



# 2023 Formulary

## (List of Covered Prescription Drugs for Mexico)

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

### Small Group Plans

- P5 Platinum HMO Plan
- P20 Platinum HMO Plan
- Platinum 90 HMO 0/20 Inf. Plan
- Gold 80 HMO Plan 250/35 Inf. Plan

### Large Group Plans

- VP5 HMO Plan
- VP10 HMO Plan
- VP20 HMO Plan
- MEP HMO Plan
- QEP HMO Plan

This formulary was last updated on **01/13/2023**. This formulary is subject to change and all previous versions of the formulary no longer apply.

For more recent information or other questions, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346; Email: [memberservices@mediexcel.com](mailto:memberservices@mediexcel.com); or visit <https://www.mediexcel.com/members>

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## INFORMATIONAL SECTION

### Introduction to the formulary drug list

The MediExcel Health Plan Drug Formulary is a list of medications that are available in Mexico and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

### Definitions

The following words and definitions will be used throughout the formulary drug list.

<b>Brand name drug</b>	A drug that is marketed under a proprietary, trademark protected name.
<b>Coinsurance</b>	A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
<b>Copayment</b>	A fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
<b>Deductible</b>	The amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
<b>Drug tier</b>	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
<b>Enrollee</b>	Also known as "Member." A person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
<b>Exception request</b>	A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
<b>Exigent circumstances</b>	Are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
<b>Formulary</b>	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

<b>Generic drug</b>	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
<b>Non-formulary drug</b>	A prescription drug that is not listed on the health plan's formulary.
<b>Out-of-pocket costs</b>	Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
<b>Prescribing provider</b>	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
<b>Prescription</b>	An oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
<b>Prescription drug</b>	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
<b>Prior authorization</b>	Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
<b>Quantity limit</b>	Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
<b>Step therapy</b>	A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
<b>Subscriber</b>	The person who is responsible for payment to a plan or whose employment or other status, exception for family dependency, is the basis for eligibility for membership in the plan.

## How do I find a drug on this list?

The drugs are listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

## What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits of your Evidence of Coverage (EOC).

The column titled “Drug Tier” is the cost level you pay for a drug.

<b>Drug Tier</b>	<b>Description</b>
<b>1</b>	Most generic drugs or low-cost, preferred brand drugs.
<b>2</b>	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost.
<b>3</b>	Non-preferred brand drugs: drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
<b>4</b>	Drugs that are biologics; drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply.
<b>PV</b>	Select drugs covered with no Copayment, including certain generic and over-the-counter contraceptives for women.
<b>MB</b>	Drugs covered under the medical benefit. Please refer to your medical benefit coverage information.

There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits or contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information.

## How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits	Description
<b>Age Limit (AGE)</b>	The prescription is covered when certain age criteria are met.
<b>Gender Limit (GL)</b>	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
<b>Specialty Pharmacy (SP)</b>	These drugs are available exclusively through select specialty pharmacies.
<b>Prescriber Restriction (PR)</b>	The prescription is covered when prescribed by certain providers.
<b>Prior Authorization (PA)</b>	Prior authorization is required to determine coverage.
<b>Quantity Limit (QL)</b>	The prescription quantity covered is limited. A prior authorization request for quantity exception is required for amounts greater than the limit.
<b>Step Therapy (ST)</b>	If a drug is subject to step therapy, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition
<b>Not Available (NA)</b>	There is no drug available for prescription for this Class that falls within the Baja California Mexico Practice Standards
<b>Emergency Care (ER)</b>	Within the Practice Standards of Baja California Mexico, this class of drugs is rendered in an emergency care setting and not via outpatient retail pharmacy

## How often will the formulary change?

This formulary is subject to change monthly. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when is it removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug’s manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

When a drug or dosage form is removed from the formulary and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to

prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

### **Difference between medical benefit drug versus a drug in the Outpatient Prescription Drug Benefit**

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

### **What are preventive health drugs?**

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time.

### **What is a contraceptive drug or device?**

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.

### **What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

### **What if your drug is covered under the medical benefit?**

A prescription drugs may be covered under the medical benefit and are not listed in this drug formulary. You should contact the Member Services Center at Tel (619) 365-0346 to ensure that the drug may be covered under the medical benefit. If the Member Services Center confirms that we may cover your drug under the medical benefit, you, your representative, or your doctor may submit a Service Authorization Request to the MediExcel Health Plan Utilization Management Department.

### **What is step therapy?**

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Your provider may submit a request for an exception to the step therapy requirement.

To request an exception, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information. You, your representative, or your doctor may submit an exception request.

### **What is the prior authorization/exception request process?**

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require review of the patient's prescription and medical history to determine coverage.

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request prior authorization or a non-formulary coverage exception, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for more detailed information. You, your representative, or your doctor may submit an exception request.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If MediExcel Health Plan denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with MediExcel Health Plan, as described in the "Grievance Process" section of the EOC.

### **Participating retail pharmacies**

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. To find a network pharmacy, visit <https://mediexcel.com> or contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time for assistance.

### **What are specialty drugs?**

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by MediExcel Health Plan. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. If you have questions about specialty drugs, please contact MediExcel Health Plan Member Services at Tel (619) 365-0346 at any time.

### **What if your drug is not on the formulary?**

If your prescription is not listed on the formulary, you should first contact the Member Services Center at Tel (619) 365-0346 at any time to ensure that the drug is not covered under the outpatient prescription drug benefit. If the Member Services Center confirms that we do not cover your drug under the pharmacy benefit, you have three options:

- 1) You can ask your doctor if you can switch to another drug covered by us.
- 2) You can ask us to make an authorization to cover your drug



- 3) You can pay-out-of-pocket for the drug and request that the Plan reimburse you by requesting an authorization. If the authorization request is not approved, the Plan is not obligated to reimburse you. If the authorization request is not approved, you may appeal the Plan's denial.

You can obtain non-formulary prescription drugs (those not listed on our drug formulary for your condition) if authorized by the Plan and a MediExcel physician determines that they are medically necessary. If you disagree with your physician's determination that a non-formulary prescription drug is not medically necessary, you may file a grievance as described in the "Grievances and Appeals Process" section of your Evidence of Coverage booklet.

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## ANALGESICS

### 1. ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>KETOROLAC</b> SUBLINGUAL TABLETS 30MG W 6	1	
<b>KETOROLAC</b> ORAL TABLETS 10MG W 10	1	
<b>INDOMETACIN</b> RECTAL SUPPOSITORY 100MG W 15	1	
<b>SODIC NAPROXEN</b> ORAL TABLETS 500MG W 15	1	
<b>SODIC NAPROXEN</b> ORAL CAPSULES 275MG W 20	1	
<b>IBUPROFEN</b> ORAL CAPSULES 400MG W 20	1	
<b>INDOMETACIN</b> ORAL CAPSULES 25MG W 60	1	
<b>SODIC NAPROXEN</b> ORAL SUSPENSION 2.5G/2G/100ML W 100ML	1	
<b>DICLOFENAC</b> ORAL SUSPENSION 180MG x 100ML (4.5MG/2.5ML) W 120ML	1	
<b>KETOPROFEN/ACETAMINOPHEN</b> ORAL SUSPENSION 70ML W 70ML	1	
<b>DICLOFENAC</b> ORAL TABLETS 50MG W 30	2	
<b>DICLOFENAC</b> IM/IV INJECTABLE SOLUTION 75MG/3ML W 5x3ML	2	
<b>CELECOXIB</b> ORAL CAPSULES 200MG W 10	2	
<b>FENACETINE/ACETANILIDE/CAFFEIN</b> ORAL TABLETS 400MG/150MG/100MG/50MG W 20	1	
<b>SODIC NAPROXEN/ACETAMINOPHEN</b> ORAL TABLETS 275MG/300MG 16	1	
<b>ACETOAMINOFEN</b> ORAL TABLETS 1G W 20	1	

## ANESTHETICS LOCAL ANESTHETICS

### 2. ANALGESICS OPIOID ANALGESICS, LONG- ACTING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUPRENORPHINE</b> SUBLINGUAL TABLETS 0.2MG W 10	2	PA, ST
<b>BUPRENORPHINE</b> TRANSDERMIC PATCHES 20MG W 2	2	PA, ST
<b>BUPRENORPHINE</b> TRANSDERMIC PATCHES 30MG W 4	2	PA, ST

### 3. ANALGESICS OPIOID ANALGESICS, SHORT- ACTING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUPRENORPHINE</b> SUBLINGUAL TABLETS 0.2MG 10	2	PA, ST, SP
<b>BUPRENORPHINE</b> IV/IM INJECTABLE SOLUTION 0.3MG/1ML 6x1ML	2	PA, ST, SP
<b>MORPHINE</b> ORAL TABLETS 30MG 20	3	PA, ST, SP
<b>MORPHINE</b> ORAL TABLETS 15MG 20	3	PA, ST, SP
<b>MORPHINE</b> ORAL TABLETS 30MG 100	3	PA, ST, SP
<b>ACETAMINOPHEN/TRAMADOL</b> ORAL TABLET 325MG/37.5MG 20	2	PA, ST, SP
<b>TRAMADOL</b> ORAL CAPSULES 50MG 10	2	SP,
<b>TRAMADOL</b> ORAL CAPSULES 100MG 10	2	SP
<b>TRAMADOL OFTALMIC</b> DROPS 100MG 10	2	SP

### 4. ANESTHETICS LOCAL ANESTHETICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LIDOCAINE / PRILOCAINE</b> TOPIC PATCHES 1G W 2	4	PA,SP,PR,ST,QL
<b>LIDOCAINE / PRILOCAINE</b> TOPIC CREAM 25MG/25MG X G W 5G	4	PA,SP,PR,ST,QL

### ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

#### 5. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS ALCOHOL DETERRENTS/ANTI-CRAVING

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ONDANSETRON</b> ORAL TABLETS 8MG W 10	3	PA
<b>BUPRENORPHINE</b> SUBLINGUAL TABLETS 0.2MG W 10	4	PA,SP,PR,ST,QL
<b>ONDANSETRON</b> IV INJECTABLE SOLUTION 8MG/4ML W 3X4ML	4	PA,SP,PR,ST,QL

#### 6. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS OPIOID DEPENDENCE TREATMENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUPRENORPHINE</b> TRANSDERMIC PATCHES 30MG W 4	3	PA, ST

**7. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS OPIOID REVERSAL AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ER		See Notes for ER

**8. ANTI- ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS SMOKING CESSATION AGENTS (NOT REQUIRED)**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
VARENICLINE ORAL TABLETS 0.5MG(11) /1MG(14) W 25	4	PA,SP,PR,ST,QL
VARENICLINE ORAL TABLETS 10MG W 30	4	PA,SP,PR,ST,QL

**ANTI-INFLAMMATORY AGENTS**

**9. ANTI-INFLAMMATORY AGENTS GLUCOCORTICOIDS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEXAMETHASONE ORAL TABLETS 0.5MG 30	1	
DEXAMETHASONE ORAL TABLETS 0.75MG 30	1	
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 8MG 2ML	1	
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 4MG 2ML	1	
DEXAMETHASONE ORAL TABLETS 4MG 10	1	
METHYLPREDNISOLONE IM/INSIDE JOINT INYECTABLE SOLUTION 40MG/1ML 2ML	2	
PREDNISOLONE OPHTHALMIC DROPS 10MG/1ML 5ML	2	
PREDNISOLONE ORAL SOLUTION 1MG/ML 120ML	3	
PREDNISOLONE ORAL TABLETS 20MG 30	1	
PREDNISOLONE ORAL TABLETS 5MG 30	1	
PREDNISONE ORAL TABLETS 50MG 20	1	
TRIAMCINOLONE NASAL SPRAY 55MCG 16.5ML	2	
BETAMETHASONE ORAL DROPS 0.5MG/ML 60ML	3	
DEXAMETHASONE PARENTERALINJECTABLE SOLUTION 8MG/2ML 1	1	

<b>PREDINSONE</b> ORAL SOLUTION 1MG 120ML	<b>2</b>	
<b>BETAMETHASONE</b> IM/INSIDE JOINT INJECTABLE SUSPENSION 5MG/2MG X ML 1	<b>1</b>	
<b>LORATADINE/BETAMETHASONE</b> ORAL TABLETS 5MG/0.25MG W 10	<b>1</b>	
<b>BETAMETHASONE</b> TOPIC CREAM 0.1/100G 40G	<b>3</b>	
<b>LORATADINE/BETAMETHASONE</b> ORAL TABLETS 5MG/0.25MG 10	<b>1</b>	

## 10. ANTI-INFLAMMATORY AGENTS NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ACECLOFENAC</b> ORAL TABLET 100 MG W 40	<b>2</b>	
<b>ACEMETACINE</b> ORAL CAPSULES 90MG 14	<b>2</b>	
<b>DEXKETOPROFEN</b> ORAL TABLETS 25MG 10	<b>2</b>	
<b>DICLOFENAC</b> ORAL DROPS 15MG/ML 20ML	<b>2</b>	
<b>IBUPROFEN</b> ORAL CAPSULES 600MG 10	<b>1</b>	
<b>IBUPROFEN</b> ORAL CAPSULES 400MG 10	<b>1</b>	
<b>KETOPROFEN/ACETAMINOPHEN</b> ORAL TABLETS 100MG/300MG 12	<b>2</b>	
<b>LISINE</b> ORAL TABLETS 125MG 10	<b>1</b>	
<b>LISINE</b> ORAL TABLETS 250MG 10	<b>1</b>	
<b>MELOXICAM</b> ORAL TABLETS 7.5MG 20	<b>1</b>	
<b>MELOXICAM</b> ORAL CAPSULES 15MG 20	<b>1</b>	
<b>NAPROXEN</b> ORAL CAPSULES 275 MG 20	<b>1</b>	

## ANTIBACTERIALS

### 11. ANTIBACTERIALS AMINOGLYCOSIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMIKACINE</b> IV/IM INYECTIONAL SOLUTION 500MG 2ML	<b>2</b>	
<b>AMIKACINE</b> IV/IM INYECTIONAL SOLUTION 1G 4ML	<b>2</b>	
<b>GENTAMICINE</b> IV/IM SOLUTION 160MG/2ML 1	<b>3</b>	
<b>GENTAMICINE</b> IM/IV INYECTIONAL SOLUTION 80MG X 2ML 1	<b>3</b>	



<b>GENTAMICIN</b> IM/IVINYECTIONAL SOLUTION 160MG X 2ML 1	<b>2</b>	
<b>GENTAMICINE</b> PARENTERAL INYECTIONAL SOLUTION 160MG/2ML 2ML	<b>2</b>	
<b>GENTAMICINE</b> PARENTERAL INYECTIONAL SOLUTION 80MG/1ML 1ML	<b>2</b>	

## 12. ANTIBACTERIALS, OTHER

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>AMOXICILLIN</b> ORAL CAPSULES 500MG 15	<b>1</b>	
<b>AMOXICILLIN</b> ORAL TABLETS 875MG 10	<b>1</b>	
<b>AMOXICILLIN</b> ORAL SUSPENSION 500MG 75ML	<b>1</b>	
<b>AMOXICILLIN</b> ORAL SUSPENSION 400MG/5ML 50ML	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL TABLET 875/125MG 14	<b>1</b>	
<b>AMOXICILLIN</b> ORAL TABLET 750MG 12	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL SUSPENSION 200MG/28.57MG 70ML	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL SUSPENSION 250MG/62.5MG/5ML 70ML	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL SUSPENSION 400MG/57MG/5ML 70ML	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL TABLETS 500MG/125MG 15	<b>1</b>	
<b>AMOXICILLIN/CLAVULANIC ACID</b> ORAL TABLETS 875/125MG 14	<b>1</b>	
<b>AMOXICILLIN/SULBACTAM</b> ORAL SOLUTION 200MG/50MG/1ML 30ML	<b>2</b>	
<b>AMPICILLIN</b> ORAL TABLET 1G 12	<b>2</b>	
<b>AMPICILLIN</b> ORAL CAPSULES 500MG 20	<b>1</b>	
<b>BENZATHINE PENICILLIN</b> INTRAMUSCULAR SOLUTION 800000UI/2ML 2ML	<b>1</b>	
<b>CEFALEXIN</b> ORAL SUSPENSION 125MG/5ML 100ML	<b>1</b>	
<b>CEFUROXIME</b> ORAL SUSPENSION 250MG/5ML 50ML	<b>1</b>	
<b>CEFUROZIME</b> ORAL SUSPENSION 125MG/5ML 50ML	<b>1</b>	
<b>CLARITHROMYCIN</b> ORAL TABLETS 500MG 14	<b>1</b>	
<b>CLINDAMYCIN</b> VAGINAL PRESENTATION 100MG 7	<b>1</b>	
<b>DICLOXACILLIN</b> ORAL SUSPENSION 125MG/5ML 90ML	<b>1</b>	

### 13. ANTIBACTERIALS BETA-LACTAM, CEPHALOSPORINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CEFALEXIN</b> ORAL CAPSULES 250MG 24	2	
<b>CEFALEXIN</b> ORAL TABLETS 500 MG 12	2	
<b>CEFIXIME</b> ORAL SUSPENSION 100MG/5ML 50ML	2	
<b>CEFTRIAZONE</b> INTRAMUSCULAR SOLUTION 1G/3.5ML3.5ML	2	
<b>CEFTRIAZONE</b> INTRAMUSCULAR INYECTABLE SOLUTION 500MG/2ML 2ML	2	
<b>CEFUROXIME</b> ORAL TABLETS 500MG 10	1	

### 14. ANTIBACTERIALS BETA-LACTAM, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CEFIXIME</b> ORAL CAPSULES 200MG 12	3	
<b>CEFOTAXIME</b> INTRAMUSCULAR SOLUTION 1G/4ML 1 AMP	3	

### 15. ANTIBACTERIALS BETA-LACTAM, PENICILLINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMOXICILLINE</b> ORAL SUSPENSION 250MG/5ML 75ML	1	
<b>AMPICILLIN</b> ORAL ORAL SUSPENSION 250MG 90ML	1	
<b>BENCILPENICILLIN</b> IV/IM INYECTABLE SOLUTION 1000000/2ML 2ML	1	
<b>BENZATHINE/PROCAINE/SODIUM BENZYL PENICILLIN</b> INTRAMUSCULAR INYECTABLE SOLUTION 600,000U/300,000U/300,000U 1X3ML	1	
<b>PENICILLIN G</b> INTRAMUSCULAR INYECTABLE SOLUTION 300000UI/500MG 1	1	

### 16. ANTIBACTERIALS MACROLIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AZITHROMYCIN</b> ORAL TABLETS 500MG 3	1	
<b>CLARITROMICINA</b> ORAL TABLETS 500MG 10	2	
<b>ERYTHROMYCIN</b> ORAL TABLETS 500MG 20	2	

## 17. ANTIBACTERIALS QUINOLONES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CIPROFLOXACIN</b> ORAL TABLETS 500MG W 14	1	
<b>CIPROFLOXACIN</b> ORAL CAPSULES 250MG 12	1	
<b>CIPROFLOXACIN</b> ORAL TABLET 1G 7	3	
<b>MOXIFLOXACIN</b> ORAL TABLET 400MG 7	2	
<b>GATIFLOXACIN</b> OPHTHALMIC DROPS 3.0MG/1ML 5ML	1	
<b>LEVOFLOXACIN</b> ORAL TABLETS 500MG 7	3	
<b>LEVOFLOXACIN</b> ORAL TABLETS 750MG 7	2	
<b>MOXIFLOXACIN</b> ORAL TABLETS 400MG 7	2	
<b>NORFLOXACIN</b> ORAL TABLETS 400MG 20	2	
<b>OFLOXACIN</b> ORAL TABLETS 400MG 8	1	
<b>OFLOXACIN</b> ORAL TABLETS 200MG 14	1	

## 18. ANTIBACTERIALS SULFONAMIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>SULFAMETOXAZOL/TRIMETROM</b> ORAL TABLETS 80/400MG 30	1	
<b>SULFAMETOXAZOL/TRIMETROPIM</b> ORAL SUSPENSION 200MG/40 MG/5ML 120ML	1	
<b>SULFAMETOXAZOL/TRIMETROPIM</b> ORAL TABLETS 160MG/800MG 14	1	
<b>SULFAMETOXAZOL/TRIMETROPIM</b> ORAL PILLS 80/400MG 30	1	

## 19. ANTIBACTERIALS TETRACYCLINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DOXYCYCLINE</b> ORAL TABLETS 100MG 28	1	
<b>LYMECYCLINE</b> ORAL CAPSULES 150MG 32	3	
<b>LYMECYCLINE</b> ORAL CAPSULES 300MG 20	3	
<b>MINOCYCLINE</b> ORAL TABLETS 50MG 24	2	
<b>TETRACYCLINE</b> ORAL TABLETS 250MG 20	2	

## ANTICONVULSANTS

### 20. ANTICONVULSANTS , OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
PREGABALIN ORAL TABLETS 150MG 28	2	
PREGABALIN ORAL TABLETS 75MG 14	2	
PREGABALIN ORAL CAPSULES 300MG 28	3	
PREGABALIN ORAL TABLETS 75MG 28	2	

### 21. ANTICONVULSANTS CALCIUM CHANNEL MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVETIRACETAM ORAL TABLETS 1G 30	3	
PREGABALINA ORAL TABLETS 150MG 14	3	
MAGNESIUM VALPROATE ORAL TABLET 200MG 40	1	

### 22. ANTICONVULSANTS GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
OXCARBAZEPINE ORAL TABLETS 300MG 20	2	
OXCARBAZEPINE ORAL TABLETS 600MG 20	2	
OXCARBAZEPINE ORAL TABLET 300MG 30	3	
OXCARBAZEPINE ORAL TABLETS 600MG 30	3	

### 23. ANTICONVULSANTS GLUTAMATE REDUCING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVETIRACETAM EXITEL 500MG C30T MEDI EXC	3	
LEVETIRACETAM ORAL TABLETS 500MG 30	3	
LEVETIRACETAM ORAL SOLUTION 100MG/1ML 300ML	3	
LEVETIRACETAM LEVEXX 1000MG C30T	3	

## 24. ANTICONVULSANTS SODIUM CHANNEL AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MAGNESIUM VALPROATE</b> ORAL TABLETS 400MG 20	1	
<b>MAGNESIUM VALPROATE</b> ORAL TABLETS 600MG 20	2	
<b>MAGNESIUM VALPROATE</b> ORAL ORAL SUSPENSION 4G/100ML 100ML	1	
<b>MAGNESIUM VALPROATE</b> ORAL SOLUCION 100MG/1ML 100ML		
<b>MAGNESIUM VALPROATE</b> ORAL TABLETS 200MG 40	1	

## ANTIDEMENTIA AGENTS

### 25. ANTIDEMENTIA AGENTS ANTIDEMENTIA AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MEMANTINE</b> ORAL TABLETS 20MG W 28	4	PA, SP,PR

### 26. ANTIDEMENTIA AGENTS CHOLINESTERASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MEMANTINE</b> ORAL TABLETS 20MG 28	4	PA,SP,PR,ST,QL

### 27. ANTIDEMENTIA AGENTS N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MEMANTINE</b> ORAL TABLETS 20MG W 28	4	PA, SP,PR

## ANTIDEPRESSANTS

### 28. ANTIDEPRESSANTS, ANTIDEPRESSANTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CITALOPRAM</b> ORAL TABLETS 20MG 30	2	
<b>CITALOPRAM BROMHIDRATO DE</b> ORAL TABLET 20MG 14	1	
<b>DESVENLAFAXINA</b> ORAL TABLETS 50MG 28	3	
<b>DESVENLAFAXINA</b> ORAL TABLETS 100MG 28	3	

<b>DULOXETINE</b> ORAL CAPSULES 60MG 28	<b>3</b>	
<b>ESCITALOPRAM</b> ORAL TABLETS 20MG 28	<b>1</b>	
<b>FLUOXETINA</b> ORAL CAPSULES 20MG 28	<b>2</b>	

## 29. ANTIDEPRESSANTS MONOAMINE OXIDASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for NA

## 30. ANTIDEPRESSANTS SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FLUOXETINE</b> ORAL CAPSULES 20MG 14	<b>2</b>	
<b>FLUVOXAMINE</b> ORAL TABLETS 100MG W 30	<b>3</b>	
<b>PAROXETINE</b> ORAL TABLETS 20MG 10	<b>3</b>	
<b>PAROXETINE</b> ORAL TABLETS 20MG 20	<b>3</b>	
<b>PAROXETINE</b> ORAL TABLETS 25MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>SERTRALINE</b> ORAL TABLETS 50MG 14	<b>2</b>	
<b>SERTRALINE</b> ORAL TABLETS 50MG 28	<b>2</b>	
<b>VENLAFAXINE</b> ORAL CAPSULES 75MG 20	<b>2</b>	
<b>DULOXETINE</b> ORAL CAPSULES 30MG 7	<b>3</b>	
<b>ESCITALOPRAM</b> ORAL TABLETS 10MG 14+14	<b>2</b>	
<b>ESCITALOPRAM</b> ORAL TABLETS 10MG 28	<b>2</b>	

## 31. ANTIDEPRESSANTS TRICYCLICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMITRIPTILINE</b> ORAL TABLETS 50 MG 20	<b>1</b>	
<b>AMITRIPTYLINE/PERPHENAZINE/DIAZ EPAM</b> ORAL TABLETS 10MG/2MG/3MG 30	<b>1</b>	
<b>CARBAMAZEPINE</b> ORAL SUSPENSION 2G/100ML 100ML	<b>1</b>	
<b>CARBAMAZEPINE</b> ORAL TABLETS 200MG 30	<b>1</b>	
<b>DOXEPIN</b> ORAL CAPSULES 25MG 20	<b>1</b>	
<b>IMIPRAMINE</b> ORAL TABLETS 25MG 20	<b>1</b>	

## ANTIEMETICS

### 32. ANTIEMETICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
APREPITAN ORAL CAPSULES 125MG 1	4	PA,SP,PR,ST,QL
DIFENIDOL ORAL TABLETS 25MG 25	1	
DIMENHYDRINATE RECTAL 25MG 4	1	
DIMENHYDRINATE IM/IV INYECTABE SOLUTION 50MG/ML 3	1	
DIMENHYDRINATE ORAL TABLETS 50MG 24	1	
METOCLOPRAMIDE ORAL DROPS 400MG 20ML	1	
METOCLOPRAMIDE ORAL TABLET 10MG 20	1	
METOCLOPRAMIDE ORAL DROPS 100MG 100ML	1	
METOCLOPRAMIDE ORAL TABLETS 15MG 20	1	

### 33. ANTIEMETICS EMETOGENIC THERAPY ADJUNCTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DOMPERIDONE ORAL TABLETS 10MG 30	3	
ONDANSETRON ORAL TABLETS 8MG 10	4	PA,SP,PR,ST,QL
DIFENIDOL IV/IM INYECTABLE SOLUTION 20MG/1ML 2X2ML	1	

## ANTIFUNGALS

### 34. ANTIFUNGALS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CLINDAMYCIN/KETOCONAZOLE VAGINAL CREAM 2G/8G POR 100G30G	2	
CLOTRIMAZOL VAGINAL PRESENTATION 200MG 3 OVU	2	
FLUCONAZOL ORAL CAPSULES 100MG 10	2	
FLUCONAZOL ORAL TABLETS 150MG 1	2	
FLUCONAZOL ORAL CAPSULES 150MG 1	2	
FLUCONAZOL/TINIDAZOL FLUCONAZOL/TINIDAZOLE ORAL TABLETS 37.5MG/500MG 4	3	

<b>ITRACONAZOL</b> ORAL CAPSULES 100MG 15	<b>2</b>	
<b>ITRACONAZOL</b> ORALCAPSULES 100MG 6+6	<b>2</b>	
<b>KETANSERINA/MICONAZOL/METRONIDAZOL</b> VAGINAL PRESENTATION 36MG/100MG/500MG 10	<b>1</b>	
<b>KETANSERINA</b> TOPIC CREAM 2G/100G 79	<b>2</b>	
<b>KETOCONAZOL</b> TOPIC CREAM 20MG 40G	<b>1</b>	
<b>METRONIDAZOL/MICONAZOL</b> VAGINAL PRESENTATION 750MG/200MG 7	<b>1</b>	
<b>METRONIDAZOL/NISTATINA</b> VAGINAL PRESENTATION 500MG/100000U 10	<b>1</b>	
<b>MICONAZOL</b> ORAL GEL 0.02 78ML	<b>1</b>	
<b>NIFURATEL/NISTATINA</b> VAGINAL PRESENTATION 500MG/200000U 6	<b>1</b>	

### ANTIGOUT

#### 35. ANTIGOUT AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ALOPURINOL</b> ORAL TABLETS 300MG 20	<b>1</b>	
<b>ALOPURINOL</b> ORAL TABLETS 100MG 60	<b>1</b>	
<b>ALOPURINOL</b> ORAL TABLETS 300MG 30	<b>1</b>	
<b>COLCHICINE</b> ORA TABLETS 1MG 20	<b>2</b>	

### ANTIMIGRAINE AGENTS

#### 36. ANTIMIGRAINE AGENTS ERGOT ALKALOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ACETAMINOPHEN ACETANILI/ CAFFEINE</b> ORAL TABLETS 400MG/150MG/100MG/50MG 20	<b>2</b>	
<b>IBUPROFEN/CAFFEINE</b> ORAL CAPSULES 400MG/100MG 10	<b>2</b>	

#### 37. ANTIMIGRAINE AGENTS PROPHYLACTIC

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>IBUPROFEN</b> 600 MG W 10C	<b>1</b>	
<b>ACETAMINOPHEN</b> 1G W 20T	<b>1</b>	



### 38. ANTIMIGRAINE AGENTS SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DIHIDROERGOTAMINE/CAFFEIN/PROPIFENAZONE</b> ORAL TABLET 0.5MG/40MG/125MG 30	3	
<b>ERGOTAMINA/CAFEINA</b> ORAL PILLS 1MG/100MG 20	1	
<b>ZOLMITRIPTAN</b> ORAL TABLETS 2.5MG 2	4	PA,SP,PR,ST,QL
<b>SUMATRIPTAN</b> ORAL TABLET 100MG 2	4	PA,SP,PR,ST,QL
<b>ELETRIPTAN</b> ORAL TABLETS 40 MG 2	4	PA,SP,PR,ST,QL

### ANTIMYASTHENIC AGENTS

### 39. ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ATROPINE OPHTHALMIC DROPS</b> 1G/100ML 15ML	1	
<b>PILOCARPINE OPHTHALMIC DROPS</b> 2G/100ML 15ML	1	

### ANTIMYCOBACTERIALS

### 40. ANTIMYCOBACTERIALS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>PIRAZINAMIDA/ETAMBUTOL, RIFAMPICIN/ISONIAZID/PYRAZINAMIDE/ETHAMBUTOL</b> ORAL TABLETS 150MG/75MG/400MG/300MG 240	4	PA,SP,PR,ST,QL
<b>ISONIAZID/RIFAMPICIN</b> ORAL TABLET 200/150MG 24	3	

### 41. ANTIMYCOBACTERIALS ANTITUBERCULARS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMOXICILLIN/SULBACTAM</b> ORAL SUSPENSION 200MG/50MG/5ML 60ML	4	PA,SP,PR,ST,QL
<b>AMOXICILLIN/SULBACTAM</b> ORAL TABLET 875/125MG 14	4	PA,SP,PR,ST,QL
<b>AMOXICILIN/SULBACTAM</b> ORAL PILLS	4	PA,SP,PR,ST,QL

500/500MG 16		
<b>LEVOFLOXACIN</b> ORAL TABLET 500MG 7	<b>3</b>	
<b>MOXIFLOXACIN</b> ORAL TABLET 400MG 7	<b>3</b>	
<b>RIFAMPICINA/ISONIAZIDA</b> ORAL CAPSULES 150MG/200MG 24	<b>3</b>	

## ANTINEOPLASTICS

### 42. ANTINEOPLASTICS ALKYLATING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CHLORAMBUCIL</b> ORAL TABLETS 2MG 25	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### 43. ANTINEOPLASTICS ANTI ANDROGENS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BICALUTAMIDE</b> ORAL TABLETS 50MG 28	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>FINASTERIDE</b> ORAL TABLETS 1MG 28	<b>1</b>	
<b>MEDROXYPROGESTERONE</b> INTRAMUSCULAR INJECTABLE SUSPENSION 150MG 1ML	<b>2</b>	
<b>MEDORXYPROGESTERONE</b> ORAL TABLETS 10MG 10	<b>2</b>	
<b>MEDROXYPROGESTERONE</b> ORAL TABLETS 5MG 24	<b>2</b>	

### 44. ANTINEOPLASTICS ANTI ANGIOGENIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CERTOLIZUMAB PEGOL</b> SUBCUTANEOUS INJECTABLE SOLUTION 200MG/ML 2	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### 45. ANTINEOPLASTICS ANTIESTROGENS/MODIFIERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>RALOXIFENE</b> ORAL TABLETS 60MG 28	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>TAMOXIFEN</b> ORAL TABLETS 20MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>TAMOXIFEN</b> ORAL TABLETS 20MG 20	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>TAMOXIFEN</b> ORAL TABLETS 10MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

#### 46. ANTINEOPLASTICS ANTIMETABOLITES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>METHOTREXATE</b> ORAL TABLETS 2.5MG 100	4	PA,SP,PR,ST,QL

#### 47. ANTINEOPLASTICS ANTINEOPLASTICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DEXRAZOXANE</b> IV INJECTABLE SOLUTION 500MG 1	4	PA,SP,PR,ST,QL
<b>EPIRUBICIN</b> IV INYECTABLE SOLUTION 50MG/25ML (2MG/ML) 1	4	PA,SP,PR,ST,QL
<b>PACLITAXEL</b> IV INYECTABLE SOLUTION 30MG/5ML1X5ML	4	PA,SP,PR,ST,QL
<b>RALOXIFENE</b> ORAL TABLETS 60MG 28	4	PA,SP,PR,ST,QL

#### 48. ANTINEOPLASTICS AROMATASE INHIBITORS, 3RD GENERATION

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>TAMOXIFEN</b> ORAL TABLETS 10MG 30	4	PA,SP,PR,ST,QL
<b>TAMOXIFEN</b> ORAL TABLETS 20MG 30	4	PA,SP,PR,ST,QL
<b>TAMOXIFEN</b> ORAL TABLETS 2.5MG 20	4	PA,SP,PR,ST,QL

#### 49. ANTINEOPLASTICS ENZYME INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>HYDROXYUREA</b> ORAL TABLETS 500MG 100	4	PA,SP,PR,ST,QL

#### 50. ANTINEOPLASTICS MOLECULAR TARGET INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LEFLUNOMIDE</b> ORAL TABLETS 20MG 30	1	

#### 51. ANTINEOPLASTICS MONOCLONAL ANTIBODIES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>IMATINIB</b> ORAL TABLET 400MG W 30	4	PA, ST,SP,PR

## 52. ANTINEOPLASTICS RETINOIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ISOTRETINOIN</b> ORAL CAPSULES 20MG 30	4	PA,SP,PR,ST,QL
<b>ISOTRETINOIN</b> TOPIC GEL 0.05 30G	3	

## ANTIPARASITICS

### 53. ANTIPARASITICS ANTHELMINTICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ALBENDAZOLE</b> ORAL SUSPENSION 4G/100ML 10ML	1	
<b>ALBENDAZOLE</b> ORAL TABLETS 200MG 10	1	
<b>MEBENDAZOLE</b> ORAL SUSPENSION 20MG/1ML 30ML	1	
<b>MEBENDAZOL</b> ORAL TABLETS 500MG 1	1	
<b>MEBENDAZOL</b> ORAL TABLETS 100MG 6	1	
<b>MEBENDAZOL/QUINFAMIDA</b> 300/150MG 2	1	

### 54. ANTIPARASITICS ANTIPROTOZOALS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>METRONIDAZOLE</b> ORAL SUSPENSION 250MG 120ML	1	
<b>METRONIDAZOLE</b> ORAL TABLETS 500MG 30	1	
<b>METRONIDAZOLE</b> TOPICAL 0.0075 30	2	
<b>NIFUROZAXIDA/METRONIDAZOLE</b> ORAL CAPSULES 200/600MG 20	1	
<b>NIFUROZAXIDA/METRONIDAZOLE</b> ORAL SUSPENSION 4G/5G/100MG 120	1	
<b>QUINFAMIDA</b> ORAL TABLETS 300MG 1	1	
<b>QUINFAMIDA</b> ORAL SUSPENSION 10MG/1ML 30ML	1	
<b>SECNIDAZOLE</b> ORAL TABLETS 500MG 8	1	
<b>METRONIDAZOLE/DIYODOHIDROXIQUI NOLEIN</b> ORAL CAPSULES 400/200MG 30	1	
<b>METRONIDAZOLE/DIYODOHIDROXIQUI NOLEIN</b> ORAL TABLETS 250/325MG 60	1	

## 55. ANTIPARASITICS PEDICULICIDES/SCABICIDES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
IVERMECTIN ORAL TABLETS 6MG 4	1	
PERMETHRIN TOPIC CREAM 5G/100G 60G	1	
PERMETHRIN TOPIC EMULSION 5G/100ML 120	1	

## ANTIPARKINSON AGENTS

### 56. ANTIPARKINSON AGENTS ANTICHOLINERGICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVODOPA/CARBIDOPA ORAL TABLETS 250MG/25MG 30	4	PA,SP,PR,ST,QL

### 57. ANTIPARKINSON AGENTS ANTIPARKINSON AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CITICOLINE ORAL TABLET 500MG 20	4	PA,SP,PR,ST,QL

### 58. ANTIPARKINSON AGENTS DOPAMINE AGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CITIDIN 5'-MONOFOSFATO/URIDIN 5'-MONOFOSFATO CITIDIN 5'-MONOFOSPHATE/URIDIN 5'-MONOFOSPHATE ORAL CAPSULES 5/3MG 30	4	PA,SP,PR,ST,QL
LEVODOPA/BENSERAZIDAL ORAL TABLET 100MG/25MG 30	4	PA,SP,PR,ST,QL
PRAMIPEXOLE (LP) ORAL TABLETS 1.5MG 30	4	PA,SP,PR,ST,QL
PRAMIPEXOLE (LP) ORAL TABLETS 3MG 30	4	PA,SP,PR,ST,QL

### 59. ANTIPARKINSON AGENTS DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVODOPA/CARBIDOPA ORAL TABLETS 250MG/5MG 30	4	PA,SP,PR,ST,QL
LEVODOPA/BENSERAZIDA ORAL TABLETS 100/25MG	4	PA,SP,PR,ST,QL

## 60. ANTIPARKINSON AGENTS MONOAMINE OXIDASE B (MAO-B) INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for NA

## ANTIPSYCHOTICS

### 61. ANTIPSYCHOTICS 1ST GENERATION/TYPICAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LEVOMEPROMAZINE ORAL TABLET 25MG 20	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 10MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 5MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLETS 10MG 14	4	PA,SP,PR,ST,QL
RISPERIDONE ORAL TABLETS 1MG 20	2	
RISPERIDONE ORAL TABLETS 2MG 20	2	
RISPERIDONE ORAL SOLUTION 100MG X 100ML 60ML	2	
TRIFLUOPERAZINE ORAL TABLETS 5MG 30	4	PA,SP,PR,ST,QL

### 62. ANTIPSYCHOTICS 2ND GENERATION/ATYPICAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
OLANZAPINE ORAL TABLET 5MG 14	4	PA,SP,PR,ST,QL
OLANZAPINE ORAL TABLET 10MG 14	4	PA,SP,PR,ST,QL
RISPERIDONE 2MG C20T	1	

### 63. ANTIPSYCHOTICS TREATMENT-RESISTANT

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
LITHIUM ORAL TABLETS 300MG W 50	2	

## ANTISPASTICITY AGENTS

### 64. ANTISPASTICITY AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>TIZANIDINE</b> ORAL TABLETS 2MG 20	<b>2</b>	
<b>TIZANIDINE</b> CLORHIDRATO DE ORAL PILLS 6MG 10	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

## ANTIVIRALS

### 65. ANTIVIRALS ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>VALANCICLOVIR</b> ORAL TABLETS 500MG 10	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### 66. ANTIVIRALS ANTI-HEPATITIS B (HBV) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>RITONAVIR</b> ORAL CAPSULES 100MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ENTECAVIR</b> ORAL TABLET 0.5MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ETAMCITRABINE/TENOFOVIR</b> ORAL TABLET 200MG/300MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### 67. ANTIVIRALS ANTI-HEPATITIS C (HBC) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>PEGINTERFERON ALPHA 2A</b> INYECTABLE SOLUTION 180MCG/0.5ML 1	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### 68. ANTIVIRALS ANTI-HIV AGENTS, NON- NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>NEVIRAPINE</b> ORAL TABLETS 200MG 60	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>LAMIVUDINE</b> ORAL SOLUTION 1G/100ML 240ML	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ZIDOVUDINA</b> ORAL SOLUTION 50MG 240ML	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**69. ANTIVIRALS ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ABACAVIR</b> ORAL TABLETS 300MG 60	4	PA,SP,PR,ST,QL
<b>LAMIVUDINE</b> ORAL ORAL SOLUTION 1G/100ML 240ML	4	PA,SP,PR,ST,QL
<b>RIBAVIRIN</b> ORAL CAPSULES 400MG 18	4	PA,SP,PR,ST,QL
<b>RIBAVIRIN</b> TOPIC CREAM 7.5G X 100G 15G	4	PA,SP,PR,ST,QL
<b>ZIDOVUDINE</b> ORAL ORAL SOLUTION 50MG 240ML	4	PA,SP,PR,ST,QL
<b>RIBAVIRIN</b> ORAL CAPSULES 400MG 18	4	PA,SP,PR,ST,QL

**70. ANTIVIRALS ANTI-HIV AGENTS, INTEGRASE INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for NA

**71. ANTIVIRALS ANTI-HIV AGENTS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>RIBAVIRIN</b> ORAL CAPSULES 400MG W 18	4	PA,SP,PR,ST,QL

**72. ANTIVIRALS ANTI-HIV AGENTS, PROTEASE INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ATAZANAVIR</b> ORAL CAPSULES 300MG 30	4	PA,SP,PR,ST,QL
<b>ATAZANAVIR</b> ORAL CAPSULES 200MG 60	4	PA,SP,PR,ST,QL
<b>BOCEPREVIR</b> ORAL CAPSULES 200MG 24	4	PA,SP,PR,ST,QL
<b>DARUNAVIR</b> ORAL TABLET 600MG 60	4	PA,SP,PR,ST,QL

**73. ANTIVIRALS ANTI-INFLUENZA AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN</b> ORAL CAPSULES 50/3/300MG 24	1	
<b>AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN</b> ORAL SOLUTION 60ML 60ML	1	



<b>OSELTAMIVIR</b> ORAL CAPSULES 75MG 10	<b>1</b>	
<b>AMANTADINE/CHLORPHENAMINE/ACE TAMINOPHEN</b> ORAL ORAL SOLUTION 0.5/0.20/3G 30ML	<b>1</b>	

#### 74. ANTIVIRALS ANTIHERPETIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ACICLOVIR</b> ORAL TABLET 200MG 25	<b>1</b>	
<b>ACICLOVIR</b> TOPIC CREAM 2G 5% 2G	<b>1</b>	
<b>ACICLOVIR</b> ORAL SUSPENSION 4G/125ML 125ML	<b>1</b>	
<b>ACICLOVIR</b> ORAL TABLETS 400MG 35	<b>3</b>	
<b>ACICLOVIR</b> TOPIC SOLUTION 5G/100ML 50ML	<b>1</b>	
<b>ACICLOVIR</b> TOPIC CREAM 5G 5% 5G	<b>1</b>	
<b>ACICLOVIR</b> TOPIC CREAM 30MG/1G 7G	<b>1</b>	

### ANXIOLYTICS

#### 75. ANXIOLYTICS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ALPRAZOLAM</b> ORAL TABLETS 1MG 30	<b>1</b>	
<b>ALPRAZOLAM</b> ORAL TABLETS 0.50MG 30	<b>1</b>	
<b>BROMAZEPAM</b> ORAL TABLETS 3MG 30	<b>2</b>	

#### 76. ANXIOLYTICS SSRI/SNRI (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FLUOXETINE</b> ORAL TABLETS 20MG 14	<b>2</b>	
<b>PAROXETINE</b> ORAL TABLETS 20MG 10	<b>2</b>	
<b>SERTRALINE</b> ORAL TABLETS 50MG 28	<b>2</b>	
<b>DULOXETINE</b> ORAL CAPSULES 30MG 7	<b>2</b>	
<b>FLUOXETINE</b> ORAL TABLETS 20MG 20	<b>2</b>	

#### 77. ANXOLYTICS BENZODIAZEPINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ALPRAZOLAM</b> ORAL TABLETS 1MG 90	<b>2</b>	

<b>BROMAZEPAM</b> ORAL TABLETS 3MG 30	<b>2</b>	
<b>BROMAZEPAM</b> ORAL TABLETS 6MG 30	<b>3</b>	

### **BIPOLAR AGENTS**

#### **78. BIPOLAR AGENTS BIPOLAR AGENTS, OTHER**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>VALPROIC ACID</b> ORAL TABLETS 250MG 60	<b>2</b>	
<b>VALPROIC ACID</b> ORAL TABLETS 500MG 30	<b>2</b>	
<b>LAMOTRIGINE</b> ORAL TABLETS 100MG 28	<b>3</b>	
<b>LAMOTRIGINE</b> ORAL TABLETS 25MG 28	<b>3</b>	
<b>RISPERIDONE</b> ORAL TABLETS 1MG 20	<b>2</b>	
<b>RISPERIDONE</b> ORAL TABLETS 2MG 20	<b>2</b>	

#### **79. BIPOLAR AGENTS MOOD STABILIZERS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>VALPROIC ACID</b> ORAL TABLETS 500MG 30	<b>2</b>	
<b>CARBAMAZEPINE</b> ORAL SUSPENSION 2G/100ML 100ML	<b>2</b>	
<b>CARBAMAZEPINE</b> ORAL TABLET 200MG 30	<b>2</b>	
<b>GABAPENTINA</b> ORAL CAPSULES 300MG 30	<b>2</b>	
<b>LAMOTRIGINE</b> ORAL TABLETS 5MG 28	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

### **BLOOD GLUCOSE REGULATORS**

#### **80. BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>METFORMIN</b> ORAL TABLETS 850MG 30	<b>1</b>	
<b>METFORMIN</b> ORAL TABLETS 1000MG 30	<b>1</b>	
<b>METFORMIN/ GLIBENCLAMIDE</b> ORAL	<b>1</b>	

TABLETS 500/5MG 60		
<b>METFORMINA/GLIMEPIRIDE ORAL</b> TABLETS 1000MG/2MG 16	<b>1</b>	
<b>METFORMIN/GLIMEPIRIDE OTAL</b> TABLETS 1000MG/4MG 15	<b>1</b>	
<b>GLIMEPIRIDE ORAL TABLETS 5MG 15</b>	<b>1</b>	
<b>LINAGLIPTIN ORAL TABLETS 5MG 30</b>	<b>1</b>	
<b>METFORMIN/LINAGLIPTIN ORAL</b> TABLETS 1000MG/2.5MG 30	<b>1</b>	
<b>PIOGLITAZONE ORAL TABLETS 15MG</b> 28	<b>1</b>	
<b>PIOGLITAZONE ORAL TABLETS 15 MG</b> 7	<b>1</b>	
<b>PIOGLITAZONA ORAL TABLETS 15MG</b> 30	<b>1</b>	
<b>METFORMIN/PIOGLITAZONE ORAL</b> TABLETS 850MG/15MG 28	<b>3</b>	
<b>METFORMIN ORAL TABLET 500MG 60</b>	<b>1</b>	
<b>METFORMIN ORAL TABLET 500MG 30</b>	<b>1</b>	
<b>METFORMIN/SAXAGLIPTINE ORAL</b> TABLET 1000MG/5MG 28	<b>1</b>	
<b>GLIBENCLAMIDE ORAL TABLETS 5MG</b> 50	<b>1</b>	
<b>METFORMIN/GLIBENCLAMIDE ORAL</b> TABLET 500MG/5MG 60	<b>1</b>	
<b>METFORMINA/GLIBENCLAMIDE ORAL</b> TABLET 500MG/2.5MG 30	<b>1</b>	
<b>METFORMIN/LINAGLIPTIN ORAL</b> TABLETS 500MG/2.5MG 30	<b>3</b>	
<b>METFORMIN/LINAGLIPTIN ORAL</b> TABLETS 850MG/2.5MG 30	<b>3</b>	
<b>METFORMIN (PROLONGED</b> <b>LIBERATION) ORAL TABLETS 750MG</b> 30	<b>1</b>	
<b>METFORMIN (PROLONGED</b> <b>LIBERATION) ORAL TABLETS 500MG</b> 60	<b>1</b>	
<b>METFORMIN (PROLONGED</b> <b>LIBERATION) ORAL TABLETS 500MG</b> 30	<b>1</b>	

## 81. BLOOD GLUCOSE REGULATORS GLYCEMIC AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for ER

## 82. BLOOD GLUCOSE REGULATORS INSULINS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ASPARTIC INSULINSUBCUTANEOUS</b> INYECTION SOLUTION 100UI/ML 1	<b>2</b>	

<b>INSULINDEGLUDEC (PEN)</b> SUBCUTANEOUS INYECTIONAL SOLUTION 100UI/ML 1	<b>2</b>	
<b>INSULIN DEGLUDEC/LIRAGLUTIDE</b> SUBCUTANEOUS INYECTIONAL SOLUTION 100UI/3.6MG ML 1	<b>2</b>	
<b>INSULIN DETEMIR (PEN)</b> SUBCUTANEOUS INYECTIONAL SOLUTION 100UI/ML 1	<b>2</b>	
<b>INSULIN GLARGINE (PEN)</b> SUBCUTANEOUS INYECTIONAL SOLUTION 100UI/ML5	<b>2</b>	
<b>INSULIN GLARGIN (PEN)</b> SUBCUTANEOUS INYECTIONAL 100UI/3.6MG 1	<b>1</b>	
<b>HUMAN INSULIN LISPRO/INTERMEDIUM</b> SUBCUTANEOUS INYECTIONAL SOLUTION 50UI 3ML	<b>2</b>	
<b>HUMAN INSULIN LISPRO/INTERMEDIUM</b> SUBCUTANEOUS INYECTIONAL SOLUTION 25UI 3ML	<b>2</b>	
<b>HUMAN INSULIN LISPRO/INTERMEDIUM</b> SUBCUTANEOUS INYECTIONAL SOLUTION 25UI 10ML	<b>2</b>	
<b>HUMAN INSULIN LISPRO/INTERMEDIUM</b> SUBCUTANEOUS INYECTIONAL SOLUTION 25UI 2ML	<b>2</b>	
<b>INSULIN LISPRO (RECOMBINANT)</b> SUBCUTANEOUS SOLUTION 100UI/ML 10ML	<b>2</b>	
<b>INSULIN LISPRO (RECOMBINANT)</b> SUBCUTANEOUS SOLUTION 100UI/ML 1ML	<b>2</b>	

### **BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS**

#### **83. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS ANTICOAGULANTS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>APIXABAN</b> ORAL TABLETS 5MG 60	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ACENOCUMAROL</b> ORAL TABLET 4MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>CLOPIDOGREL</b> ORAL TABLETS 75MG 28	<b>2</b>	

#### **84. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS BLOOD FORMATION MODIFIERS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>RIVAROXABAN</b> ORAL TABLETS 20MG 28	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

#### **85. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS COAGULANTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CARBAZO /CHROMIUM /VITAMIN K</b> ORAL TABLETS 25MG/5MG 32	4	PA,SP,PR,ST,QL
<b>CARBAZO CROMO/VITAMIN K</b> ORAL SYRUP 100MG/30MG 200ML	4	PA,SP,PR,ST,QL
<b>ETHAMSYLATE</b> ORAL TABLET 500MG 20	2	

#### 86. BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS PLATELET MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CLOPIDOGREL</b> ORAL TABLET 75MG 28	4	PA,SP,PR,ST,QL
<b>CILOSTAZOL</b> ORAL TABLETS 100MG 30	4	PA,SP,PR,ST,QL
<b>DABIGATRAN</b> ORAL CAPSULES 110MG 30+30	4	PA,SP,PR,ST,QL
<b>DABIGATRAN</b> ORAL CAPSULES 115MG 30+30	4	PA,SP,PR,ST,QL
<b>ENOXAPARIN</b> SUBCUTANEOUS INYECTIONAL SOLUTION 60MG (6,000UI) 2	4	PA,SP,PR,ST,QL

### CARDIOVASCULAR AGENTS

#### 87. CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC AGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>METHYLDOPA</b> ORAL TABLETS 500MG 30	2	
<b>METHYLDOPA</b> ORAL TABLETS 250MG 50	2	
<b>CARVEDILOL</b> ORAL TABLET 25MG 14	3	

#### 88. CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMLODIPINO/VALSARTAN/HIDROCL</b> <b>OROTIAZIDE</b> ORAL TABLETS 10/320/25MG 28	3	
<b>AMLODIPINO/VALSARTAN/HIDROCL</b> <b>OROTIAZIDE</b> ORAL TABLET 5MG/160MG/12.5MG 28	3	
<b>IRBESARTAN</b> ORAL TABLETS 150MG 28	2	
<b>IRBESARTAN</b> ORAL TABLETS 150MG 28	2	

## 89. CARDIOVASCULAR AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LOSARTAN</b> ORAL TABLET 100MG W 30	1	
<b>LOSARTAN</b> ORAL TABLET 50MG 30	1	

## 90. CARDIOVASCULAR AGENTS ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CAPTOPRIL</b> ORAL TABLET 50MG 30	1	
<b>CAPTOPRIL</b> ORAL TABLET 25MG 30	1	
<b>ENALAPRIL</b> ORAL TABLETS 10MG 30+30	1	
<b>LISINOPRIL</b> ORAL TABLETS 5MG 28	1	
<b>LISINOPRIL</b> ORAL TABLETS 20MG 28	1	
<b>LISINOPRIL</b> ORAL TABLETS 10MG 28	1	

## 91. CARDIOVASCULAR AGENTS ANTIARRHYTHMICS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMIODARONE</b> ORAL TABLETS 200MG 20	2	
<b>ATENOLOL</b> ORAL TABLETS 50MG 28	2	
<b>DIGOXIN</b> ORAL TABLETS 0.25MG 60	2	
<b>NEBIVOLOL</b> ORAL TABLET 5MG 14	2	
<b>PROPAFENONE</b> ORAL TABLETS 150MG 30	2	
<b>PROPRANOLOL</b> ORAL TABLETS 40MG 30	2	
<b>AMIODARONE</b> ORAL TABLETS 200MG 30	2	
<b>VERAPAMIL</b> (PROLONGED LIBERATION) ORAL TABLETS 120MG 30	2	
<b>VERAPAMIL</b> (PROLONGED LIBERATION) ORAL TABLETS 80MG 30	2	

## 92. CARDIOVASCULAR AGENTS BETA-ADRENERGIC BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CARVEDILOL</b> ORAL TABLETS 25MG 14	2	
<b>ATENOLOL</b> ORAL TABLETS 100MG 28	3	

<b>BISOPROLOL FUMARATE</b> ORAL TABLETS 1.25MG 30	<b>4</b>	
<b>BISOPROLOL FUMARATE</b> ORAL TABLETS 2.5MG 30	<b>3</b>	
<b>BISOPROLOL FUMARATE</b> ORAL TABLETS 5MG 30	<b>2</b>	
<b>METOPROLOL</b> ORAL TABLETS 95MG 20	<b>1</b>	
<b>NEBIVOLOL</b> ORAL TABLETS 5MG 28	<b>2</b>	
<b>PROPRANOLOL</b> ORAL TABLETS 10MG 50	<b>3</b>	
<b>NEBIVOLOL</b> ORAL PILLS 5MG 28	<b>2</b>	

### 93. CARDIOVASCULAR AGENTS CALCIUM CHANNEL BLOCKING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMLODIPINE</b> ORAL CAPSULES 5MG 30	<b>1</b>	
<b>AMLODIPINE</b> ORAL TABLETS 5MG 30	<b>1</b>	
<b>AMLODIPINE/LOSARTAN</b> ORAL CAPSULES 5MG/100MG 14	<b>2</b>	
<b>AMLODIPINE/VALSARTAN</b> ORAL TABLETS 10MG/320MG 28	<b>2</b>	
<b>AMLODIPINE/VALSARTAN</b> ORAL TABLETS 5MG/160MG 28	<b>2</b>	
<b>FELODIPINE/METOPROLOL</b> ORAL TABLETS 5MG/47.5MG 14	<b>2</b>	
<b>NIFEDIPINE</b> ORAL CAPSULES 30MG 30	<b>1</b>	
<b>NIFEDIPINE</b> ORAL CAPSULES 10MG 30	<b>1</b>	

### 94. CARDIOVASCULAR AGENTS CARDIOVASCULAR AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DIOSMINE/HESPERIDINE</b> ORAL TABLETS 450MG/50MG 20	<b>1</b>	
<b>DIOSMINA/HESPERIDINE</b> ORAL TABLETS 450MG/50MG 60	<b>1</b>	
<b>DIOSMINE/HESPERIDINE</b> ORAL TABLETS 450MG/50MG 20	<b>1</b>	

### 95. CARDIOVASCULAR AGENTS DIURETICS, CARBONIC ANHYDRASE INHIBITORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ACETAZOLAMIDE</b> ORAL TABLETS 250MG 30	<b>2</b>	

**96. CARDIOVASCULAR AGENTS DIURETICS, LOOP**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUMETANIDE</b> ORAL TABLET 1 MG 20	<b>1</b>	
<b>SPIRONOLACTONE/FUROSEMIDE</b> ORAL CAPSULES 50MG/20MG 16	<b>2</b>	
<b>FUROSEMIDE</b> ORAL PILLS 40MG 24	<b>2</b>	

**97. CARDIOVASCULAR AGENTS DIURETICS, POTASSIUM-SPARING**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>SPIRONOLACTONE</b> ORAL TABLETS 25MG 30	<b>1</b>	

**98. CARDIOVASCULAR AGENTS DIURETICS, THIAZIDE**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CLORTALIDONE</b> ORAL TABLETS 50MG 30	<b>1</b>	
<b>HYDROCHLOROTIAZIDE</b> ORAL TABLETS 25MG 30	<b>2</b>	
<b>LOSARTAN/HYDROCHLOROTHIAZIDE</b> ORAL TABLETS 100MG/25MG 30	<b>3</b>	
<b>LOSARTAN/HYDROCHLOROTHIAZIDE</b> ORAL TABLETS 50MG/12.5MG 30	<b>1</b>	

**99. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ATORVASTATIN</b> ORAL TABLETS 40MG 15+15	<b>3</b>	

**100. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ATORVASTATIN</b> ORAL TABLET 80MG 15+15	<b>1</b>	
<b>ATORVASTATIN</b> ORAL TABLETS 40MG 30	<b>2</b>	
<b>EZETIMIBE</b> ORAL TABLETS 10MG 28	<b>2</b>	
<b>EZETIMIBE/SIMVASTATIN</b> ORAL TABLET 10MG/40MG 28	<b>2</b>	
<b>EZETIMIBE/SIMVASTATIN</b> ORAL TABLET 10MG/10MG 28	<b>2</b>	
<b>EZETIMIBE/SIMVASTATIN</b> ORAL TABLET 10MG/20MG 28	<b>2</b>	



**101. CARDIOVASCULAR AGENTS DYSLIPIDEMICS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATORVASTATIN ORAL TABLET 40MG 30	2	
ATORVASTATIN ORAL TABLETS 20MG 30	2	
PRAVASTATIN ORAL TABLET 10MG 30	2	

**102. CARDIOVASCULAR AGENTS VASODILATORS, DIRECT-ACTING ARTERIAL**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DINITRATO DE ISOSORBIDA ORAL TABLETS 10MG 40	1	
DINITRATO DE ISOSORBIDA SUBLINGUAL TABLETS 5MG 40	1	

**103. CARDIOVASCULAR AGENTS VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DILTIAZEM ORAL TABLET 60MG 30	3	
DILTIAZEM ORAL TABLET 30MG 30	3	
DILTIAZEM GEL 2G X 100G 60G	3	
DILTIAZEM ORAL TABLETS 90MG 20	3	

**CENTRAL NERVOUS SYSTEM AGENTS**

**104. CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
METHYLPHENIDATE ORAL TABLET 10MG 30	2	
METHYLPHENIDATE ORAL TABLET 10MG 60	2	
METHYLPHENIDATE ORAL TABLET 36MG 30	2	
METHYLPHENIDATE ORAL TABLETS 54MG 30	2	

**105. CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ATOMOXETINE ORAL CAPSULES 18MG W 14	2	

**106. CENTRAL NERVOUS SYSTEM AGENTS CENTRAL NERVOUS SYSTEM AGENTS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ATOMOXETINE</b> ORAL CAPSULES 40MG 14	<b>3</b>	
<b>ATOMOXETINE</b> ORAL CAPSULES 60MG 14	<b>3</b>	

**107. CENTRAL NERVOUS SYSTEM AGENTS FIBROMYALGIA AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMITRIPTILINE</b> ORAL TABLETS 25MG 50	<b>3</b>	

**108. CENTRAL NERVOUS SYSTEM AGENTS MULTIPLE SCLEROSIS AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>INTERFERON ALPHA-2B</b> SUBCUTANEOUS INJECTABLE SOLUTION 100MCG/.5ML	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>INTERFERON ALPHA-2B</b> SUBCUTANEOUS INJECTABLE SOLUTION 120MCG/.5ML	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**DENTAL AND ORAL AGENTS**

**109. DENTAL AND ORAL AGENTS NO USP CLASS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BENCIDAMINE</b> ORAL SOLUTION 0.15G POR 100ML 360ML	<b>1</b>	
<b>CHLORHEXIDINE</b> TOPIC GEL 50ML 75ML	<b>1</b>	
<b>CHLORHEXIDINE</b> TOPIC SOLUTION 0.0012 300ML	<b>1</b>	

**DERMATOLOGICAL AGENTS**

**110. DERMATOLOGICAL AGENTS NO USP CLASS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>RETINOIC ACID</b> TOPIC CREAM 0.0005 30G	<b>1</b>	
<b>EXOMEGA</b> TOPIC SYRINGE 400ML 400ML	<b>2</b>	
<b>AMOROLFIN</b> TOPIC SOLUTION 50MG X ML 2.5ML	<b>2</b>	

<b>AZELAIC</b> TOPIC GEL 15G X 100G 30G	<b>2</b>	
<b>BACITRACINE/NEOMICINA/POLIMIXIN B</b> TOPIC OINTMENT 40000U/0.35G/500000U30G	<b>2</b>	
<b>BENZOIL</b> TOPIC GEL 2.5G X 100G 60G	<b>2</b>	
<b>BENZOILO/PEROXIDO/CLINDAMICINA</b> TOPIC GEL 5%/1% 30G	<b>2</b>	
<b>BETAMETASONE</b> TOPIC CREAM 30G 0.5/1G	<b>2</b>	
<b>BETAMETASONE/CLOTRIMAZOL/GENT AMICIN</b> TOPIC CREAM .0643G/1G/.100G 1 PIEZA	<b>2</b>	
<b>BIFONAZOL/UREA</b> TOPIC TUBE 1G/40G X 100G 10G	<b>2</b>	
<b>CALAMINE</b> TOPIC SYRINGE - 180ML	<b>2</b>	
<b>CALCIPOTRIOL</b> TOPIC OINTMENT 50MCG X GR 30G	<b>2</b>	
<b>CALCIPOTRIOL/BETHAMETASONE</b> TOPIC OINTMENT 5/50MG X 100GR 30G	<b>2</b>	
<b>CALCIPOTRIOL/BETHAMETASONE, DIPROPIONATE</b> TOPIC GEL 5/50MG X 100GR30G	<b>2</b>	
<b>CARBAMIDE</b> TOPIC CREAM 20G/100G 100G	<b>2</b>	
<b>CARBAMIDA (UREA) CARBAMIDE</b> TOPIC CREAM 30G/100G 100G	<b>2</b>	
<b>CARBAMIDA (UREA) CARBAMIDE</b> TOPIC CREAM 0.4 60G	<b>2</b>	
<b>CETAPHIL</b> TOPIC CREAM 250G	<b>2</b>	
<b>CETAPHIL</b> TOPIC FOAM 236ML	<b>2</b>	
<b>CETAPHIL</b> TOPIC 237ML	<b>1</b>	
<b>CICLOPIROX</b> TOPIC SOLUTION 0.069G 3.3ML	<b>2</b>	
<b>CLINDAMYCIN</b> TOPIC GEL 30G 1	<b>2</b>	
<b>CLINDAMYCIN</b> TOPIC TOPIC SOLUTION 30G 30ML	<b>2</b>	
<b>CLINDAMYCIN/TRETINOIN</b> TOPIC GEL 0.025%/1% 40G	<b>2</b>	
<b>CLOBETASOL</b> TOPIC CREAM 0.005 30G	<b>2</b>	
<b>CLOBETASOL</b> TOPIC SOLUTION 0.05G 59ML	<b>2</b>	
<b>DESONIDA</b> TOPIC CREAM 0.0005 30G	<b>2</b>	
<b>DEXPANTHENOL</b> TOPIC TUBE 30G	<b>2</b>	
<b>GENTAMICINE</b> TOPIC CREAM 1MG/1G 30G	<b>2</b>	
<b>DICLOFENAC</b> TOPIC GEL 1.16G X 100G 60G	<b>2</b>	
<b>DICLOFENAC</b> TOPIC GEL 1G/100G 50G	<b>2</b>	
<b>ESTRADIOL</b> CUTANEOUS GEL 60MG X 100G (0.06%) 80GR	<b>2</b>	

<b>ESTRADIOL,17-BETA TRIMEGESTONA</b> ORAL TABLETS 1/.125MG 28	<b>2</b>	
<b>ESTRIOL</b> TOPIC CREAM 0.5MG 1 WITH APPLICATOR TUBE	<b>2</b>	
<b>ETINILESTRADIOL/NORELGESTROMIN</b> <b>E</b> TOPIC PATCHES 600MCG/60MG 3	<b>2</b>	
<b>PHENOTHTRIN</b> TOPIC SHAMPOO 0.2G/100ML 120ML	<b>2</b>	
<b>FENTICONAZOLE</b> TOPIC CREAM 0.02 30G	<b>2</b>	
<b>FLUOCINOLONA</b> TOPIC CREAM 0.001 20G	<b>2</b>	
<b>FLUOCINOLONA/NEOMICINA</b> TOPIC CREAM 0.01G/0.35GR	<b>2</b>	
<b>FLUOCINOLONA/CLIOQUINOL</b> TOPIC CREAM 0.01%-3%/100G 40G	<b>2</b>	

### ENZYME REPLACEMENT

#### 111. ENZYME REPLACEMENT/ MODIFIED RS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DIMETHICONE/PANCREATIN</b> ORAL TABLETS 80MG W30	<b>1</b>	
<b>DIMETHICONE/PANCREATIN</b> ORAL TABLETS 80MG W/60	<b>1</b>	

### GASTROINTESTINAL AGENTS

#### 112. GASTROINTESTINAL AGENTS ANTISPASMODICS, GASTROINTESTINAL

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUTILHIOSCINE</b> ORAL TABLETS 10MG 12	<b>3</b>	
<b>LISINA/BUTILHIOSCINE</b> ORAL CAPSULES 125/10MG 20	<b>3</b>	

#### 113. GASTROINTESTINAL AGENTS GASTROINTESTINAL AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CINITAPRIDE</b> ORAL TABLETS 1MG 50	<b>3</b>	
<b>MEBEVERINE</b> ORAL CAPSULES 200MG 30	<b>3</b>	
<b>SULFASALAZINE</b> ORAL TABLETS 500MG 60	<b>3</b>	
<b>FLOROGLUCINOL/METILFLOROGLUCIN</b> <b>E</b> ORAL CAPSULES 80MG/80MG 20	<b>3</b>	

**114. GASTROINTESTINAL AGENTS HISTAMINE2 (H2) RECEPTOR ANTAGONISTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DIMETHICONE/MAGALDRATE/FAMOTIDINE</b> ORAL GEL 1/8/0.1G/100ML 10 PACKAGES	<b>2</b>	

**115. GASTROINTESTINAL AGENTS IRRITABLE BOWEL SYNDROME AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LIDAMIDINE HYDROCHLORIDE</b> 4MG W 30 CAP	<b>3</b>	

**116. GASTROINTESTINAL AGENTS LAXATIVES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LACTULOSE</b> ORAL SYRUP 66.7G W 120 ML	<b>1</b>	
<b>LACTULOSE</b> ORAL SYRUP 66.7G W 240ML	<b>1</b>	

**117. GASTROINTESTINAL AGENTS PROTECTANTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>SACCHAROMYCES BOULARDII</b> ORAL CAPSULES 200MG 6	<b>1</b>	
<b>URSODESOXICOLIC ACID</b> ORAL CAPSULES 250MG 50	<b>1</b>	

**118. GASTROINTESTINAL AGENTS PROTON PUMP INHIBITORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>OMEPRazole</b> ORAL CAPSULES 40MG 7+7	<b>1</b>	
<b>OMEPRazole</b> ORAL CAPSULES 40MG 15	<b>1</b>	
<b>ESOMEPRazole</b> ORAL GRANULATED 2.5MG/ML 28	<b>2</b>	
<b>ESOMEPRazole</b> ORAL GRANULATED 10MG 28	<b>2</b>	
<b>ESOMEPRazole</b> ORAL TABLETS 40MG 14	<b>2</b>	

## GENITOURINARY AGENTS

### 119. GENITOURINARY AGENTS ANTISPASMODICS, URINARY

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FENAZOPIRIDINE</b> ORAL TABLET 100MG 24	<b>1</b>	
<b>TOLTERODINE</b> ORAL TABLETS 2MG 28	<b>2</b>	

### 120. GENITOURINARY AGENTS BENIGN PROSTATIC HYPERTROPHY AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FINASTERIDE</b> ORAL TABLETS 1MG 28	<b>1</b>	
<b>FINASTERIDE</b> ORAL TABLETS 5MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>TAMSULOSINE</b> ORAL CAPSULES0.4MG 20	<b>2</b>	
<b>TERAZOSINE</b> ORAL TABLETS 5MG 30	<b>2</b>	

### 121. GENITOURINARY AGENTS GENITOURINARY AGENTS, OTHER

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>NITROFURANTOIN</b> ORAL CAPSULES 100MG 40	<b>1</b>	
<b>NITROFURANTOIN</b> ORAL ORAL SUSPENSION 25MG X 5ML 120ML	<b>1</b>	

### 122. GENITOURINARY AGENTS PHOSPHATE BINDERS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FINASTERIDE</b> ORAL TABLETS 5MG 30	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>TOLTERODINE</b> ORAL TABLETS 2MG 28	<b>2</b>	
<b>TOLTERODINE</b> ORAL TABLETS 2MG 14	<b>2</b>	
<b>TOLTERODINE</b> ORAL TABLETS 4MG 14	<b>2</b>	

## HORMONAL AGENTS

### 123. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFYING (ADRENAL) No USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BETAMETASONE</b> PARENTERAL 5ML	<b>1</b>	
<b>BETAMETASONE</b> PARENTERAL 4 ML	<b>1</b>	

<b>BETAMETASONE PARENTERAL 3ML</b>	<b>1</b>	
<b>DEXAMETHASONE PARENTERAL SOLUTION 2ML 1</b>	<b>1</b>	
<b>DEXAMETHASONE ORAL TABLETS 0.5MG/ML 30</b>	<b>1</b>	
<b>DEXAMETHASONE ORAL TABLETS .75MG 1</b>	<b>1</b>	
<b>DEXAMETHASONE PARENTERAL SOLUTION 2ML 1</b>	<b>1</b>	
<b>BETAMETASONE PARENTERAL SOLUTION 60ML 1</b>	<b>1</b>	
<b>BETAMETASONE PARENTERAL SOLUTION 1</b>	<b>1</b>	
<b>BETAMETASONE PARENTERAL SOLUTION 2.7/3.0MG 1</b>	<b>1</b>	
<b>BETAMETASONE PARENTERAL SOLUTION 1</b>	<b>1</b>	
<b>DEXAMETHASONE ORAL TABLETS 4MG 10</b>	<b>1</b>	
<b>DEXAMETHASONE PARENTERAL SOLUTION 8MG/2MLW 1</b>	<b>1</b>	
<b>METHYLPREDNISOLONE PARENTERAL SOLUTION 40MG/ML W 2</b>	<b>1</b>	
<b>PREDNISONE ORAL TABLETS 5MG 30</b>	<b>1</b>	
<b>FLUDROCORTISONE ORAL TABLETS .1MG 100</b>	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**124. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (PITUITARY) NO USP CLASS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>TIBOLONA TIBOLONE ORAL TABLETS 2.5MG 30</b>	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**125. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (PROSTAGLANDINS) NO USP CLASS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>CYPROTERONE/ETINILESTRADIOL ORAL TABLETS 2/0.035 MG W 21</b>	<b>1</b>	

**126. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ANABOLIC STEROIDS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
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<b>TESTOSTERONE</b> INTRAMUSCULAR INJECTABLE SOLUTION 250 MG W 1ML	<b>2</b>	
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**127. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ANDROGENS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MESTEROLONE</b> ORAL TABLETS 25MG 10	<b>2</b>	
<b>TESTOSTERONE</b> INJECTABLE SOLUTION 250MG 1ML	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>NANDROLONE</b> INJECTABLE SOLUTION 50MG/ML 2	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**128. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) ESTROGENS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ESTRADIOL/NORETISTERONA</b> INJECTABLE SOLUTION 5MG/50MG 1ML	<b>1</b>	
<b>ESTRADIOL/NORGESTREL</b> ORAL TABLETS 2MG/0.5MG 21	<b>1</b>	

**129. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (SEX HORMONES/ MODIFIERS) PROGESTERONE AGONISTS/ANTAGONISTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>PROGESTERONE</b> INTRAMUSCULAR INJECTABLE SOLUTION 100MG 1ML	<b>1</b>	
<b>ETONOGESTREL/ETINILESTRADIOL</b> VAGINAL UNIT 11.7/2.7MG 1	<b>1</b>	

**SEX HORMONES/ MODIFIERS**

**130. (SEX HORMONES/ MODIFIERS) HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING PROGESTINS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CLORMADINONA</b> ORAL TABLET 2MG 20	<b>1</b>	
<b>CLORMADINONA</b> ORAL TABLET 5MG 20	<b>1</b>	
<b>CLORMADINONA/MESTRANOL</b> ORAL TABLET 2MG/80MCG 20	<b>1</b>	
<b>DESOGESTREL</b> ORAL TABLETS	<b>1</b>	



0.075MG 28		
<b>DIENOGEST</b> ORAL TABLETS 2MG 28	1	
<b>DROSPIRENONE/ETHINYL ESTRADIOL</b> ORAL TABLET 3MG/0.02MG 28	1	
<b>DROSPIRENONA/ETHINYLESTRADIOL</b> ORAL TABLET 3MG/0.02MG 28	1	
<b>DROSPIRENONA/ETHINYLESTRADIOL</b> ORAL TABLET 3MG/0.03MG 21	1	

131. (SEX HORMONES/ MODIFIERS) SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>CLOMIPHENE</b> ORAL TABLETS 50MG W 30	2	

132. HORMONAL AGENTS, STIMULANT/ REPLACEMENT/MODIFY ING (THYROID) NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LEVOTHYROXINE</b> ORAL TABLETS 25MCG 50	1	
<b>LEVOHYIROXINE</b> ORAL TABLETS 50MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 75MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 88MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 100MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 125MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 150MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 175MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 200MCG 50	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 100MCG 100	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 25MCG 30	1	
<b>LEVOHYIROXINE</b> ORAL TABLETS 50MCG 30	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 75MCG 30	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 88MCG 30	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 100MCG 30	1	
<b>LEVOTHYROXINE</b> ORAL TABLETS 112MCG 30	1	

<b>LEVOTHYROXINE</b> 125MCG 30	ORAL TABLETS	<b>1</b>	
<b>LEVOTHYROXINE</b> 137MCG 30	ORAL TABLETS	<b>1</b>	
<b>LEVOTHYROXINE</b> 150MCG 30	ORAL TABLETS	<b>1</b>	
<b>LEVOTHYROXINE</b> 175MCG 30	ORAL TABLETS	<b>1</b>	
<b>LEVOTHYROXINE</b> 200MCG 30	ORAL TABLETS	<b>1</b>	

**133. HORMONAL AGENTS, SUPPRESSANT (ADRENAL) NO USP CLASS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>DEFLAZACORT</b> ORAL TABLETS 30MG W 10	<b>2</b>	<b>ST</b>
<b>FLUDROCORTISONE</b> ORAL TABLETS 0.1MG 100	<b>4</b>	<b>ST, PA, PR</b>

**134. HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) NO USP CLASS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>ALENDRONATE/CHOLECALCIFEROL</b> ORAL TABLETS 70MG/140MCG (5600UI) 4	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ALENDRONATE/CHOLECALCIFEROL</b> ORAL TABLETS 70MG/70MCG (2800UI) 4	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**135. HORMONAL AGENTS, SUPPRESSANT (PITUITARY) NO USP CLASS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>ALENDRONATE</b> 70MG CPR C4	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ZOLENDRONIC ACID</b> INYECTIONAL SOLUTION 4MG/5ML 1	<b>4</b>	<b>PA,SP,PR,ST,QL</b>
<b>ZOLENDRONIC ACID</b> INYECTIONAL SOLUTION 4MG/100ML 1	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

**136. HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>TIAMAZOLE</b> ORAL TABLETS 5MG 20	<b>4</b>	<b>PA,SP,PR,ST,QL</b>

## IMMUNOLOGICAL AGENTS

### 137. IMMUNOLOGICAL AGENTS ANGIOEDEMA (HAE) AGENTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for ER

### 138. IMMUNOLOGICAL AGENTS IMMUNE SUPPRESSANTS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONATO ORAL TABLET 70 MG4	4	PA,SP,PR,ST,QL
ALENDRONATO ORAL TABLET 10MG 30	4	PA,SP,PR,ST,QL
ETANERCEPT SUBCUTANEOUS INYECTABLE SOLUTION 50MG/ML 2	4	PA,SP,PR,ST,QL
AZATIOPRINE ORAL TABLETS 50MG 25	2	
AZATIOPRINA ORAL 1 50MG 50	2	
AZATIOPRINA ORAL 1 50MG 2 X 25	2	

### 139. IMMUNOLOGICAL AGENTS IMMUNIZING AGENTS, PASSIVE

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
Flu vaccine	P	

### 140. IMMUNOLOGICAL AGENTS IMMUNOMODULATORS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
FILGRASTIM PARENTERAL 1 300MCG	4	ST, PA, PR
HUMAN NORMAL IMMUNOGLOBULIN PARENTERAL 1 0,5G	4	ST, PA, PR
NEULASTIM 6 MG/0.6 ML JGP CAJ C/1	4	ST, PA, PR
LEFLUNOMIDA ORAL TABLET 20MG 30	4	ST, PA, PR
ROACTEMRA 200 MG/10 ML 1 FAM C/10 ML	4	ST, PA, PR
ROACTEMRA 80 MG/4 ML 1 FAM C/4 ML	4	ST, PA, PR

## INFLAMMATORY BOWEL

### 141. INFLAMMATORY BOWEL DISEASE AGENTS AMINOSALICYLATES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
MESALAZINE ORAL 500MG 1	1	
MESALAZINE RECTAL 250MG 1	1	
MESALAZINE RECTAL 500MG 500MG 10	4	PA,SP,PR,ST,QL
MESALAZINA 500 MG GRAG 40	4	PA,SP,PR,ST,QL
MESALAZINE SUSPENSION 60ML	2	

**142. INFLAMMATORY BOWEL DISEASE AGENTS GLUCOCORTICOIDS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
DEFLAZACORT ORAL TABLETS 6MG	4	PA,SP,PR,ST,QL
PREDNISONA ORAL TABLET 20MG 30	3	
DEXAMETASONA ALIN 8 MG SOL INY 1X2 ML MEDI EXC	1	
DEXAMETHASONE INYECTABLE SOLUTION 4MG 2ML	1	
DEXAMETHASONE ORAL TABLETS 4MG 10	1	

**143. INFLAMMATORY BOWEL DISEASE AGENTS SULFONAMIDES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for NA

**METABOLIC BONE DISEASE AGENTS**

**144. METABOLIC BONE DISEASE AGENTS NO USP CLASS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
ALENDRONATE ORAL TABLETS 70MG 4	2	
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/70MCG (2,800 U.I.) 4	2	
ALENDRONATE/COLECALCIFEROL ORAL TABLET 70MG/140MCG (5,600 U.I.) 4	2	

**OPHTHALMIC AGENTS**

**145. OPHTHALMIC AGENTS OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements

<b>BROMFENAC</b> OPHTHALMIC SOLUTION 0.9MG X ML 5ML	1	
<b>TRAVOPROST</b> OPHTHALMIC SOLUTION 40 MCG PIEZA	4	PA,SP,PR,ST,QL

**146. OPHTHALMIC AGENTS OPHTHALMIC AGENTS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DEXAMETHASONE/TOBRAMYCIN</b> OPHTHALMIC DROPS 3MG/ML 5ML	2	
<b>DICLOFENAC</b> OPHTHALMIC DROPS 1MG/ML 5ML	2	
<b>HYDROXYPROPYLMETHYLCELLULOS</b> <b>E</b> OPHTHALMIC GEL 3MG/1ML 10ML	3	
<b>HYPROMELLOSE</b> OPHTHALMIC DROPS 5MG/ML 10ML	1	
<b>ANHYDROUS LANOLIN /MINERAL-OIL-</b> <b>BASED</b> OPHTHALMIC OINTMENT 3G/3G X 100G 3.5G	1	
<b>MOXIFLOXACIN</b> OPHTHALMIC OPHTHALMIC SOLUTION 5MG/ML 5ML	2	
<b>TOBRAMYCIN</b> OPHTHALMIC OPHTHALMIC SOLUTION 3MG/1ML 15ML	3	
<b>NEOMICINA/POLIMINA B/GRAMICIDIN</b> OPHTHALMIC DROPS 1.75MG/5000UI/0.025MG/1ML 15ML	1	
<b>EPINASTINE</b> OPHTHALMIC SOLUTION 0.5MG X ML 5ML	2	
<b>DEXAMETHASONE/NEOMYCIN/POLYM</b> <b>YXIN B</b> OPHTHALMIC SOLUTION 0.1G/0.35G/600,000UI X 100ML 5ML	1	
<b>HYDROXYPROPYLMETHYLCELLULOS</b> <b>E</b> OPHTHALMIC SOLUTION 3MG/ML 10ML	1	

**147. OPHTHALMIC AGENTS OPHTHALMIC ANTI-ALLERGY AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>SODIOOXYMETAZOLINE/SODIUM</b> <b>HYALURONATE</b> OPHTHALMIC SOLUTION 0.125MG/1MG X 0.5ML 20 DOSAGES	1	
<b>NEOMICIN/POLIMIXINA B/BACITRACIN</b> OPHTHALMIC OINTMENT 0.35G/500000U/40000U/100G 30G	3	

**148. OPHTHALMIC AGENTS OPHTHALMIC ANTI- INFLAMMATORIES.**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>DEXAMETHASONE/TOBRAMYCIN</b> OPHTHALMIC OINTMENT 3MG/MG 3.5MG	1	
<b>GATIFLOXACIN/ PREDNISOLONE</b> OPHTHALMIC DROPS 3MG/10MG/1ML 3ML	1	
<b>LOTEPREDNO</b> OPHTHALMIC OPHTHALMIC SUSPENSION 5MG X ML 5ML	1	
<b>LOTEPREDNOL/ TOBRAMYCIN</b> OPHTHALMIC OPHTHALMIC SOLUTION 5MG/3MG X ML 5ML	1	
<b>NEPAFENAC</b> OPHTHALMIC OPHTHALMIC SUSPENSION 1MG/ML 5ML	2	
<b>DEXAMETASONA/NETILMICINA</b> OPHTHALMIC OPHTHALMIC SOLUTION 1MG/3MG X ML 5ML	2	

**149. OPHTHALMIC AGENTS OPHTHALMIC ANTIGLAUCOMA AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LATANOPROST</b> OFTALMICAN GOTAS 0.05MG/1ML 3ML	1	
<b>BETAXOLOL</b> OPHTHALMIC OPHTHALMIC SOLUTION 2.5MG X ML 5ML	1	
<b>BIMATOPROST</b> OPHTHALMIC OPHTHALMIC SOLUTION 0.3MG X ML 3ML	1	
<b>BIMATOPROST</b> OPHTHALMIC OPHTHALMIC SOLUTION 0.1MG X ML 3ML	3	
<b>BIMATOPROST/TIMOLOL</b> OPHTHALMIC SOLUTION 0.3MG/6.8MG(5MG) X ML 3ML	3	
<b>BRIMONIDINE</b> OPHTHALMIC DROPS 1.5MG/1ML 5ML	1	
<b>BRIMONIDINE/TIMOLOL/DORZOLAMID E</b> OPHTHALMIC DROPS 2MG/5MG/20MG/1ML 5ML	3	
<b>DORZOLAMIDE/TIMOLOL</b> OPHTHALMIC DROPS 20MG/5MG/1ML 10ML	2	
FLUOROMETHOLONE OPHTHALMIC DROPS 1MG/1ML 5ML	2	
LATANOPROST OPHTHALMIC DROPS 0.05MG/1ML 3ML	4	<b>PA,SP,PR,ST,QL</b>
LATANOPROST/TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 50MCG/5MG X ML 2.5ML	2	

TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 500MG/100ML 15ML	1	
TIMOLOL OFTALMICA GRAGEAS 5MG/ML 5ML	1	

### OTIC AGENTS

#### 150. OTIC AGENTS NO USP CLASS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
CIPROFLOXACINE / BENZOCAINE / HYDROCORTISONE OTIC DROPS 2MG/20MG/10MG/1ML 10ML	1	
<b>HYDROCORTISONE/CHLORAMPHENIC OL/BENZOCAINE OTIC DROPS</b> 10MG/25MG/20MG/1ML 10ML	1	
<b>LIDOCAINE</b> OTIC DROPS 1G/100ML 30ML	1	

### RESPIRATORY TRACT AGENTS/PULMONARY AGENTS

#### 151. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>BUDESONIDE</b> INHALABLE ORAL SUSPENSION 0.250MG/2ML 5X2ML	1	
<b>BUDESONIDE</b> ORAL INHALABLE CAPSULES 400MCG 30	2	
<b>FLUTICASONE</b> NASAL SPRAY 27.5µG/50µL (1 SHOT) 120 DOSES	2	
<b>FLUTICASONE</b> NASAL SPRAY 50µG/DOSIS 120 DOSIS	2	
<b>MOMETASONE</b> NASAL ORAL SUSPENSION 0.05G X 100ML (50MCG X ML) 10ML	2	

#### 152. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTIHISTAMINES

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>LORATADINE</b> ORAL TABLETS 10MG 10	1	
<b>LORATADINE</b> ORAL SYRUP 100MG/100ML 60ML	1	
<b>LORATADINE</b> ORAL ORAL	1	

SOLUTION 30MG 30ML		
<b>LORATADINE/AMBROXOL</b> ORAL SYRUP 100MG/600MG 120ML	1	
<b>LORATADINE/AMBROXOL</b> ORAL TABLETS 5MG/30MG 20	1	
<b>LORATADINE/PHENILEFRINE</b> ORAL ORAL SOLUTION 0.67MG/2MG X ML 60ML	1	
<b>LORATADINE/PHENILEFRINE</b> ORAL TABLETS 5MG/30MG 20	1	
<b>ORFENADRINE/PARACETAMOL</b> ORAL TABLETS 35/450MG 50	3	
<b>FEXOFENADINE</b> ORAL SUSPENSION ORAL 600MG/100ML 150ML	1	

**153. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS ANTILEUKOTRIENES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>MONTELUKAST</b> ORAL PILLS 5MG W 30	1	

**154. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS BRONCHODILATORS, ANTICHOLINERGIC**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>IPRATROPIO</b> INHALABLE NEBULIZING SOLUTION 25MG/100ML 20ML	1	
<b>IPRATROPIO</b> INHALABLE NEBULIZING SOLUTION 500MCG/2ML 10X2ML 10ML	1	

**155. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
		See Notes for ER

**156. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS BRONCHODILATORS, SYMPATHOMIMETIC**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>AMBROXOL/CLENBUTEROL</b> ORAL ORAL SOLUTION 150MG/0.1MG/100ML 120ML	2	
<b>AMBROXOL/CLENBUTEROL</b> ORAL DROPS 7.5MG/0.005MG/1ML	2	



20ML		
<b>LORATADINE/PHENYLEPHRINE</b> ORAL SOLUTION 0.05G/0.2G X 100ML 60ML	1	
<b>SALBUTAMOL/IPRATROPIUM</b> ORAL INHALABLE SPRAY 8.77MG/1.68MG/1ML 4.5ML	2	
<b>SALMETEROL/FLUTICASONE</b> ORAL INHALABLE POWDER 50MCG/250MCG W 60	2	

**157. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS CYSTIC FIBROSIS AGENTS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>PREDNISONE</b> ORAL TABLETS 50MG 30	1	
<b>AZITHROMYCIN</b> ORAL SUSPENSION 1.2G 30ML	1	
<b>AZITHROMYCIN</b> ORAL SUSPENSION 600MG 15ML	2	
<b>AZITHROMYCIN</b> ORAL TABLETS 500MG 4	2	
<b>LINCOMYCIN</b> ORAL CAPSULES 500MG 16	3	

**158. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS MAST CELL STABILIZERS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FLUTICASONE/AZELASTINE</b> NASAL SPRAY 137/50 MCG 1 PIEZA	3	
<b>SALBUTAMOL/IPRATROPIUM</b> INHALABLE NEBULIZING SOLUTION 2.5MG/0.5MG/2.5ML 10X2.5ML	2	

**159. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS PULMONARY ANTIHYPERTENSIVES**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>TADALAFIL</b> ORAL TABLETS 5MG W 28	4	PA,SP,PR,ST,QL
<b>VARDENAFIL</b> ORAL TABLETS 10MG W 1	4	PA,SP,PR,ST,QL
<b>VARDENAFIL</b> ORAL TABLETS 10MG W 4	4	PA,SP,PR,ST,QL

**160. RESPIRATORY TRACT AGENTS/PULMONARY AGENTS RESPIRATORY TRACT AGENTS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ACETYLCISTEINE</b> ORAL TABLETS 600	1	

**SKELETAL MUSCLE RELAXANT****161. SKELETAL MUSCLE RELAXANTS NO USP CLASS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>TIZANIDINA</b> ORAL TABLETS 2MG 20	<b>2</b>	
<b>CHLORZOXAZONE/ACETAMINOPH EN</b> ORAL TABLETS 250MG/300MG 30	<b>2</b>	

**SLEEP DISORDER AGENTS****162. SLEEP DISORDER AGENTS GABA RECEPTOR MODULATORS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>ZOLPIDEM</b> ORAL TABLETS 10MG W 30	<b>3</b>	

**163. SLEEP DISORDER AGENTS SLEEP DISORDERS, OTHER**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>GABAPENTIN</b> ORAL TABLETS 300MG 15	<b>3</b>	
<b>ZOLPIDEM</b> ORAL TABLETS 10MG W 30	<b>3</b>	

**THERAPEUTIC NUTRIENTS/MINERALS****164. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES ELECTROLYTE/MINERAL MODIFIERS**

Drug name (Active Ingredient)	Tier	Coverage Rules or Limits on Use/ Requirements
<b>FOLIC ACID</b> ORAL TABLETS 0.4MG (400MCG) 30	<b>1</b>	
<b>ACTIVATED CARBON</b> ORAL	<b>2</b>	

TABLETS 250MG 60		
<b>POTASIU</b> M ORAL TABLETS 0.5G 50	<b>3</b>	
<b>IRON</b> ORAL DROPS178MG/ML 20ML	<b>1</b>	

**165. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES ELECTROLYTE/MINERAL REPLACEMENT**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>IRON</b> ORAL SYRUP 3.125G 100ML	<b>1</b>	
<b>IRON</b> ORAL DROPS178MG/ML 20ML	<b>1</b>	
<b>CALCIUM/VITAMIN D</b> ORAL TABLETS 1507.35MG/200UI 30	<b>1</b>	
<b>IRON COMPLEX</b> INTRAMUSCULAR INYECTABLE SOLUTION 317.46MG (100MG) X 2ML3	<b>1</b>	
<b>FOLIC ACID/IRON</b> ORAL TABLETS 350MG/1MG 36	<b>1</b>	
<b>THIAMINE/PYRIDOXINE/CYANOCOBOLAMIN</b> TABLETS 100MG/5MG/50MCG 30	<b>1</b>	
<b>THIAMINE/PYRIDOXINE/HYDROXICYANOCOBALAMINE</b> INTRAMUSCULAR INYECTABLE SOLUTION 200MG/100MG/5MG/30MG/4MG AMPOLLETA NO. 1 (2ML) NO. 2 (1ML)	<b>1</b>	
<b>THIAMINE/PYRIDOXINE/HYDROXICYANOCOBALAMINE</b> INTRAMUSCULAR INYECTABLE SOLUTION 5MG/50MG/25MG POR ML 5X2ML1	<b>1</b>	

**166. THERAPEUTIC NUTRIENTS/MINERALS/ ELECTROLYTES VITAMINS**

<b>Drug name (Active Ingredient)</b>	<b>Tier</b>	<b>Coverage Rules or Limits on Use/ Requirements</b>
<b>VITAMINS ACD</b> ORAL SOLUTION 15 W 5X3ML	<b>1</b>	

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BUDESONIDE ORAL INHALABLEINHALED CAPSULES 400MCG 30	55
BUMETANIDE ORAL TABLET 1 MG 20	40
BUPRENORPHINE IV/IM INJECTABLE SOLUTION 0.3MG/1ML 6x1ML	14
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG 10	14
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	13
BUPRENORPHINE SUBLINGUAL TABLETS 0.2MG W 10	14
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	14
BUPRENORPHINE TRANSDERMIC PATCHES 20MG W 2	14
BUPRENORPHINE TRANSDERMIC PATCHES 30MG W 4	14
BUTILHIOSCINE ORAL TABLETS 10MG 12	44
CALAMINA CALAMINE TOPIC SYRINGE - 180ML	43
CALCIPOTRIOL TOPIC OINTMENT 50MCG X GR 30G	43
CALCIPOTRIOL/BETAMETASONA, DIPROPIONATO DE TOPIC GEL 5/50MG X 100GR 30G	43
CALCIPOTRIOL/BETAMETASONA, DIPROPIONATO DE TOPIC OINTMENT 5/50MG X 100GR 30G	43
CALCIUM/VITAMIN D ORAL TABLETS 1507.35MG/200UI 30	59
CAPTOPRIL ORAL TABLET 50MG 30	38
CAPTOPRIL ORAL TABLET 25MG 30	38
CARBAMAZEPINE ORAL SUSPENSION 2G/100ML 100ML	34
CARBAMAZEPINE ORAL SUSPENSION 2G/100ML 100ML	22
CARBAMAZEPINE ORAL TABLET 200MG 30	34
CARBAMAZEPINE ORAL TABLETS 200MG 30	22
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 0.4 60G	43
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 20G/100G 100G	43
CARBAMIDA (UREA) CARBAMIDE TOPIC CREAM 30G/100G 100G	43
CARBAZO /CHROMIUM /VITAMIN K ORAL TABLETS 25MG/5MG 32	37
CARBAZO CROMO/VITAMINA K CARBAZO /CHROMIUM /VITAMIN K ORAL SYRUP 100MG/30MG POR 100ML 200ML	37
CARVEDILOL ORAL PILLS 25MG 14	37
CARVEDILOL ORAL TABLET 25MG 14	39
CEFALEXIN ORAL CAPSULES 250MG 24	18
CEFALEXIN ORAL SUSPENSION 125MG/5ML 100ML	17
CEFALEXIN ORAL TABLETS 500 MG 12	18
CEFIXIME ORAL CAPSULES 200MG 12	18
CEFIXIME ORAL SUSPENSION 100MG/5ML 50ML	18
CEFOTAXIME INTRAMUSCULAR SOLUTION 1G/4ML 1 AMP	18
CEFTRIAZONE INTRAMUSCULAR INYECTABLE SOLUTION 500MG/2ML 2ML	18
CEFTRIAZONE INTRAMUSCULAR SOLUTION 1G/3.5ML 3.5ML	18
CEFUROXIME ORAL SUSPENSION 250MG/5ML 50ML	17
CEFUROXIME ORAL TABLETS 500MG 10	18
CELECOXIB ORAL CAPSULES 200MG W 10	13
CERTOLIZUMAB PEGOL SUBCUTANEOUS INYECTABLE SOLUTION 200MG/ML 2	26

Prescription Drug Name (Active Ingredient)	Page
CETAPHIL TOPIC 237ML 237ML	43
CETAPHIL TOPIC CREAM 250G 250G	43
CETAPHIL TOPIC FOAM 236ML 236ML	43
CHLORAMBUCIL ORAL TABLETS 2MG 25	26
CHLORHEXIDINE TOPIC GEL 50ML 75ML	42
CHLORHEXIDINE TOPIC SOLUTION 0.0012 300ML	42
CHLORZOXAZONE/ACETAMINOPHEN ORAL TABLETS 250MG/300MG 30	58
CICLOPIROXTOPIC SOLUTION 0.069G 3.3ML	43
CILOSTAZOL ORAL TABLETS 100MG 30	37
CINITAPRIDE ORAL TABLETS 1MG 50	44
CIPROFLOXACIN ORAL CAPSULES 250MG 12	19
CIPROFLOXACIN ORAL TABLET 1G 7	19
CIPROFLOXACIN ORAL TABLETS 500MG W 14	19
CIPROFLOXACINE / BENZOCAINE / HYDROCORTISONE OTIC DROPS 2MG/20MG/10MG/1ML 10ML	55
CITALOPRAM ORAL TABLETS 20MG 30	21
CITALOPRAM BROMHIDRATO DE ORAL TABLET 20MG 14	21
CITICOLINE ORAL TABLET 500MG 20	29
CITIDIN 5'-MONOFOSFATO/URIDIN 5'-MONOFOSFATO CITIDIN 5'-MONOFOSPHATE/URIDIN 5'-MONOFOSPHATE ORAL CAPSULES 5/3MG 30	29
CLARITHROMYCIN ORAL TABLETS 500MG 14	17
CLARITROMICINA ORAL TABLETS 500MG 10	18
CLINDAMYCIN VAGINAL PRESENTATION 100MG 7	17
CLINDAMYCIN TOPIC GEL 30G 1	43
CLINDAMYCIN TOPIC TOPIC SOLUTION 30G 30ML	43
CLINDAMYCIN/KETOCONAZOLE VAGINAL CREAM 2G/8G POR 100G 30G	23
CLINDAMYCIN/TRETINOIN TOPIC GEL 0.025%/1% 40G	43
CLOBETASOL TOPIC CREAM 0.005 30G	43
CLOBETASOL TOPIC SOLUTION 0.05G 59ML	43
CLOMIPHENE ORAL TABLETS 50MG W 30	49
CLOPIDOGREL ORAL TABLET 75MG 28	36
CLORMADINONA ORAL TABLET 2MG 20	48
CLORMADINONA ORAL TABLET 5MG 20	48
CLORMADINONA/MESTRANOL ORAL TABLET 2MG/80MCG 20	48
CLORTALIDONE ORAL TABLETS 50MG 30	40
CLOTRIMAZOL CLOTRIMAZOLE VAGINAL PRESENTATION 200MG 3 OVU	23
COLCHICINE ORA TABLETS 1MG 20	24
CYPROTERONE/ETINILESTRADIOL ORAL TABLETS 2/0.035 MG W 21	47
DABIGATRAN ORAL CAPSULES 110MG 30+30	37
DABIGATRAN ORAL CAPSULES 115MG 30+30	37
DARUNAVIR ORAL TABLET 600MG 60	32
DEFLAZACORT ORAL TABLETS 30MG W 10	50
DEFLAZACORT ORAL TABLETS 6MG	52
DESOGESTRELORAL TABLETS 0.075MG 28	49
DESONIDA TOPIC CREAM 0.0005 30G	43



Prescription Drug Name (Active Ingredient)	Page
DESVENLAFAXINA ORAL TABLETS 50MG 28	20
DESVENLAFAXINA ORAL TABLETS 100MG 28	20
DEXAMETASONA ALIN 8 MG SOL INY 1X2 ML MEDI EXC	52
DEXAMETASONA/NETILMICINA OPHTHALMIC OPHTHALMIC SOLUTION 1MG/3MG X ML 5ML	54
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 4MG 2ML	15
DEXAMETHASONE IV/IM INYECTABLE SOLUTION 8MG 2ML	15
DEXAMETHASONE ORAL TABLETS .75MG 1	47
DEXAMETHASONE ORAL TABLETS 0.5MG 30	15
DEXAMETHASONE ORAL TABLETS 0.5MG/ML 30	47
DEXAMETHASONE ORAL TABLETS 0.75MG 30	15
DEXAMETHASONE ORAL TABLETS 4MG 10	15
DEXAMETHASONE ORAL TABLETS 4MG 3'	47
DEXAMETHASONE ORAL TABLETS 6MG 10	47
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	47
DEXAMETHASONE PARENTERAL SOLUTION 2ML 1	47
DEXAMETHASONE PARENTERAL SOLUTION 8MG/2ML W 1	47
DEXAMETHASONE PARENTERALINJECTABLE SOLUTION 8MG/2ML 1	16
DEXAMETHASONE/NEOMYCIN/POLYMYXIN B OPHTHALMI OPHTHALMIC SOLUTION 0.1G/0.35G/600,000UI X 100ML 5ML	53
DEXAMETHASONE/TOBAMYCIN OPHTHALMIC DROPS 3MG/ML	53
DEXAMETHASONE/TOBAMYCIN OPHTHALMIC OINTMENT 3MG/MG 3.5MG	54
DEXKETOPROFEN ORAL TABLETS 25MG 10	16
DEXPANTHENOL TOPIC TUBE 30G	43
DEXRAZOXANE IV INJECTABLE SOLUTION 500MG 1	27
DICLOFENAC IM/IV INJECTABLE SOLUTION75MG/3ML W5x3ML	13
DICLOFENAC ORAL SUSPENSION 180MG x 100ML (4.5MG/2.5ML) W 120ML	13
DICLOFENAC ORAL TABLETS 50MG W 30	13
DICLOFENAC TOPIC GEL 1.16G X 100G 60G	44
DICLOFENAC TOPIC GEL 1G/100G 50G	45
DICLOXACILLIN ORAL SUSPENSION 125MG/5ML 90ML	17
DIENOGEST ORAL TABLETS 2MG 28	49
DIFENIDOL IV/IM INYECTABLE SOLUTION 20MG/1ML 2X2ML	23
DIFENIDOL ORAL TABLETS 25MG 25 TABS	23
DIGOXIN ORAL TABLETS 0.25MG 60	38
DIHIDROERGOTAMINE/CAFFEIN/PROPIFENAZONE ORAL TABLET 0.5MG/40MG/125MG 30	25
DILTIAZEM ANAL GEL 2G X 100G 60G	41
DILTIAZEM ORAL TABLET 60MG 30	41
DILTIAZEM ORAL TABLET 30MG 30	41
DILTIAZEM ORAL TABLETS 90MG 20	41
DIMENHYDRINATE IM/IV INYECTABLE SOLUTION 50MG X ML 3X1ML	23
DIMENHYDRINATE ORAL TABLETS 50MG 24	23
DIMENHYDRINATE RECTAL SUPPOSITORY 25MG 4	23
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W 14	44
DIMETHICONE/PANCREATIN ORAL TABLETS 80MG W30	44

Prescription Drug Name (Active Ingredient)	Page
DIMETHICONE/MAGALDRATE/FAMOTIDINE ORAL GEL 1/8/0.1G/100ML 10 PACKAGES	45
DINITRATO DE ISOSORBIDA ORAL TABLETS 10MG 40	41
DINITRATO DE ISOSORBIDA SUBLINGUAL TABLETS 5MG 40	41
DIOSMINA/HESPERIDINE ORAL TABLETS 450MG/50MG 60	39
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	39
DIOSMINE/HESPERIDINE ORAL TABLETS 450MG/50MG 20	39
DOMPERIDONE ORAL TABLETS 10MG 30	23
DORZOLAMIDE/TIMOLOL OPHTHALMIC DROPS 20MG/5MG/1ML 10ML	54
DOXEPIN ORAL CAPSULES 25MG 20	22
DOXYCYCLINE ORAL TABLETS 100MG 28	19
DROSPIRENONE / ETHINYL ESTRADIOL ORAL TABLET 3MG/0.02MG 28	49
DROSPIRENONE/ETHINYL ESTRADIOL ORAL TABLET 3MG/0.02MG 21	49
DULOXETINE ORAL CAPSULES 60MG 28	22
DULOXETINE ORAL CAPSULES 30MG 7	32
DULOXETINEORAL CAPSULES 30MG 7	22
ELETRIPTAN ORAL TABLETS 40 MG 2	25
ENALAPRIL ORAL TABLETS 10MG 30+30	38
ENOXAPARIN SUBCUTANEOUS INYECTABLE SOLUTION 60MG (6,000UI) 2	37
EPINASTINA OPHTHALMIC SOLUTION 0.5MG X ML 5ML	53
EPIRUBICIN IV INYECTABLE SOLUTION 50MG/25ML (2MG/ML) 1	27
ERGOTAMINA/CAFEINA ORAL PILLS 1MG/100MG 20	25
ERYTHROMYCIN ORAL TABLETS 500MG 20	19
ESCITALOPRAM ORAL TABLETS 10MG 14+14	22
ESCITALOPRAM ORAL TABLETS 10MG 28	22
ESCITALOPRAM ORAL TABLETS 20MG 28	22
ESOMEPRAZOLE ORAL GRANULATED 2.5MG/ML 28	45
ESOMEPRAZOLE ORAL GRANULATED 10MG/ML 28	45
ESOMEPRAZOL ORAL TABLETS 40MG 14	45
ESTRADIOL ESTRADIOL CUTANEOUS GEL 60MG X 100G (0.06%) 80GR	44
ESTRADIOL,17-BETA TRIMEGESTONA ORAL TABLETS 1/.125MG 28	44
ESTRADIOL/NORETISTERONA INTRAMUSCULAR INYECTABLE SOLUTION 5MG/50MG 1ML	48
ESTRADIOL/NORGESTREL ORAL TABLETS 2MG/0.5MG 21	48
ESTRIOL TOPIC CREAM 0.5MG 1 TUBO CON APLICADOR	44
ETAMCITRABINA/TENOFOVIR ORAL TABLET 200MG/300MG 30	31
ETANERCEPT SUBCUTANEOUS INYECTABLE SOLUTION 50MG/ML 2	51
ETHAMSYLAT ORAL TABLET 500MG 20	40
ETINILESTRADIOL/NORELGESTROMINE TOPIC PATCHES600MCG/60MG 3	44
ETONOGESTREL/ETINILESTRADIOL VAGINAL UNIT 11.7/2.7MG 1	48
EXOMEGA TOPIC SYRINGE 400ML 400ML	42
EZETIMIBE ORAL TABLETS 10MG 28	40
EZETIMIBE/SIMVASTATIN ORAL TABLET 10MG/40MG 28	40
EZETIMIBE/SIMVASTATIN ORAL TABLET 10MG/10MG 28	40
EZETIMIBE/SIMVASTATIN ORAL TABLET 10MG/20MG 28	40

Prescription Drug Name (Active Ingredient)	Page
FELODIPINE/METOPROLOL ORAL TABLETS 5MG/47.5MG 14	39
FENACETINE/ACETANILIDE/CAFFEIN ORAL TABLETS 400MG/150MG/100MG/50MG W 20	13
FENAZOPIRIDINA ORAL TABLET 100MG 24	46
FENTICONAZOLE TOPIC CREAM 0.02 30G	44
FEXOFENADINE ORAL SUSPENSION ORAL 600MG/100ML 150ML	56
FILGRASTIM PARENTERAL 1 300MCG	51
FINASTERIDE ORAL TABLETS 1MG 28	26
FINASTERIDE ORAL TABLETS 1MG 28	46
FINASTERIDE ORAL TABLETS 5MG 30	46
FINASTERIDE ORAL TABLETS 5MG 30	46
FLOROGLUCINOL/METILFLOROGLUCINE ORAL CAPSULESE80MG/80MG 20	45
FLUCONAZOL ORAL CAPSULES 100MG 10	23
FLUCONAZOL ORAL CAPSULES 150MG 1	23
FLUCONAZOL ORAL TABLETS 150MG 1	23
FLUCONAZOL/TINIDAZOL FLUCONAZOL/TINIDAZOLE ORAL TABLETS 37.5MG/500MG 4	24
FLUDROCORTISONE ORAL TABLETS .1MG 100	47
FLUDROCORTISONE ORAL TABLETS 0.1MG 100	50
FLUOCINOLONA /NEOMICINA TOPIC CREAM 0.01G/0.35GR	44
FLUOCINOLONA TOPIC CREAM 0.001 20G	44
FLUOCINOLONA/CLIOQUINOL TOPIC CREAM 0.01%-3%/100G 40G	44
FLUOROMETHOLONE OPHTHALMIC DROPS 1MG/1ML 5ML	54
FLUOXETINA ORAL CAPSULES 20MG 28	22
FLUOXETINE ORAL CAPSULES 20MG 14	22
FLUOXETINE ORAL TABLETS 20MG 20	33
FLUTICASONE NASAL SPRAY 27.5µG/50µL (1 DISPARO) 120 DOSIS	55
FLUTICASONE NASAL SPRAY 50µG/DOSIS 120 DOSIS	55
FLUTICASONE/AZELASTINE NASAL SPRAY 137/50 MCG 1 PIEZA	57
FLUVOXAMINE ORAL TABLETS 100MG W 30	22
FOLIC ACID ORAL TABLETS 0.4MG (400MCG) 30	59
FOLIC ACID/IRON ORAL TABLETS 350MG/1MG 36	59
FUROSEMIDE ORAL PILLS 40MG 24	40
GABAPENTIN ORAL TABLETS 300MG 1	58
GABAPENTINA ORAL CAPSULES 300MG 30	34
GATIFLOXACIN OPHTHALMIC DROPS 3.0MG/1ML 5ML	19
GATIFLOXACIN/ PREDNISOLONE OPHTHALMIC DROPS 3MG/10MG/1ML 3ML	54
GENTAMICIN IM/IVINYEABLE SOLUTION 160MG X 2ML 1	17
GENTAMICINA TOPIC CREAM 1MG/1G 30G	43
GENTAMICINE IM/IV INYEABLE SOLUTION 80MG X 2ML 1	17
GENTAMICINE PARENTERAL INYEABLE SOLUTION 0MG/1ML 1ML	17
GENTAMICINE PARENTERAL INYEABLE SOLUTION 160MG/2ML 2ML	17
GENTAMYNE IV/IM SOLUTION 160MG/2ML 1	17
HUMAN NORMAL IMMUNOGLOBULIN	51
HYDROCHLOROTIAZIDE ORAL TABLETS 25MG 30	40

Prescription Drug Name (Active Ingredient)	Page
HYDROCORTISONE/CHLORAMPHENICOL/BENZOCAINE OTIC DROPS 10MG/25MG/20MG/1ML 10ML	55
HYDROXYPROPYLMETHYLCELLULOSE OPHTHALMIC GEL 3MG/1ML 10ML	53
HYDROXYUREA ORAL TABLETS 500MG 100	27
HYPROMELLOSE OPHTHALMIC DROPS 5MG/ML	53
IBUPROFEN ORAL CAPSULES 400MG 10	16
IBUPROFEN ORAL CAPSULES 600MG 10	16
IBUPROFEN 600 600MG W 10C	25
IBUPROFEN ORAL CAPSULES 400MG W 20	13
IBUPROFEN/CAFFEINE ORAL CAPSULES 400MG/100MG 10	24
IVERMECTIN ORAL TABLETS 6MG 4	29
IMATINIB ORAL TABLET 400MG W 30	27
IMIPRAMINE ORAL TABLETS 25MG 20	23
INDOMETACIN ORAL CAPSULES 25MG W 60	13
INDOMETACIN RECTAL SUPPOSITORY 100MG W 15	13
INSULIN DETEMIR (PLUMA) SUBCUTANEOUS INJECTABLE SOLUTION 100UI/ML 1	36
INSULIN LISPRO (RECOMBINANTE) SUBCUTANEOUS SOLUTION 100UI/ML 10ML	36
INSULINA GLARGINA (CARTUCHO) SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 5	36
INSULINA HUMANA LISPRO/INTERMEDIA HUMAN INSULIN/LISPRO SUBCUTANEOUSINYECTABLE SOLUTION 50UI 3ML	36
INSULINADEGLUDEC (PLUMA)SUBCUTANEOUS INYECTABLE SOLUTION 100UI/ML 1	36
INTERFERON ALFA-2B SUBCUTANEOUS INYECTABLE SOLUTION 100MCG/.5ML	42
IPRATROPIO INHALABLE NEBULIZING SOLUTION 25MG/100ML 20ML	56
IPRATROPIO INHALABLE NEBULIZING SOLUTION 500MCG/2ML 10X2ML	56
IRBESARTAN ORAL TABLETS 150MG 28	38
IRBESARTAN ORAL TABLETS 150MG 28	38
IRON COMPLEX INTRAMUSCULAR INYECTABLE SOLUTION 317.46MG (100MG) X 2ML 3	59
ISOTRETINOIN ORAL CAPSULES 20MG 30	28
ISOTRETINOIN TOPIC GEL 0.05 30G	28
ITRACONAZOL ORAL CAPSULES 100MG 15	23
ITRACONAZOL ORALCAPSULES 100MG 6+6	23
KETANSERINA/MICONAZOL/METRONIDAZOL VAGINAL PRESENTATION 36MG/100MG/500MG 10	24
KETANSERIN TOPIC CREAM 2G/100G 79	24
KETOCONAZOL TOPIC CREAM 20MG 40G	24
KETOPROFEN/ACETAMINOPHEN ORAL SUSPENSION 70ML W 70ML	13
KETOPROFEN/ACETAMINOPHEN ORAL TABLETS 100MG/300MG 12	16
KETOROLAC SUBLINGUAL TABLETS 30MG W 6	13
KETOROLAC ORAL TABLETS 10MG W 10	13
LACTULOSE ORAL SYRUP 66.7G W 120 ML	45
LACTULOSE ORAL SYRUP 66.7G W 240 ML	45
LAMOTRIGINE ORAL TABLETS 100MG 28	34
LAMOTRIGINE ORAL TABLETS 25MG 28	34
LAMOTRIGINE ORAL TABLETS 5MG 28	34
LATANOPROST OFTALMICAN GOTAS 0.05MG/1ML 3ML	54
LATANOPROST OPHTHALMIC DROPS 0.05MG/1ML 3ML	54

Prescription Drug Name (Active Ingredient)	Page
LATANOPROST/TIMOLOL OPTHALMIC OPTHALMIC SOLUTION 50MCG/5MG X ML 2.5ML	54
LEFLUNOMIDA ORAL TABLET 20MG 30	51
LEFLUNOMIDA ORAL TABLETS 20MG 30	27
LEVETIRACETAM EXITEL 500MG C30T MEDI EXC	20
LEVETIRACETAM LEVEXX 1000MG C30T	20
LEVETIRACETAM ORAL SOLUTION 100MG/1ML 300ML	20
LEVETIRACETAM ORAL TABLETS 1 G 30	20
LEVETIRACETAM ORAL TABLETS 500MG 30	20
LEVODOPA/BENSERAZIDAL-DOPA/BENSERAZIDE ORAL TABLET 100MG/25MG 30	29
LEVODOPA/CARBIDOPA L-DOPA/CARBIDOPA ORAL TABLETS 250MG/25MG 30	29
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA 250MG/25MG - TAB 30 ORAL TABLETS 1 30	29
LEVODOPA/CARBIDOPA LEVODOPA/CARBIDOPA ORAL TABLETS 25MG/250MG 50	29
LEVOFLOXACIN ORAL TABLET 500MG 7	26
LEVOFLOXACIN ORAL TABLETS 500MG 7	19
LEVOMEPRMAZINE ORAL TABLET 25MG 20	30
LIDAMIDINE HYDROCHLORIDE 0.29 MG W 30 CAP	45
LIDOCAINE / PRILOCAINE TOPIC CREAM 25MG/25MG X G W 5G	14
LIDOCAINE / PRILOCAINE TOPIC PATCHES 1G W 2	14
LIDOCAINE OTIC DROPS 1G/100ML 30ML	55
LINCOMYCIN ORAL CAPSULES 500MG 16	57
LISINA/BUTILHIOSCINAE ORAL CAPSULES 125/10MG 20	44
LISINE ORAL TABLETS 125MG 10	16
LISINE ORAL TABLETS 250MG 10	16
LISINOPRIL ORAL TABLETS 5MG 28	38
LISINOPRIL ORAL TABLETS 20MG 28	38
LISINOPRIL ORAL TABLETS 10MG 28	38
LITIUM ORAL TABLETS 300MG W 50	30
LORATADINE ORAL ORAL SOLUTION 30MG 30ML	55
LORATADINE ORAL SYRUP 100MG/100ML 60ML	55
LORATADINE ORAL TABLETS 10MG 10	55
LORATADINE/AMBROXOL ORAL SYRUP 100MG/600MG 120ML	55
LORATADINE/AMBROXOL ORAL TABLETS 5MG/30MG 20	55
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG	16
LORATADINE/BETAMETHASONE ORAL TABLETS 5MG/0.25MG 10	16
LORATADINE/PHENILEFRINE ORAL ORAL SOLUTION 0.67MG/2MG X ML 60ML	56
LORATADINE/PHENILEFRINE ORAL TABLETS 5MG/30MG 20	56
LORATADINE/PHENYLEPHRINE ORAL SOLUTION 0.05G/0.2G X 100ML 60ML	67
LOSARTAN ORAL TABLET 100MG W 30	38
LOSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLETS 100MG/25MG 30	40
LOSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLETS 50MG/12.5MG 30	40
LOTEPREDNO OPTHALMIC OPTHALMIC SUSPENSION 5MG X ML 5ML	54
LOTEPREDNOL/ TOBRAMYCIN OPTHALMIC OPTHALMIC SOLUTION 5MG/3MG X ML 5ML	54
LYMECYCLINE ORAL CAPSULES 150MG 32	19

Prescription Drug Name (Active Ingredient)	Page
LYMECYCLINE ORAL CAPSULES 300MG 20	21
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	20
MAGNESIUM VALPROATE ORAL ORAL SUSPENSION 4G/100ML 100ML	21
MAGNESIUM VALPROATE ORAL TABLET 200MG 40	21
MAGNESIUM VALPROATE ORAL TABLETS 200MG 40	21
MAGNESIUM VALPROATE ORAL TABLETS 400MG 20	21
MAGNESIUM VALPROATE ORAL TABLETS 600MG 20	21
MEBENDAZOLE ORAL SUSPENSION 20MG/1ML 30ML	28
MEBENDAZOLE ORAL TABLETS 500MG 1	28
MEBENDAZOLE ORAL TABLETS 100MG 6	28
MEBENDAZOLE/QUINFAMIDA 300/150MG 2	28
MEBEVERINE ORAL CAPSULES 200MG 30	44
MEDROXYPROGESTERONE INTRAMUSCULAR INJECTABLE SUSPENSION 150MG 1ML	26
MEDROXYPROGESTERONE ORAL TABLETS 10MG 10	26
MEDROXYPROGESTERONE ORAL TABLETS 5MG 24	26
MELOXICAM ORAL TABLETS 7.5MG 20	16
MELOXICAM ORAL TABLETS 15MG 20	16
MEMANTINE ORAL TABLETS 10MG 28	21
MEMANTINE ORAL TABLETS 15MG 28	21
MEMANTINE ORAL TABLETS 20MG W 28	21
MEMANTINE ORAL TABLETS 20MG W 28	21
MESALAZINA SALOFALK 500 MG GRAG 40	52
MESALAZINE ENTERAL SUSPENSION 60ML	52
MESALAZINE MESALAZINE ORAL 500MG 1 1	52
MESALAZINE MESALAZINE RECTAL 250MG 250MG 1	52
MESALAZINE RECTAL 500MG 500MG 10	52
MESTEROLONE ORAL TABLETS 25MG 10	49
METFORMIN ORAL TABLET 1000MG/5MG 28	35
METFORMIN ORAL TABLET 500MG 60	35
METFORMIN ORAL TABLETS 1000MG 30	35
METFORMIN ORAL TABLETS 850MG 30	35
METFORMIN ORAL TABLETS 850MG 60	35
METFORMIN/ GLIBENCLAMIDE ORAL TABLETS 500/5MG 60	35
METFORMIN/GLIBENCLAMIDE ORAL TABLET 500MG/5MG 60	35
METFORMIN/LINAGLIPTIN ORAL TABLETS 1000MG/2.5MG 30	35
METFORMIN/LINAGLIPTIN ORAL TABLETS 500MG/2.5MG 30	35
METFORMIN/LINAGLIPTIN ORAL TABLETS 850MG/2.5MG 30	35
METFORMINA/GLIBENCLAMIDE ORAL TABLET 500MG/2.5MG 30	35
METFORMINA/GLIMEPIRIDE ORAL TABLETS 1000MG/2MG 16	35
METHOTREXATE ORAL TABLETS 2.5MG 100	27
METHYLDOPA ORAL TABLETS 500MG 30	37
METHYLDOPA ORAL TABELTS 250MG 30	37
METHYLPHENIDATE ORAL TABLET 10MG 30	41

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METHYLPHENIDATE ORAL TABLET 10MG 60	41
METHYLPHENIDATE ORAL TABELT 36MG 30	41
METHYLPHENIDATE ORAL TABLETS 54MG 30	41
METHYLPREDNISOLONE PARENTERAL 1 1 1	47
METHYLPREDNISOLONE PARENTERAL SOLUTION 2ML W 1	47
METHYLPREDNISOLONE IM/INSIDE JOINT INYECTABLE SOLUTION 40MG/1ML 2ML	15
METOCLOPRAMIDE ORAL DROPS 400MG 20ML	23
METOCLOPRAMIDE ORAL TABLET 10MG 20	23
METOCLOPRAMIDE ORAL DROPS 100MG 100ML	23
METOCLOPRAMIDE ORAL TABLETS 15MG 20	23
METOPROLOL ORAL TABLETS 95MG 20	39
METRONIDAZOL/MICONAZOL VAGINAL PRESENTATION 750MG/200MG 7	24
METRONIDAZOL/NISTATINA VAGINAL PRESENTATION 500MG/100000U 10	24
METRONIDAZOLE ORAL SUSPENSION 250MG 120ML	28
METRONIDAZOLE ORAL TABLETS 500MG 30	28
METRONIDAZOLE/DIYODOHIDROXIQUINOLEIN ORAL CAPSULES 400/200MG 30	28
METRONIDAZOLE/DIYODOHIDROXIQUINOLEIN ORAL TABLETS 250/325MG 60	28
MICONAZOL ORAL GEL 0.02 78ML	24
MINOCYCLINE ORAL TABLETS 50MG 24	19
MOMETASONE NASAL ORAL SUSPENSION 0.05G X 100ML (50MCG X ML) 10ML	55
MONTELUKAST ORAL PILLS	56
MORPHINE ORAL TABLETS 15MG 20	14
MORPHINE ORAL TABLETS 30MG 100	14
MORPHINE ORAL TABLETS 30MG 20	14
MOXIFLOXACIN OPHTHALMIC OPHTHALMIC SOLUTION 5MG/ML 5ML	53
MOXIFLOXACIN ORAL TABLET 400MG 7	19
MOXIFLOXACIN ORAL TABLET400MG 7	26
MOXIFLOXACIN ORAL TABLETS 400MG 7	19
NANDROLONE INTRAMUSCULAR INYECTABLE SOLUTION 50MG/ML 2	48
NAPROXEN ORAL CAPSULES 275 MG 20	13
NEBIVOLOL ORAL PILLS 5MG 28	38
NEBIVOLOL ORAL TABLET 5MG 14	37
NEBIVOLOL ORAL TABLETS 5MG 28	38
NEOMICIN/POLIMIXINA B/BACITRACIN OPHTHALMIC OINTMENT 0.35G/500000U/40000U/100G 30G	54
NEOMICINA/POLIMINA B/GRAMICIDINA OPHTHALMIC DROPS 1.75MG/5000UI/0.025MG/1ML 15ML	54
NEPAFENAC OPHTHALMIC OPHTHALMIC SUSPENSION 1MG/ML 5ML	54
NEULASTIM 6 MG/0.6 ML JGP CAJ C/1	51
NEVIRAPINE ORAL TABLETS 200MG 60	31
NIFEDIPINE ORAL CAPSULES 10MG 30	39
NIFEDIPINE ORAL CAPSULES 30MG 30	39
NIFURATEL/NISTATINA VAGINAL PRESENTATION 500MG/200000U 6	24
NIFUROZAXIDA/METRONIDAZOLE ORAL CAPSULES 200MG/600MG 20	28
NIFUROZAXIDA/METRONIDAZOLE OTAL SUSPENSION 4G/5G/100MG 120	28

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NITROFURANTOIN ORAL CAPSULES 100MG 40	46
NITROFURANTOIN ORAL ORAL SUSPENSION 25MG X 5ML 120ML	46
NORFLOXACIN ORAL TABLETS 400MG 20	19
OLANZAPINE ORAL TABLETS 5MG 14	30
OLANZAPINE ORAL TABLET 10MG 14	30
OLANZAPINE ORAL TABLET 10MG 30	30
OLANZAPINE ORAL TABLET 5MG 14	30
OLANZAPINE ORAL TABLET 5MG 30	30
OLANZAPINE ORAL TABLETS 10MG 14	30
OLANZAPINE ORAL TABLETS 10MG 14	30
OMEPRAZOL ORAL CAPSULES 40MG 7+7	45
OMEPRAZOL ORAL CAPSULES 40MG 15	45
ONDANSETRON ORAL TABLETS 8MG 10	23
ONDANSETRON IV INJECTABLE SOLUTION 8MG/4ML W 3X4ML	14
ONDANSETRON ORAL TABLETS 8MG W 10	14
ORFENADRINE/PARACETAMOL ORAL TABLETS 35/450MG 50	56
OSELTAMIVIR ORAL CAPSULES 75MG	32
OXCARBAZEPINE ORAL TABLET 300MG 30	20
OXCARBAZEPINE ORAL TABLETS 300MG 20	20
OXCARBAZEPINE ORAL TABLETS 600MG 30	20
OXCARBAZEPINE ORAL TABLETS 600MG 20	20
PACLITAXEL IV INJECTABLE SOLUTION 30MG/5ML1X5ML	27
PAROXETINE ORAL TABLETS 20MG 10	22
PAROXETINE ORAL TABLETS 20MG 20	22
PAROXETINE ORAL TABLETS 20MG 10	33
PAROXETINE ORAL TABLETS 25MG 30	22
PEGINTERFERON ALPHA 2 <sup>a</sup> INJECTABLE SOLUTION 180MCG/0.5ML	31
PENICILLIN G INTRAMUSCULAR INJECTABLE SOLUTION 300000UI/500MG 1	18
PERMETHRIN TOPIC CREAM 5G/100G 60G	29
PERMETHRIN TOPIC EMULSION 5G/100ML 120	29
PILOCARPINE OPHTHALMIC DROPS 2G/100ML 15ML	25
PIOGLITAZONE ORAL TABLETS 15MG 28	35
PIOGLITAZONE ORAL TABLETS 15MG 7	35
PIOGLITAZONE ORAL TABLETS 15MG 30	35
PIRAZINAMIDA/ETAMBUTOL, RIFAMPICIN/ISONIAZID/PYRAZINAMIDE/ETHAMBUTOL ORAL TABLETS 150MG/75MG/400MG/300MG 240	25
POTASIUUM ORAL TABLETS 0.5G 50	59
PRAMIPEXOLE (LP) ORAL TABLETS 1.5MG 30	29
PRAMIPEXOLE (LP) ORAL TABLETS 3MG 30	29
PRAVASTATIN ORAL TABLET 10MG 30	41
PREDINSOLONE ORAL SOLUTION 1MG 120ML	15
PREDNISOLONE OPHTHALMIC DROPS 10MG/1ML 5ML	15
PREDNISOLONE ORAL SOLUTION 1MG/ML 120ML	15
PREDNISOLONE ORAL TABLETS 20MG 30	15



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PREDNISOLONE ORAL TABLETS 5MG 30	15
PREDNISOLONE ORAL TABLETS 5MG W 15	15
PREDNISOLONE ORAL TABLETS 5MG W 60	15
PREDNISONA ORAL TABLET 20MG 30	52
PREDNISONA ORAL TABLETS 50MG 20	15
PREDNISONA ORAL TABLETS 50MG 30	57
PREDNISONA ORAL TABLETS 5MG 30	47
PREGABALIN ORAL CAPSULES 300MG 28	20
PREGABALIN ORAL TABLETS 150MG 28	20
PREGABALIN ORAL TABLETS 75MG 14	20
PREGABALINA ORAL TABLETS 150MG 14	20
PROPAFENONE ORAL TABLETS 150MG 30	38
PROPRANOLOL ORAL TABLETS 10MG 50	39
PROPRANOLOL ORAL TABLETS 40MG 30	38
QUINFAMIDA ORAL TABLETS 300MG 1	28
QUINFAMIDA ORAL SUSPENSION 10MG/1ML 30ML	28
RALOXIFENE ORAL TABLETS 60MG 28	26
RALOXIFENE ORAL TABLETS 60MG 28	27
RETINOIC ACID TOPIC CREAM 0.0005 30G	42
RIBAVIRIN ORAL CAPSULES 400MG 18	32
RIBAVIRIN ORAL SOLUCION ORAL 10MMG/5ML 120ML	32
RIBAVIRIN TOPIC CREAM 7.5G X 100G 15G	32
RIFAMPICINA/ISONIAZIDA ORAL CAPSULES 150MG/200MG 24	26
RISPERIDONE ORAL SOLUTION 100MG X 100ML 60ML	30
RISPERIDONE 2MG C20T	30
RISPERIDONE ORAL TABLETS 1MG 20	34
RISPERIDONE ORAL TABLETS 2MG 20	34
RISPERIDONE ORAL TABLETS 2MG 20	30
RISPERIDONE ORAL TABLETS 1MG 20	30
RITONAVIR ORAL CAPSULES 100MG 168	31
RIVAROXABAN 10MG - COM 30 ORAL	37
ROACTEMRA 200 MG/10 ML 1 FAM C/10 ML	51
ROACTEMRA 80 MG/4 ML 1 FAM C/4 ML	51
SACCHAROMYCES BOULARDII ORAL CAPSULES 200MG 6	45
SALBUTAMOL/IPRATROPIO ORAL INHALABLE SPRAY 8.77MG/1.68MG/1ML 4.5ML	57
SALBUTAMOL/IPRATROPIUM INHALABLE NEBULIZING SOLUTION 2.5MG/0.5MG/2.5ML 10X2.5ML	57
SALMETEROL/FLUTICASONE ORAL INHALABLE POWDER 50MCG/250MCG W 60	57
SECNIDAZOLE ORAL TABLET 500MG 8	28
SERTRALINE ORAL TABLETS 50MG 14	22
SERTRALINE ORAL TABLETS 50MG 28	22
SERTRALINE ORAL TABLETS 50MG 28	33
SODIC NAPROXEN ORAL SUSPENSION 2.5G/2G/100ML W 00ML	13
SODIC NAPROXEN ORAL TABLETS 500MG W 15	13

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SODIC NAPROXEN/ACETAMINOPHEN ORAL TABLETS 275MG/300MG 16	13
SODIO OXYMETAZOLINE/SODIUM HYALURONATE OPHTHALMIC OPHTHALMIC SOLUTION 0.125MG/1MG X 0.5ML	53
SODIUM HYALURONATE OPHTHALMIC DROPS 4 MG 20 DOSIS	53
SPIRONOLACTONE ORAL TABLETS 25MG 30	40
SPIRONOLACTONE ORAL TABLETS 25MG 14	40
SULFAMETOXAZOL/TRIMETROM ORAL TABLETS 80/400MG 30	19
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 160/800MG 14	19
SULFAMETOXAZOL/TRIMETROPIM ORAL PILLS 80/400MG 14	19
SULFAMETOXAZOL/TRIMETROPIM ORAL SUSPENSION 200MG/40 MG/5ML 120ML	19
SULFAMETOXAZOL/TRIMETROPIM ORAL TABLETS 160MG/800MG 14	19
SULFASALAZINE ORAL TABLETS 500MG 60	45
SUMATRIPTAN ORAL TABLET 100MG 2	25
TADALAFIL ORAL TABLETS 5MG W 28	57
TAMOXIFEN ORAL TABLETS 2.5MG 20	27
TAMOXIFEN ORAL TABLETS 20MG 30	27
TAMOXIFEN ORAL TABLETS 10MG 30	27
TAMOXIFEN ORAL TABLETS 2.5MG 20	27
TAMOXIFEN ORAL TABLETS 20MG 30	27
TAMSULOSIN ORAL CAPSULES 0.4MG 20	46
TERAZOSIN ORAL TABLETS 5MG 30	46
TESTOSTERONE INTRAMUSCULAR INJECTABLE SOLUTION 250 MG W 1ML	48
TESTOSTERONE INTRAMUSCULAR INYECTABLE SOLUTION 250MG 1ML	48
TETRACYCLINE ORAL TABLETS 250MG 20	19
TIAMAZOLE ORAL TABLETS 5MG 0	51
TIBOLONA TIBOLONE ORAL TABLETS 2.5MG 30	47
TIMOLOL OFTALMICA GRAGEAS 5MG/ML 5ML	55
TIMOLOL OPHTHALMIC OPHTHALMIC SOLUTION 500MG/100ML 15ML	55
TIZANIDINA 2MG C20T MEDI EXC	58
TIZANIDINE CLORHIDRATO DE ORAL PILLS 6MG 10	31
TIZANIDINE ORAL TABLETS 2MG 20	31
TOLTERODINE DETRUSITOL 2MG C28T	46
TOLTERODINE ORAL TABLETS 2MG 28	46
TRAMADOL ORAL CAPSULES 50MG 10	14
TRAMADOL ORAL CAPSULES 100MG 10	14
TRAMADOL OPHTHALMIC DROPS 100MG 10	14
TRAVOPROST OPHTHALMIC OPHTHALMIC SOLUTION 40 MCG PIEZA	53
TRIAMCINOLONE NASAL SPRAY 55MCG 16.5ML	15
TRIFLUOPERAZINE ORAL TABLETS 5MG 30	30
URSODESOXICOLICO ACID ORAL CAPSULES 250MG 50	45
VALPROIC ACID ORAL TABLETS 250MG 60	34
VALPROIC ACID ORAL TABLETS 500MG 30	34
VALPROIC ACID ORAL TABLETS 500MG 30	34
VANTAL BUCOFAR C/360ML SOL BENCIDAMINA BENCIDAMINE ORAL ORAL SOLUTION 0.15G POR 100ML 360ML	42

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VARDENAFIL ORAL TABLETS 10MG W 14	<b>57</b>
VARDENAFIL ORAL TABLETS 10MG W 30	<b>58</b>
VARENICLINE ORAL TABLETS0.5MG(11) /1MG(14) W 25	<b>15</b>
VARENICLINE ORAL TABLETS 10MG 30	<b>15</b>
VENLAFAXINE ORAL CAPSULES75MG 20	<b>22</b>
VERAPAMILO (PROLONGED LIBERATION) ORAL TABLETS 120MG 30	<b>38</b>
VERAPAMILO (PROLONGED LIBERATION) ORAL TABLETS 80MG 30	<b>38</b>
VITAMINS ACD ORAL SOLUTION 15 W 5X3ML	<b>59</b>
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	<b>31</b>
ZIDOVUDINE ORAL ORAL SOLUTION 50MG 240ML	<b>32</b>
ZOLENDRONIC ACID INYECTABLE SOLUTION 4MG/5ML 1	<b>50</b>
ZOLENDRONIC ACID INYECTABLE SOLUTION 4MG/100ML 1	<b>50</b>
ZOLPIDEM ORAL TABLETS 10MG W 30	<b>58</b>
ZOLPIDEM ORAL TABLETS 10MG W 30 3	<b>58</b>