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 4	
Sulfomanidas Para Los Ojos		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Vasoconstrictores Para Los Ojos (Rx Solamente)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
Otros Medicamentos		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 5	PA
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	ST: Must meet the following requirements: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 5	PA
<i>eua patient assessment</i>	Tier 4	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 2	
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 4	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	Tier 4	PA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 5	PA
ZELSUVMI TOPICAL GEL 10.3 %	Tier 4	PA
Adhesivos De Tejido/Herida		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	
Agentes Bloqueadores Neuromuscular		
BOTOX INJECTION RECON SOLN 100 UNIT	Tier 5	PA; QL (4 EA per 90 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BOTOX INJECTION RECON SOLN 200 UNIT	Tier 5	PA; QL (1 EA per 90 days)
Agentes Colorantes Y Tintes		
<i>methylene blue (bulk-solid) powder</i>	Tier 4	
Agentes Criopreservativos		
CRYOSERV SOLUTION 99 %	Tier 4	
Agentes De Deficiencia Metabólica		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 5	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 2	
Agentes De Mucositis Oral/Estomatitis		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4	
Agentes De Suspensión		
GELFILM IMPLANT FILM	Tier 4	
<i>hydroxypropyl cellulose powder</i>	Tier 4	
Agentes Estimulantes De Saliva		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Agentes Generales De Inhalación		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 2	
Agentes Para Uso Estomatológico		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
Agentes Sanadores De Heridas, Locales		
FILSUVEZ TOPICAL GEL 10 %	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes Somatostáticos		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 5	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 5	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
Agentes Sustitutos De Saliva		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Anestesia General, Inhalante		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2	
<i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)	Tier 2	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 4	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
Antagonista De Receptor De Abortivos,Progesterona		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
Antagonistas De Receptor Muscarínico		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
Antivenenos		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
Condomes		
AIMSCO LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FC2 FEMALE CONDOM	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUE COVER CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 60
Dispositivos Con Aguja/Sin Aguja		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
ADVOCATE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
AQINJECT PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
ASSURE ID DUO PRO SFTY PEN NDL (pen needle, diabetic, safety) NEEDLE 31 GAUGE X 3/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 4	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	Tier 4	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"	Tier 4	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (filter needles)	Tier 4	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (filter needles)	Tier 4	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (needle (disp) 26 gauge)	Tier 4	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE (safety needles) 18 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE (needle (disp) 18 g) 18 GAUGE X 1 1/2"	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 20 GAUGE X 1 1/2", 20 GAUGE X 1"	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1"	Tier 4	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	Tier 4	
BD SPECIALTY USE NEEDLES (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
<i>blunt needle, disposable needle 18 x 1 1/2", 22 x 1 1/2", 23 x 1"</i>	Tier 4	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CARETOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
CLICKFINE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16", 31 safety) GAUGE X 5/32"	Tier 4	
COMFORT TOUCH PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 4	
DROPLET PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 (pen needle, diabetic, GAUGE X 3/16" safety)	Tier 4	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN (pen needle, diabetic, safety) NEEDLE 31 GAUGE X 3/16"	Tier 4	
EASY GLIDE PEN NEEDLE (pen needle, diabetic) NEEDLE 33 GAUGE X 5/32"	Tier 4	
EASY TOUCH FLIPLOCK NEEDLE (safety needles) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 19 g) NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 26 gauge) NEEDLE 26 GAUGE X 3/8"	Tier 4	
EASY TOUCH NEEDLE 29 GAUGE X (pen needle, diabetic) 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
EASY TOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	Tier 4	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
EASYPPOINT NEEDLE NEEDLE 18 (safety needles) GAUGE X 1 1/2"	Tier 4	
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
EMBRACE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
EXEL HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
EXEL HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXEL HYPODERMIC NEEDLES (needle (disp) 26 gauge) NEEDLE 26 GAUGE X 3/8"	Tier 4	
<i>filter needles needle 18 gauge x 1 1/2"</i> (BD Filter Needle 5-Micron Noko)	Tier 4	
FLOW-EZE VENTED NEEDLE NEEDLE	Tier 4	
HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 4	
HYPODERMIC NEEDLES NEEDLE 18 (needle (disp) 18 g) GAUGE X 1 1/2"	Tier 4	
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"	Tier 4	
HYPODERMIC NEEDLES NEEDLE 23 (needle (disp) 23 gauge) GAUGE X 1"	Tier 4	
INCONTROL PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
INSUPEN PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	Tier 4	
LIFESHIELD BLUNT CANNULA (needle (disp) 18 g) NEEDLE 18 GAUGE X 1"	Tier 4	
MAXICOMFORT II PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	Tier 4	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 4	
MINI ULTRA-THIN II NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16"	Tier 4	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "	Tier 4	
MONOJECT FILTER NEEDLE NEEDLE (filter needles) 5 MICRON 20 X 1 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 19 g) NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 18 g) POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 19 g) POLYPROPYL NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 23 gauge) POLYPROPYL NEEDLE 23 GAUGE X 1"	Tier 4	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "	Tier 4	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	(BD Specialty Use Needles)	Tier 4	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	(BD Regular Bevel Needles)	Tier 4	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	(BD PrecisionGlide Non-Sterile)	Tier 4	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	(BD Integra Needle)	Tier 4	
<i>needles, huber disposable needle 22 x 1"</i>		Tier 4	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1"	(needle (disp) 16 g)	Tier 4	
NOKOR NEEDLE NEEDLE 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 4	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"		Tier 4	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4"</i>	(Ultra-Fine Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>		Tier 4	
<i>pen needle, diabetic needle 30 gauge x 3/16"</i>	(Embrace Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i>	(CareFine Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 1/4"</i>	(1st Tier Unifine Pentips)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 5/32"</i>	(Comfort Touch Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i>	(Comfort EZ Pen Needles)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/32"</i>	(Nano 2nd Gen Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	(Advocate Pen Needle)	Tier 4	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i>	(Assure ID Duo Pro Sfty Pen Ndl)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i>	(Comfort EZ PRO Safety Pen Ndl)	Tier 4	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1"		Tier 4	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM		Tier 4	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 4	
POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"		Tier 4	
POLY HUB NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 4	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"		Tier 4	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"		Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Tier 4	
<i>safety needles needle 18 gauge x 1 1/2"</i>	(BD Eclipse)	Tier 4	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Tier 4	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		Tier 4	
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 4	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SURE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
SURE-FINE PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 4	
SURGUARD2 SAFETY NEEDLE 18 (safety needles) GAUGE X 1 1/2"	Tier 4	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 4	
TECHLITE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
TECHLITE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 4	
TOPCARE CLICKFINE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
TRUE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
TRUE COMFORT SAFETY PEN (pen needle, diabetic, NEEDLE NEEDLE 31 GAUGE X 3/16" safety)	Tier 4	
TRUEPLUS PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTICARE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Tier 4	
ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 4	
ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
ULTRA THIN PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 4	
ULTRACARE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 3	
ULTRA-THIN II (SHORT) PEN NDL (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 4	
ULTRA-THIN II INS PEN NEEDLES (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 4	
UNIFINE OTC PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
UNIFINE PENTIPS MAXFLOW NEEDLE (pen needle, diabetic) 30 GAUGE X 3/16"	Tier 4	
UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic) X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
UNIFINE PENTIPS PLUS MAXFLOW (pen needle, diabetic) NEEDLE 30 GAUGE X 3/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UNIFINE PENTIPS PLUS NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
UNIFINE SAFECONTROL PEN (pen needle, diabetic, NEEDLE NEEDLE 31 GAUGE X 3/16" safety)	Tier 4	
UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Tier 4	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	Tier 4	
Dispositivos De Difunción Sexual		
RAPPORT VACUUM THERAPY KIT	Tier 4	
Envenenamiento Por Metales,Agentes Para Tratar		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 5	PA
<i>deferasirox oral granules in packet 180 (Jadenu Sprinkle) mg, 360 mg, 90 mg</i>	Tier 5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, (Jadenu) 90 mg</i>	Tier 5	PA
<i>deferasirox oral tablet, dispersible 125 (Exjade) mg, 250 mg, 500 mg</i>	Tier 5	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)</i>	Tier 5	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 (Desferal) mg</i>	Tier 2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 5	PA
<i>trientine oral capsule 500 mg</i>	Tier 5	PA
Envolturas De Apoyo		
T.E.D. ANTI-EMBOLISM STOCKING (compres.stocking,knee,reg,smal)	Tier 4	
T.E.D. KNEE LENGTH-M-LONG	Tier 4	
T.E.D. KNEE LENGTH-S-REGULAR (compres.stocking,knee,reg,smal)	Tier 4	
Equipo De Extracción De Sangre Con Anestesia Local		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 4	
Estimulante De Apetito Para Anorexia, Caquexia, Sind. De Desperdicios		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2	ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
Mediamcentos Para Tratar Tirosinemia Hereditaria		
HARLIKU ORAL TABLET 2 MG	Tier 5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA
Medicamentos Homeopáticos		
AURUMHEEL ORAL DROPS	Tier 4	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 4	
CRALONIN ORAL DROPS	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EYE ORAL TABLET,SOLUBLE	Tier 4	
LAMIOFLUR ORAL DROPS	Tier 4	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 4	
POPULUS COMPOSITUM ORAL DROPS	Tier 4	
PSORINOHEEL ORAL DROPS	Tier 4	
RENEEL ORAL TABLET,SOLUBLE	Tier 4	
SABAL-HOMACCORD ORAL DROPS	Tier 4	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 4	
Medicamentos Para Tratar Gaucher Dx-Tipo 1, Reductor De Sustratos		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 5	PA
OPFOLDA ORAL CAPSULE 65 MG	Tier 5	PA
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 5	PA
Múltiples Pruebas De Orina		
CHEK-STIX CONTROL STRIP	Tier 4	
CHEMSTRIP 10 MD STRIP	Tier 4	
CHEMSTRIP 10/SG STRIP	Tier 4	
CHEMSTRIP 2 GP STRIP	Tier 4	
CHEMSTRIP 50B STRIP	Tier 4	
CHEMSTRIP 7 STRIP	Tier 4	
CHEMSTRIP 9 STRIP	Tier 4	
COMBISTIX REAGENT STRIP	Tier 4	
HEMA-COMBISTIX STRIP	Tier 4	
LABSTIX REAGENT STRIP	Tier 4	
MULTISTIX 10 SG STRIP	Tier 4	
MULTISTIX 5 STRIP	Tier 4	
MULTISTIX 7 STRIP	Tier 4	
MULTISTIX 8 SG STRIP	Tier 4	
MULTISTIX 9 SG STRIP	Tier 4	
MULTISTIX 9 STRIP	Tier 4	
MULTISTIX STRIP	Tier 4	
URISTIX 4 STRIP	Tier 4	
URISTIX REAGENT STRIP	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Preparados De Pruebas De Sangre, In-Vitro		
COAGUCHEK XS	Tier 4	
Pruebas De Acetona En Orina		
KETONE CARE STRIP	Tier 4	
KETONE URINE TEST STRIP	Tier 4	
KETOSTIX STRIP	Tier 4	
TRUEPLUS KETONE STRIP	Tier 4	
Químicos Al Granel		
<i>alum, ammonium (bulk) powder</i>	Tier 4	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 4	
<i>benzoin (bulk) topical tincture</i>	Tier 4	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 4	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 4	
Reactiva. De Colinesterasa & Antídoto Antg. De Muscarínico		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
Reactivación De Colinesterasa, Organofosforados. Antídotos		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Soluciones Cardioplégicas		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 2	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
Soluciones Diluyentes		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	
Solventes		
MURI-LUBE OIL	Tier 4	
Suministros De Concepción Asistida		
CONCEPTION KIT	Tier 4	
Suplementos Orales Lípidos		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
Sustituto De Enzima De Enfermedad Metabólica, Hipofosfatasa		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 5	PA
Sustituto De Enzima Dx Metabólica,Sev.Comb.De Inmuno Def.		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
Sustituto De Proteína		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 5	PA
Sustituto De Tejido Cutáneo		
APLIGRAF TOPICAL DISK	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 4	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM	Tier 4	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
Ungüento/Basesa De Cremas		
RADIAGEL TOPICAL GEL	Tier 4	
Otros Trastornos Respiratorios		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 5	PA; QL (1 EA per 1 day)
Comb. De Potenciadores De Fibrosis Quística & Corrector		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA
Fibrosis Pulmonar - Inhibidores De Enzima Sistémico		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA
Mucolíticos		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA
Potenciador De Fib. Quítica.Transmemb Conduct.Reg.(Cftr)		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA
KALYDECO ORAL TABLET 150 MG	Tier 5	PA
Surfactantes De Pulmón		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Terapia Antifibrótica - Análogos De Piridona		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 5	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 5	PA
Pérdida De Peso		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Peptida De Tipo Glucagón Anti-Obesidad-1 Agonistas De Recep		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 3	PA; QL (3 ML per 28 days)
Reemplazo De Fluidos		
Ácido Nucleico/Suplementos De Nucleótido		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA
Regulación De Electrolitos		
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i> (Jynarque)	Tier 5	QL (60 EA per 365 days)
Agentes Para La Depleción Electrolítica		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
<i>ferric citrate oral tablet 210 mg iron</i> (Auryxia)	Tier 2	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (2 EA per 1 day)
Antagonistas De Receptor De Arginina Vasopresina (Avp)		
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i> (Jynarque)	Tier 5	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 5	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 5	QL (60 EA per 365 days)
Preparados De Sodio/Salina		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Reemplazo De Potasio		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 2	
potassium chloride oral packet 20 meq (Klor-Con)	Tier 2	
potassium chloride oral tablet extended release 10 meq (Klor-Con 10)	Tier 2	
potassium chloride oral tablet extended release 15 meq, 20 meq	Tier 2	
potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	Tier 2	
potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)	Tier 2	
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	Tier 2	
Salud Del Comportamiento - Antidepresivos		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, Venlafaxine, Desvenlafaxine, Fluvoxamine, or Duloxetine in 120 days
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agonista Parcial Antidepresivo Ssri & 5Ht1a		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 2	ST: Must meet any of the following requirements: Paroxetine, Fluoxetine, Citalopram, Sertraline, Escitalopram, Mirtazapine, Bupropion, Venlafaxine IR/ER in 120 days
Antagonistas De Serotonina-2/Inhibidores De Recaptación (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 2	
Antidepresivos Antagonistas Receptores Alfa-2		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2	
Antidrepsivos Tricíclicos & Rel. No-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Combinaciones Tricíclicas Antidepresivas/Benzodiazepínico		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	
Combinaciones Tricíclicas Antidepresivas/Fenotiazina		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	
Inhib. De Recaptación De Noradrenalina Y Dopamina (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
Inhib. De Recaptación De Serotonina-Noradrenalina (Snrís)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, generic Paroxetine HCL, Mirtazapine, Sertraline, or Venlafaxine ER/IR in 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 2	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 3	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	
Inhibidor De Recaptación Selectivo De Serotonina (Ssrís)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2	
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule 40 mg</i>	Tier 2	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 2	ST: Must meet any of the following requirements: Paroxetine, Fluoxetine, Citalopram, Sertraline, Escitalopram, or Fluvoxamine IR in 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 2	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 2	
Inhibidores De Monoamina Oxidasa(Mao)		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	ST: Must meet any of the following requirements: Phenelzine, tranylcypromine, or Marplan in 120 days; QL (1 EA per 1 day)
Maois - No Selectiva & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Modulador Antidepresivo De Receptor De Serotonina & Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
Salud Del Computamiento - Otro		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA
Adrenérgicos, Aromáticos, No-Catecolaminas		
ADZENYS XR-ODT ORAL (amphetamine) TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
<i>amphetamine oral tablet,disinteg er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i> (Adzenys XR-ODT)	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)	Tier 2	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 2	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 2	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4	ST: Must meet the following requirement: Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (4 EA per 1 day)
Agentes De Narcolepsia Y Terapia De Trastorno Del Sueño			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	(Nuvigil)	Tier 2	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	(Nuvigil)	Tier 2	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	(Provigil)	Tier 2	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Agonistas Selectivos De Serotonina 5-Ht2a Inversa (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 5	PA
NUPLAZID ORAL TABLET 10 MG		Tier 5	PA
Antagonistas Narcóticos			
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>		Tier 2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	(Narcan)	Tier 2	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 4	
<i>naltrexone oral tablet 50 mg</i>		Tier 2	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION		Tier 4	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 4	QL (2 ML per 30 days)
Anti-Ansiedad - Benzodiacepinas			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	(Xanax)	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	(Xanax XR)	Tier 2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	
DIAZEPAM INTENSOL ORAL (diazepam) CONCENTRATE 5 MG/ML	Tier 2	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 2	
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	
Anti-Narcolepsia & Anti-Cataplejia, Sedante-Tipo Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 5	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA
Antipsicóticos, Antag. De Dopamina, Difniltiropiperidinas		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
Antipsicóticos, Antagonistas De Dopamina, Butirofenonas		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
Antipsicóticos, Antagonistas De Dopamina, Tiosantinas		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Antipsicóticos, Atípicos, Dopamina, & Antag. De Serotonina		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (8 EA per 28 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 2	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	ST: Must meet any of the following requirements: Generic Atypical Antipsychotic in 365 days; QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	Tier 2	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	Tier 2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	Tier 2	
quetiapine oral tablet 150 mg	Tier 2	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR)	Tier 2	
risperidone oral solution 1 mg/ml (Risperdal)	Tier 2	
risperidone oral tablet 0.25 mg	Tier 2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	Tier 2	
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 2	
Antipsicóticos, Atyp, Agonistas D2 Parcial/5Ht Mezclados		
aripiprazole oral solution 1 mg/ml	Tier 2	ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 2	
aripiprazole oral tablet, disintegrating 10 mg	Tier 2	ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days; QL (3 EA per 1 day)
aripiprazole oral tablet, disintegrating 15 mg	Tier 2	ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (1 EA per 1 day)
Antipsicóticos, Dopamina & Antagonistas De Serotonina		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Antipsicóticos, Fenotiazinas		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Antipsicóticos,Antagonistas De Dopamina,Dihidroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 2	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 2	
Antipsicóticos-Atípicos,D3/D2 Parcial Ag-5Ht Mexclados		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (1 EA per 1 day)
Barbitúricos		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Comb Antag De Dopamina & Serotonina Ssri &Antipsych,Atyp		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
Hipnoticos, Agonistas De Receptor De Melatonina Mt1/Mt2		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sontata), or Zolpidem IR (Ambien) in 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlioze)	Tier 5	PA
Mediamcentos Antiansiedad		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	
Mediamcentos Antimaníacos		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
Preparaciones Antialcohólicas		
<i>acamprosate oral tablet, delayed release (drlac) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	
Sedantes-Hipnóticos - Benzodiacepinas		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	ST: Must meet any of the following requirements: Zolpidem tablets, Zaleplon, Eszopiclone, Temazepam or Flurazepam in 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2	
Sedantes-Hipnóticos, No Barbiturados		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST: Must meet any of the following requirements: Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST: Must meet any of the following requirements: Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 2	ST: Must meet any of the following requirements: Zolpidem, Zaleplon, Eszopiclone, Doxepin solution, or Doxepin 10mg capsule in 120 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	ST: Must meet any of the following requirements: Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Tx For Adhd - Selectivo Alfa-2A Agonista De Receptor		
<i>clonidine hcl oral tablet extended release</i> 12 hr 0.1 mg	Tier 2	
<i>guanfacine oral tablet extended release</i> (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4	ST: Must meet the following requirement: Clonidine 0.1mg ER tablets in 120 days; QL (4 ML per 1 day)
Tx Para Deficit De Atención-Hiperact(Tdha)/Narcolepsia		
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Tier 3	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 2	QL (90 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 4	ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 2	ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	150mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	180mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (360 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	60mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (60 ML per 30 days)
Tx Para Deficit De Atención-Hiperact.(Adhd), Nri-Tipe		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4	ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day)
Sistema Nervioso Autónomo		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG- 10,000 UNIT/5 ML	Tier 5	PA
Antag. De Recept. De Thx De Alzheimer, Nmda & Inhib. De Colinas		
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)	Tier 2	ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 3	ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day)
Inhibidores De Colinesterasa		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 2	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 4	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 2	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 4	ST: Must meet any of the following requirements: generic Galantamine tablets or Galantamine ER capsules in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Terapia De Alzheimer, Antagonistas De Receptor Nmda		
<i>memantine oral capsule,sprinkle,er 24hr</i> 14 mg, 21 mg, 28 mg	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr</i> (Namenda XR) 7 mg	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 2	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 2	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 3	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
Suministros Médicos		
Catéteres Y Dispositivos Relacionados		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 4	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 4	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 4	
CURITY DRAINAGE BAG 2,000 ML	Tier 4	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 4	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 4	
FEMALE CATHETER 14 FR	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 4	
LOFRIC 12-16 FR-	Tier 4	
LOFRIC 14-16 FR- (catheter)	Tier 4	
LOFRIC ORIGO 14-16 FR- (catheter)	Tier 4	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-	Tier 4	
LOFRIC SENSE NELATON CATHETER 14-6 FR-	Tier 4	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-, 12-16 FR-	Tier 4	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 4	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 4	
SELF-CATHETER, FEMALE 14 FR	Tier 4	
SILASTIC FOLEY CATHETER 20 FR	Tier 4	
SPEEDICATH (FEMALE) 16 FR	Tier 4	
TOUCH-TROL 10 FR	Tier 4	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 4	
Dispositivos De Alimentación		
ENFIT IRRIGAT SYRINGE-CONTAINR KIT	Tier 4	
enteral connector, enfit	Tier 4	
ENTERAL GRAVITY BAG SET-ENFIT	Tier 4	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 4	
KANGAROO EPUMP SET	Tier 4	
KANGAROO GRAVITY SET	Tier 4	
RELIZORB CARTRIDGE	Tier 4	
Equipod Médicos Duraderos, Misc. (Grupo 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ADVOCATE LANCET 23 GAUGE	Tier 3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE	Tier 3	
COMFORT EZ LANCETS 28 GAUGE (lancets)	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 32 GAUGE	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 3	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 3	
<i>lancets 33 gauge</i> (AgaMatrix Ultra-Thin Lancet)	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS,THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS,ULTRA THIN (lancets)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 3	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 3	
MICROLET LANCET	(lancets)	Tier 3	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE		Tier 3	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
NOVA SUREFLEX LANCETS	(lancets)	Tier 3	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE		Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 32 GAUGE	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TWIST LANCETS 30 GAUGE (lancets)	Tier 3	
TWIST LANCETS 32 GAUGE	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS 31 GAUGE	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE	Tier 3	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 25 GAUGE	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UNIVERSAL 1 LANCETS 21 GAUGE, (lancets) 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	
VERIFINE SAFETY LANCET MINI 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 3	
VERIFINE UNIVERSAL LANCET 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD SAFETY LANCET 28 (lancets) GAUGE	Tier 3	
Equipos De Administración Parenteral		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 4	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 4	
INSUFLOX INFUSION SET 25 X 18 MM	Tier 4	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 4	
I-PORT	Tier 4	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 4	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 4	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 4	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 4	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 4	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 4	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 4	
PHASEAL CONNECTOR LUER LOCK	Tier 4	
PHASEAL INFUSION ADAPTER	Tier 4	
PHASEAL INFUSION CLAMP	Tier 4	
PHASEAL INJECTOR LUER	Tier 4	
PHASEAL INJECTOR LUER LOCK	Tier 4	
PHASEAL SECONDARY SET INFUSION SET	Tier 4	
PHASEAL Y-SITE	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
Equipos Médicos Duraderos, Misc			
A.I.R.S. NEBULIZER REPLACEMENT KIT		Tier 4	
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 4	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 4	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 4	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 4	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 4	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 4	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 4	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 4	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 4	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 4	
AMIELLE VAGINAL TRAINER KIT		Tier 4	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 4	
CEFALY COMBO PACK		Tier 4	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 4	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 4	
ENFIT MEDICAL STRAW		Tier 4	
ENFIT MEDICINE BOTTLE ADAPTER	(adapter cap for bottle)	Tier 4	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 4	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 4	
NOSE CLIP		Tier 4	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 4	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 4	
PARI BABY CONV KIT - SIZE 3 KIT		Tier 4	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 4	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 4	
PRO COMFORT TENS ELECTRODE PAD		Tier 4	
PRO COMFORT TENS UNIT COMBO PACK		Tier 4	
PRO-CEPTION VAGINAL		Tier 4	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 4	
REUSABLE NEBULIZER KIT KIT		Tier 4	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 4	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 4	
SIDESTREAM MASK	(nebulizer accessories)	Tier 4	
SILICONE MASK	(nebulizer accessories)	Tier 4	
TENS 502 DEVICE		Tier 4	
TENS 504 DEVICE		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Jeringas Y Accesorios		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 4	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes) Tier 4	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 4	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML	(syringe (disposable)) Tier 4	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	(syringe (disposable)) Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"	Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1"	(syringe with needle) Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2"	(syringe with needle) Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 4	
BD LUER-LOK BULK SYRINGE (syringe (disposable)) SYRINGE 20 ML	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML (syringe (disposable))	Tier 4	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe (disposable))	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 4	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 50 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD SLIP TIP SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))	Tier 4	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE CATHETER TIP SYRINGE 50 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML (syringe (disposable))	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe (disposable))	Tier 4	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 20 ML (syringe (disposable))	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE SYRINGE 1 ML	Tier 4	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Tier 4	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML, 1 ML 27 GAUGE X 3/8"	Tier 4	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Tier 4	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Tier 4	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 4	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe (disposable))	Tier 4	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1"	Tier 4	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 4	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 4	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Tier 4	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML	Tier 4	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML, 3 ML, 5 ML (syringe (disposable))	Tier 4	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	Tier 4	
DAVOL IRRIGATION SYRINGE SYRINGE	Tier 4	
DAVOL PISTON IRRIGATION SYRINGE	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DOVER BULB SYRINGE SYRINGE 60 ML	Tier 4	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 4	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	Tier 4	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 4	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 4	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 "	Tier 4	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 29 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe (disposable))	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 4	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML	Tier 4	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 10 ML, 3 ML, 60 ML	Tier 4	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Tier 4	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLIPLOCK SYRINGE (syringe with needle, safety) SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK (syringe with needle, safety) SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 4	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	Tier 4	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 4	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML, 60 ML (syringe (disposable))	Tier 4	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))	Tier 4	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 4	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Tier 4	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML (syringe (disposable))	Tier 4	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML, 60 ML (syringe, enfit, non-sterile)	Tier 4	
ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)	Tier 4	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)	Tier 4	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
EXEL SYRINGE SYRINGE 10 ML, 30 ML (syringe (disposable))	Tier 4	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
EXEL SYRINGE SYRINGE 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EXTENDED RESERVOIR 3 ML	Tier 4	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 4	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 4	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(Droplet Insulin Syr(half unit)) Tier 4	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 1/2", 0.3 ml 31 gauge x 15/64", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 15/64", 1/2 ml 28 gauge x 1/2", 1/2 ml 31 gauge x 15/64"</i>	(Comfort EZ Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>	(Ultilet Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	(Advocate Syringes) Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i>	(Ultra Comfort Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8"</i>	(BD SafetyGlide Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 29 gauge x 7/16"</i>	Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	(BD Eclipse Luer-Lok) Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	(Thinpro Insulin Syringe) Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	(Droplet Insulin Syringe) Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)	Tier 4	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
INTERLINK LEVER LOCK CANNULA	Tier 4	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 4	
IRRIGATION SYRINGE SYRINGE	Tier 4	
KENDALL DISINFECTANT CAP	Tier 4	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 4	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 4	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Tier 4	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 4	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 4	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2"	Tier 4	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
MONOJECT 140CC PISTON SYRINGE SYRINGE	Tier 4	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Tier 4	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"	Tier 4	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 4	
MONOJECT DISPOSABLE SYRINGE (syringe (disposable)) SYRINGE 20 ML	Tier 4	
MONOJECT ECCENTRIC NON- STERILE SYRINGE 12 ML, 35 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE (syringe, enfit, sterile) SYRINGE 1 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML	Tier 4	
MONOJECT ENFIT SYRINGE CAP (syringe cap, enfit, non-sterile)	Tier 4	
MONOJECT ENFIT SYRINGE (syringe, enfit, non-sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML, 6 ML	Tier 4	
MONOJECT INSULIN SAFETY SYRING (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 4	
MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringes (disposable)) SYRINGE 1 ML	Tier 4	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Tier 4	
MONOJECT LUER-LOCK TIP (syringe (disposable)) SYRINGE 3 ML	Tier 4	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Tier 4	
MONOJECT MAGELLAN SYRINGE (syringe with needle, safety) SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT PHARMACY TRAY LUER (syringe (disposable)) SYRINGE 20 ML, 3 ML, 60 ML	Tier 4	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 4	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML	Tier 4	
MONOJECT REG TIP NON-STERILE (syringe (disposable)) SYRINGE 20 ML, 3 ML	Tier 4	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	
MONOJECT REGULAR LUER (syringe (disposable)) SYRINGE 3 ML	Tier 4	
MONOJECT SAFETY LUER LOCK TIP (syringe (disposable)) SYRINGE 3 ML	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML	Tier 4	
MONOJECT SAFETY SYRINGES (syringe with needle, SYRINGE 3 ML 22 GAUGE X 1" safety)	Tier 4	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML	Tier 4	
MONOJECT SYRINGE LUER LOK (syringe (disposable)) SYRINGE 60 ML	Tier 4	
MONOJECT SYRINGE REGULAR (syringe (disposable)) LUER SYRINGE 60 ML	Tier 4	
MONOJECT SYRINGE SYRINGE 1/2 (insulin syringe-needle u- ML 28 GAUGE 100)	Tier 4	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE SYRINGE 3 ML (syringe with needle) 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable)) SYRINGE 60 ML	Tier 4	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 4	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 4	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TUBERCULIN SYRINGE (tuberculin-allergy syringes) SYRINGE 1 ML 26 GAUGE X 3/8"	Tier 4	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 4	
MONOJECT ULTRA COMFORT (insulin syringe-needle u-100) INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 4	
NORM-JECT SYRINGE 10 ML, 20 ML (syringe (disposable))	Tier 4	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 4	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 4	
PISTON SYRINGE WITH ENFIT (syringe, enfit, non-sterile) SYRINGE 60 ML	Tier 4	
PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
PRODIGY INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 4	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe-needle,safety,disp unt)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 4	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 4	
<i>syringe (disposable) syringe 10 ml</i> (BD Eccentric Tip Syringe)	Tier 4	
<i>syringe (disposable) syringe 20 ml</i> (B-D Slip Tip Syringe)	Tier 4	
<i>syringe (disposable) syringe 3 ml</i> (BD Luer-Lok Syringe)	Tier 4	
<i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)	Tier 4	
<i>syringe (disposable) syringe 5 ml</i> (BD Bulk Syringe Slip Tip)	Tier 4	
<i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syring)	Tier 4	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Tier 4	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
<i>syringe cap, enfit, non-sterile</i> (Monoject ENFit Syringe Cap)	Tier 4	
<i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)	Tier 4	
<i>syringe with needle syringe 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 23 x 1"</i> (BD Eclipse Luer-Lok)	Tier 4	
SYRINGE WITHOUT NEEDLE SYRINGE	Tier 4	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 20 ml</i> (NeoMed ENFit Syringe)	Tier 4	
<i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>syringe, enfit, non-sterile syringe 10 ml, 60 ml</i> (ENFit MultiFil Syringe)	Tier 4	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Tier 4	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i> (Monoject ENFit Sterile Syringe)	Tier 4	
<i>syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml</i>	Tier 4	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 4	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 4	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Tier 4	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 4	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 4	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16"	Tier 4	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 4	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i> (Allergist Tray Intradermal Bev)	Tier 4	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTICARE LOW DEAD SPACE SYRINGE 1 ML 22 GAUGE X 1 1/2"	Tier 4	
ULTICARE LOW DEAD SPACE SYRINGE 3 ML 22 X 1 1/2" (syringe with needle)	Tier 4	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Tier 4	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 29 (insulin syringe-needle u-100)	Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 4	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 4	
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 4	
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 4	
ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Tier 4	
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 4	
VANISHPOINT SYRINGE SYRINGE 0.5 (insulin syringe-needle u-100) ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
VANISHPOINT SYRINGE SYRINGE 1 (syringe with needle) ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"	Tier 4	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 4	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
VERIFINE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 4	
Suministros De Incontinencia		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 4	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 4	
Suministros Diabeticos		
UNISTIK 3 COMFORT LANCET 28 (lancets) GAUGE	Tier 3	
Suministros Médicos, Varios		
VARITHENA ADMINISTRATION PACK	Tier 4	
VIBRANT ORAL CAPSULE	Tier 4	
VIBRANT STARTER KIT COMBO PACK	Tier 4	
Suministros Médicos,Misceláneos(Grupo 2)		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 4	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 4	
PCCA ACCUPEN-15 DEVICE	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM	Tier 4	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42- 45 MM, 45-48-52 MM, 48-52 MM	Tier 4	
Vendas Y Suministros Relacionados		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 4	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 4	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "	Tier 4	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 4	
CURAFIL GEL WOUND TOPICAL GEL	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 4	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 4	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "- YARD	Tier 4	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 4	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 4	
KERAGEL TOPICAL GEL	Tier 4	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 4	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 4	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 4	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 4	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 4	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 4	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 4	
SPECTRAGEL TOPICAL GEL	Tier 4	
STRATACTX TOPICAL GEL	Tier 4	
STRATAGRT TOPICAL GEL	Tier 4	
STRATAXRT TOPICAL GEL	Tier 4	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 4	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 4	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 4	
ZENPHOR TOPICAL GEL	Tier 4	
Tos Y Resfriado		
Antihist.-Decongest Con Comb. De Anticolinérgicas De 1Era Gen		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
Antitusivo Narcótico-1Era Generación Antihistamínico-Descongestivo		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 2	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 2	Age (Min 12 Years)
Antitusivo Narcótico-Antihistamínico De 1Era Generación		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	ST: Must meet the following requirement: Promethazine/Codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Antitusivo Narcótico-Comb. Anticolinérgica		
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> (Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
Antitusivo No Narcótico-1Era Generación Antihistamínico-Descongestivo		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 2	
Antitusivos, No Narcóticos		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	
Combinación De Antitusivo Narcótico-Descongestivo-Expectorante		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 4	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 2	Age (Min 12 Years)
Combinación De Antitusivo Narcótico-Expectorante		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 2	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 2	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 2	Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Combinación De Antitusivo No Narcótico-Antihistamínico De 1Era Generación		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
Combinaciones De Antihistamínicos Y Descongestivos De 1Era Gen		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 2	
Tracto Urinario - Trastornos Funcionales		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 5	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5	PA
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque)	Tier 5	PA
Agente Anestésico/Analgésico Del Tracto Urinario (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
Agente Antispasmódico/Antiincontinencia Del Tracto Urinario		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 2	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 2	
<i>tropium oral tablet 20 mg</i>	Tier 2	
Agentes Analgésicos Del Tracto Urinario		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA
Agentes Bph,5-Alfa-Rrojo Inh & Afa-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 2	ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days
Agentes De Cálculos Renales		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 5	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 5	
<i>tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 5	
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 5	
Agentes De Vejiga Hiperactiva, Beta-3 Recept Adrenérgicos		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	Tier 2	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3	
Antiespasmódico Del Tracto Urinario, M(3) Antag. Selectivo		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
Hipertrofia Prostática Benigna/Agentes De Micción		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 2	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 2	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	
Modificadores De Ph Urinaria		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 2	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
Trastorno De Convulsiones		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	ST: Must have a trial of or contraindication to two of the following generic anticonvulsants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Vigabatrin, Carbamazepine, Oxcarbazepine,or Valproic Acid in 365 days
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA
Anticonvulsivos		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	Tier 2	
<i>carbamazepine oral tablet 200 mg</i>	(Tegretol)	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>		Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 5	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	(phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG		Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 2	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	(Aptiom)	Tier 2	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	(Aptiom)	Tier 2	QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	Tier 2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	Tier 2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 2	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	Tier 2	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 2	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	(Subvenite Starter (Green) Kit)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	Tier 2	
<i>methsuximide oral capsule 300 mg</i>	(Celontin)	Tier 2	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG		Tier 4	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Oxtellar XR)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	(Oxtellar XR)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (4 EA per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	(Fycompa)	Tier 2	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	(Fycompa)	Tier 2	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	(Fycompa)	Tier 2	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 2	
<i>phenytoin oral tablet,chewable 50 mg</i>	(Dilantin Infatabs)	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	(Dilantin Extended)	Tier 2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 2	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 2	
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 2	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 2	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 2	ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 2	
<i>topiramate oral capsule, extended release 24hr 100 mg</i> (Trokendi XR)	Tier 2	QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i> (Trokendi XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 2	QL (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	Tier 2	ST: Must meet any of the following requirements: Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 2	ST: Must meet any of the following requirements: Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	Tier 2	ST: Must meet any of the following requirements: Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	Tier 2	ST: Must meet any of the following requirements: Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	Tier 2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 5	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 5	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 5	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 3	QL (1 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	
Anticonvulsivos - Del Tipo Benzodiacepinas		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 2	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clonazepam oral tablet, disintegrating</i> 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	
<i>diazepam rectal kit</i> 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON- AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON- AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
Trastorno Endocrino - Fertilidad		
Medicamentos Para Tratar Impotencia		
<i>tadalafil oral tablet</i> 2.5 mg	Tier 2	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet</i> 5 mg (Cialis)	Tier 2	PA; QL (1 EA per 1 day)
Trastorno Endocrino - Otro		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
RECORLEV ORAL TABLET 150 MG	Tier 5	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA
Agentes Supresores De Pituitaria		
<i>cabergoline oral tablet</i> 0.5 mg	Tier 2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 5	PA
<i>danazol oral capsule</i> 100 mg, 200 mg, 50 mg	Tier 2	
Agentes Tx Hiperparatiroides - Vitamina D Tipo Análoga		
<i>doxercalciferol oral capsule</i> 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2	
<i>paricalcitol oral capsule</i> 1 mcg, 2 mcg (Zemplar)	Tier 2	
<i>paricalcitol oral capsule</i> 4 mcg	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
Agonistas De Antineoplásico Lhrh(Gnrh), Supresores Pituitario		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA
Análogos De Hormona De Leptina		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	PA
Antagonistas De Receptor De Hormona De Crecimiento		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	
Antidiuréticos Y Hormonas Vasopresoras		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4	QL (1 EA per 1 day)
Calcimiméticos,Potenciador De Calcio Paratiroides		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 5	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 5	QL (4 EA per 1 day)
Estim. De Formación Ósea Agentes - Hormona Paratiroidea		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	Tier 5	PA
Factor-1 De Crecimiento Tipo Insulina (Igf-1) Hormonas		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Hormona Liberadoras De Hormonas De Crecimiento (Ghrh) & Análogos		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 5	PA
Hormonas Adrenocorticotrópicas		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5	PA
Hormonas De Crecimiento		
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA
Hormonas Paratiroides		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 5	PA
Inhibidor De Resorción Ósea & Combinaciones De Vitamina D		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
Inhibidores De Resorción Ósea		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 2	
<i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i>	Tier 2	
<i>ibandronate oral tablet 150 mg</i>	Tier 2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 2	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 2	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	Tier 2	ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)
Lhrh(Gnrh) Agonista Análogo De Supresores Pituitarios		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 5	PA
Lhrh(Gnrh) Antagonista, Agentes Supresores Pituitarios		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Trastorno Endocrino - Tiroides		
Agentes Que Contienen Yodo		
LUGOLS ORAL SOLUTION 5 %	Tier 4	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
Hormonas De Tiroides		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 4	
ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4	ST: Must meet the following requirement: NP Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	ST: Must meet the following requirement: NP Thyroid tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 2	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	QL (2 EA per 1 day)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 2	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 4	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	PA
Preparaciones Antitiroides		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
Trastorno Musculoesquelético		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	PA
Agentes Para Trata Parálisis Periódica - Inh De Anhid De Carbon		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 5	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
Relajantes Musculares Esqueléticos		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 2	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 2	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 2	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 2	
<i>tizanidine oral tablet 2 mg</i>	Tier 2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2	
Trastornos Gastrointestinal Inferior - Inflamación De Intestino		
Agentes De Colon Irritable, Agonist De Gualinata Ciclasa		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	QL (1 EA per 1 day)
Agonistas/Antagonistas De Recep De Opiodes Mezclados, Agentes lbs		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
Antagonista De Receptor De Integrina, Anticuerpos Monoclonales		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	PA
Inflam. Crónica Colon Dx, 5-A-Salicilato, Rectal Tx		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 2	
Medicamentos Tx-Infla. Crónica Colon Dx, 5-Aminosalicilatos		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	ST: Must meet the following requirement: Lialda in 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	Tier 2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)	Tier 4	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	Tier 2	
Prep Hemorroidal, Anti-Infam Esteroide/Anest Local		
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 2	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 3	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 4	
Prep. Rectal/Intestinal Inferior, Glucocort. (No-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Preparados De Nitrato Local Anorectal		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 2	
Preparados Rectales		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2	
Trastornos Gastrointestinal Inferior - Otro		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 5	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 5	PA
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
IQIRVO ORAL TABLET 80 MG	Tier 5	PA
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 5	PA
Agonistas De Receptor De Farnesoide X (Fxr), Análogo Biliar Ac		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 5	PA
Antagonistas Narcóticos, De Actuación Periférica		
<i>alvimopan oral capsule 12 mg</i>	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	QL (1 EA per 1 day)
Antidiareico - G.I. Inhibidores De Canal De Cloruro		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 5	ST: Must meet the following requirement: Antiretroviral therapy in 120 days; QL (2 EA per 1 day)
Antidiarreico - Inhibidor De Triptófano De Hidroxilasa		
XERMELO ORAL TABLET 250 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Antidiarreicos		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 2	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2	
Inhibidores De Amoniácos		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 5	PA
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 5	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 5	PA
Laxantes Y Catárticos		
CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GENTLELAX ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2	
LAXACLEAR ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
LAXATIVE PEG 3350 ORAL POWDER (polyethylene glycol 3350) 17 GRAM/DOSE	Tier 2	
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	Tier 2	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	Tier 2	QL (4 EA per 1 day)
NATURA-LAX ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral</i> (MoviPrep) <i>powder in packet 100-7.5-2.691 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420</i> (GaviLyte-N) <i>gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 COPAY	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	Tier 2	
POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0 COPAY	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
Sales Biliares		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA
CTEXLI ORAL TABLET 250 MG	Tier 5	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i>	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
Sbs - Péptido Similar Al Glucógeno-2 (Glp-2) Análogos		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA
Síndrome De Colon Irritable Agente,Antagonistas De 5Ht-3-Tipo		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Trastornos Gastrointestinal Superior - Digestivos		
Enzimas Gástricas		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
Enzimas Pancreáticos		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 4	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	ST: Must meet any of the following requirements: Zenpep or Creon in 120 days
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 4	ST: Must meet any of the following requirements: Zenpep or Creon in 120 days
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	
Trastornos Gastrointestinal Superior - Enfermedad Espástica		
Alcalodes De Belladonna		
ED-SPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4	
Anticolinérgicos/Antiespasmódicos		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA; QL (1 EA per 1 day)
Agentes Anti-Úlcera-H. Pylori		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA; QL (112 EA per 14 days)
Anticolinérgicos, Amonio Cuaternario		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 4	
Estimulante De Motilidad Intestinal		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2	
<i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)	Tier 2	QL (1 EA per 1 day)
Inhibidores De La Bomba De Protones		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 4	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 2	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KONVOMEPRAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Tier 4	PA
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 2	
<i>lansoprazole oral tablet, disintegrates, delayed release 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 2	PA
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 2	ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4	ST: Must meet any of the following requirements: Omeprazole, lansoprazole or pantoprazole in 120 days
<i>rabeprazole oral capsule, delayed release sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 2	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 2	QL (1 EA per 1 day)
Inhibidores De Receptor De Histamina H2		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 2	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
Preparaciones Antiúlceras		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 2	
Trastornos Hematológicos		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 5	PA
CABLIVI INJECTION KIT 11 MG	Tier 5	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 5	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 5	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4	PA
Agentes Antifibrinolíticos		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 2	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Agentes De Anemia Falciforme		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 5	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 5	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 4	ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 4	PA
Agentes Hemorreológicos		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
Agentes Reductores De Plaquetas		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	
Agonistas De Receptor De Trombopoyetina		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA
DOPTLET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTLET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTLET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i> (Promacta)	Tier 5	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i> (Promacta)	Tier 5	PA
MULPLETA ORAL TABLET 3 MG	Tier 5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 5	PA
Anticoagulantes, Tipo De Cumarina		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 2	
Citratos Como Anticoagulantes		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 4	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 2	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 2	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 2	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2	
Estimulantes De Leucocito (Wbc)		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
Factores Antihermofilicos		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 5	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 5	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 5	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 5	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 5	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 5	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 5	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 5	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 5	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
Factores De Sangre, Varios		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
Hematínicos, Otros		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Hemostáticos Tópicos		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4	
AVITENE FLOUR TOPICAL POWDER	Tier 4	
AVITENE TOPICAL POWDER IN PACKET	Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	Tier 4	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4	
SYRINGE AVITENE TOPICAL POWDER	Tier 4	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 2	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 2	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 4	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 4	
Heparina Y Preparados Relacionados		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 2	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 2	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 2	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 2	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 2	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 2	
Inhibidor De Complemento Anticuerpo Humano Monoclonal (C5)		
FABHALTA ORAL CAPSULE 200 MG	Tier 5	PA
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 5	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 5	PA
Inhibidores De Agregación Plaquetaria		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	\$0 COPAY	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0 COPAY	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	\$0 COPAY	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	Tier 2	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	\$0 COPAY	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	Tier 2	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)
Inhibidores De Factor Xa Directo		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 EA per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	Tier 2	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	Tier 2	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	Tier 3	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Inhibidores De Tirosina Quinasa De Bazo		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA
Inhibidores De Trombina, Selectivo, Directo, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	PA
Preparaciones De Factor Ix		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
Preparaciones De Factor X		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
Preparaciones De Factor Xiii		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Preparados De Compuesto De Factor Ix (Pcc)		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
Preparados De Vitamina K		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 2	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2	
Proteínas De Plasma		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA
Trastornos Orales/Faríngeos		
Elementos Y Preparados Para Higiene Dental		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
Q-CARE RX Q2 KIT 0.12 %	Tier 4	
Q-CARE RX Q4 KIT 0.12 %	Tier 4	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	Tier 2	
Inhibidores De Colagenasa Periodontal		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
Preparados Para La Nariz, Misceláneos (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Trastornos Vaginales		
Antibióticos Vaginales		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4	
Antifúngicos Vaginales		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
Antisépticos Vaginales		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4	
Preparados Vaginales De Estrógeno		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4	ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 90 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	

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<i>linezolid</i>	<i>loxapine succinate</i>	MATZIM LA
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291	16	174
LIOMNY	<i>lubiprostone</i>	MAVENCLAD (4 TABLET PACK)
290	295	174
<i>liothyronine</i>	LUER LOCK SYRINGE	MAVENCLAD (5 TABLET PACK)
290	262	174
LIQREV	LUER SLIP TIP SYRINGE TRAY	MAVENCLAD (6 TABLET PACK)
132	262	174
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<i>lisdexamphetamine</i>	LUGOLS	MAVENCLAD (8 TABLET PACK)
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245	16	174
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224	SYRNG	MOUTHPIECE
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170	274	75
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