



Lista de Medicamentos de 2018

(Actualizado a junio 2018)

Esta es una versión de la lista comprensiva de medicamentos. Durante el año pueden ocurrir cambios y las exclusiones del plan pueden anular esta lista. Los diseños de beneficios pueden variar con respecto a la cobertura de medicamentos, límites en cantidad, terapia escalonada, días de suplido y pre-autorizaciones.

Usted puede aprovechar al máximo su plan de beneficios de farmacia y controlar los costos de sus medicamentos recetados si utiliza los Medicamentos Preferidos. Recuerde mostrar esta lista a su doctor para seleccionar los medicamentos más económicos que sean clínicamente adecuados para el tratamiento de su condición o para conservar su salud.

Como utilizar esta guía:

Las categorías terapéuticas aparecen en orden alfabético en MAYUSCULA en los cuadros negros. Las clases terapéuticas en cada categoría están escritas en casillas grises.

Le siguen los tipos de medicamentos en cada clase.

Algunos medicamentos se usan para el tratamiento de más de una condición. Revise las diferentes categorías de su medicamento.

Algunos medicamentos o clases terapéuticas requieren autorización previa antes de que sean cubiertos por su plan. En algunos casos, un límite en la edad o de la cantidad puede ser requerido. Estos medicamentos o clases se indican con una abreviatura:

PA = requiere pre autorización QL= Tiene cantidad limitada ST= requiere de Terapia Escalonada AL= Tiene límite en edad

Comprensión de los copagos por niveles:

Su plan de beneficios de farmacia ofrece diferentes niveles de medicamentos que determinan los copagos:

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca Preferidos.

Tercer Nivel: Medicamentos de Marca No Preferidos.

Cuarto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
5-ALPHA-REDUCTASE INHIBITORS [INHIBIDORES DE LA 5-ALFA-REDUCTASA]			
5-alpha-reductase Inhibitors [Inhibidores De La 5-Alfa-Reductasa]			
AVODART 0.5 mg cap	2		
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
JALYN 0.5-0.4 mg cap	2		
PROSCAR 5 mg tab	3		PA
ACIDIFYING AGENTS [AGENTES ACIDIFICANTES]			
Acidifying Agents [Agentes Acidificantes]			
K-PHOS NO 2 305-700 mg tab	3		
ADRENALS [ADRENALES]			
Adrenals [Adrenales]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		
ASMANEX 120 METERED DOSES 220 mcg/inh inh aer pwdr br act	3		
ASMANEX 14 METERED DOSES 220 mcg/inh inh aer pwdr br act	3		
ASMANEX 30 METERED DOSES 110 mcg/inh inh aer pwdr br act, 220 mcg/inh inh aer pwdr br act	3		
ASMANEX 60 METERED DOSES 220 mcg/inh inh aer pwdr br act	3		
ASMANEX 7 METERED DOSES 110 mcg/inh inh aer pwdr br act	3		
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer	3		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1		
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	2		
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	3		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 2 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	3		
<i>dexamethasone 0.5 mg/5ml soln, 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXTAK 10 DAY 1.5 mg (35) tab pack	3		
DEXTAK 13 DAY 1.5 mg (51) tab pack	3		
DEXTAK 6 DAY 1.5 mg (21) tab pack	3		
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer	3		
ENTOCORT EC 3 mg cap dr prt	3		PA
FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act	2		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	2		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	2		QL(12 / 30)
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
KENALOG 10 mg/ml inj susp, 40 mg/ml inj susp	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 3 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MEDROL 16 mg tab, 2 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 10 mg/5ml soln, 5 mg tab	3		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	3		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	3		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	3		
PEDIAPRED 6.7 (5 Base) mg/5ml soln	3		
<i>prednisolone 15 mg/5ml soln, 15 mg/5ml syr</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 15 mg/5ml soln, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 5 mg/5ml soln, 50 mg tab</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	3		QL(2 / 30)
QVAR 40 mcg/act inh aer soln, 80 mcg/act inh aer soln	2		QL(8.7 / 30)
QVAR REDHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		QL(10.6 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 1000 mg inj soln, 125 mg inj soln, 2 gm inj soln, 40 mg inj soln, 500 mg inj soln	3		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	1	KENALOG	
VERIPRED 20 20 mg/5ml soln	3		
ZODEX 6-DAY 1.5 mg (21) tab pack	3		
ALCOHOL DETERRENTS [DISUASIVOS DE ALCOHOL]			
Alcohol Deterrents [Disuasivos De Alcohol]			
ANTABUSE 250 mg tab, 500 mg tab	3		PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA
ALKALINIZING AGENTS [AGENTES ALCALINIZANTES]			
Alkalinizing Agents [Agentes Alcalinizantes]			
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
ORACIT 490-640 mg/5ml soln	3		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml soln</i>	1		
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln, 3300-1002 mg pckt</i>	1		
SHOHL'S MODIFIED 500-334 mg/5ml soln	3		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
TARON-CRYSTALS 3300-1002 mg pckt	3		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
UROCIT-K 10 10 MEQ (1080 mg) tab er	3		
UROCIT-K 15 15 MEQ (1620 mg) tab er	3		
UROCIT-K 5 5 MEQ (540 mg) tab er	3		
<i>virtrate-2 500-334 mg/5ml soln</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 5 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>virtrate-3 550-500-334 mg/5ml soln</i>	1		
<i>virtrate-k 1100-334 mg/5ml soln</i>	1		
ALPHA-ADRENERGIC BLOCKING AGENTS [AGENTES BLOQUEADORES ALFA-ADRENÉRGICOS]			
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
CARDURA 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	3		
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	3		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
AMMONIA DETOXICANTS [DETOXIFICANTES DE AMONIACO]			
Ammonia Detoxicants [Detoxificantes De Amoníaco]			
BUPHENYL 500 mg tab	4		PA
CARBAGLU 200 mg tab	3		
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1		
<i>generlac 10 gm/15ml soln</i>	1		
KRISTALOSE 10 gm pckt, 20 gm pckt	3		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
LITHOSTAT 250 mg tab	3		
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
ANALGESICS AND ANTIPIRETTICS [ANALGÉSICOS Y ANTIPIRÉTICOS]			
Analgesics And Antipyretics, Misc [Analgésicos Y Antipiréticos, Misceláneos]			
BUPAP 50-300 mg tab	3		QL(90 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	TENCON	QL(90 / 30)
<i>butalbital-apap 50-325 mg tab</i>	1	TENCON	QL(90 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(90 / 30)
CAPACET 50-325-40 mg cap	3		QL(90 / 30)
<i>duraxin 300-200-20 mg cap</i>	1		
ESGIC 50-325-40 mg cap, 50-325-40 mg tab	3		QL(90 / 30)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 6 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FIORICET 50-300-40 mg cap	3		QL(90 / 30)
GRALISE 300 mg tab, 600 mg tab	3		
GRALISE STARTER 300 & 600 mg oral misc	3		
ILARIS 150 mg sc soln, 150 mg/ml sc soln	3		PA
<i>marten-tab 50-325 mg tab</i>	1	TENCON	QL(90 / 30)
PHRENILIN FORTE 50-300-40 mg cap	3		QL(90 / 30)
TENCON 50-325 mg tab	3		QL(90 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	3		QL(1350 / 30)
VANATOL S 50-325-40 mg/15ml soln	3		QL(1350 / 30)
ZEBUTAL 50-325-40 mg cap	3		QL(90 / 30)
Nonsteroidal Anti-inflammatory Agents [Agentes Anti-Inflamatorios Noesteroidales]			
ANAPROX DS 550 mg tab	3		
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	3		
<i>aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 600 mg rect supp, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 324 mg tab dr</i>	1		QL(30 / 30), AL
<i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>	1		QL(90 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	FIORINAL	QL(90 / 30)
CAMBIA 50 mg pckt	3		
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	2		ST
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>choline-mag trisalicylate 500 mg/5ml liq</i>	1		
DAYPRO 600 mg tab	3		
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 7 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
DUEXIS 800-26.6 mg tab	3		
EC-NAPROSYN 375 mg tab dr, 500 mg tab dr	3		
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
FELDENE 10 mg cap, 20 mg cap	3		
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
FENORTHO 400 mg cap	3		
FIORINAL 50-325-40 mg cap	3		QL(90 / 30)
FLANAX PAIN RELIEF 500 mg cmb kit	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
IBUPROFEN COMFORT PAC 800 mg cmb kit	3		
IC 400 400 mg oral kit	3		
IC 800 800 mg oral kit	3		
INDOCIN 25 mg/5ml susp, 50 mg rect supp	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
LEVACET 500-250-150 mg tab	3		
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
MELOXICAM COMFORT PAC 15 mg cmb kit	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 8 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MOBIC 15 mg tab, 7.5 mg tab	3		
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	3		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
NAPROSYN 125 mg/5ml susp, 500 mg tab	3		
<i>naproxen 125 mg/5ml susp, 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
NAPROXEN COMFORT PAC 500 mg cmb kit	3		
<i>naproxen dr 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
PONSTEL 250 mg cap	3		
<i>salsalate 500 mg tab, 750 mg tab</i>	1		
SPRIX 15.75 mg/spray nasal soln	3		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	3		PA
ZIPSOR 25 mg cap	3		
Opiate Agonists [Agonistas De Opiáceos]			
ABSTRAL 100 mcg tab subl, 200 mcg tab subl, 300 mcg tab subl, 400 mcg tab subl, 600 mcg tab subl, 800 mcg tab subl	3		
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-15 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ACTIQ 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	3		
ASCOMP-CODEINE 50-325-40-30 mg cap	3		
<i>aspirin-caff-dihydrocodeine 356.4-30-16 mg cap</i>	1		
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		
DEMEROL 100 mg tab, 100 mg/2ml inj soln, 100 mg/ml inj soln, 25 mg/0.5ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln, 75 mg/1.5ml inj soln, 75 mg/ml inj soln	3		
DILAUDID 1 mg/ml liq, 2 mg tab, 4 mg tab, 8 mg tab	3		
DURAGESIC-100 100 mcg/hr td patch 72 hr	3		
DURAGESIC-12 12 mcg/hr td patch 72 hr	3		
DURAGESIC-25 25 mcg/hr td patch 72 hr	3		
DURAGESIC-50 50 mcg/hr td patch 72 hr	3		
DURAGESIC-75 75 mcg/hr td patch 72 hr	3		
ENDOCET 2.5-325 mg tab	3		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
EXALGO 12 mg tab er 24 hr abuse-deterr, 16 mg tab er 24 hr abuse-deterr, 32 mg tab er 24 hr abuse-deterr, 8 mg tab er 24 hr abuse-deterr	3		
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr</i>	1	DURAGESIC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>			
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
FIORINAL/CODEINE #3 50-325-40-30 mg cap	3		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<i>hydromorphone hcl 1 mg/ml liq, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl er 12 mg tab er 24 hr abuse-deterr, 16 mg tab er 24 hr abuse-deterr, 32 mg tab er 24 hr abuse-deterr, 8 mg tab er 24 hr abuse-deterr</i>	1	EXALGO	
IBUDONE 10-200 mg tab, 5-200 mg tab	3		
KADIAN 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 200 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln	3		
<i>levorphanol tartrate 2 mg tab</i>	1		
LORCET 5-325 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LORCET HD 10-325 mg tab	3		
LORCET PLUS 7.5-325 mg tab	3		
LORTAB 10-300 mg/15ml oral elix	3		
MAXIDONE 10-750 mg tab	3		
meperidine hcl 10 mg/ml inj soln	1		
meperidine hcl 100 mg tab, 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg tab, 50 mg/5ml soln, 50 mg/ml inj soln	1	DEMEROL	
morphine sulfate 15 mg tab, 30 mg tab	1		
morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	KADIAN	
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	1	MS CONTIN	
morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr	1	AVINZA	
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	3		
NORCO 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	3		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	2		
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	2		
OPANA 10 mg tab, 5 mg tab	3		
OXAYDO 5 mg tab abuse-deterr, 7.5 mg tab abuse-deterr	3		
oxycodone hcl 10 mg tab, 20 mg tab, 5 mg cap	1		
oxycodone hcl 100 mg/5ml oral conc, 15 mg tab, 30 mg tab, 5 mg tab, 5 mg/5ml soln	1	ROXICODONE	
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr	1	OXYCONTIN	PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 12 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>			
<i>oxycodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>oxycodone-aspirin 4.8355-325 mg tab</i>	1	PERCODAN	
<i>oxycodone-ibuprofen 5-400 mg tab</i>	1	COMBUNOX	
OXYCONTIN 10 mg tab er 12 hr <i>abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2		PA
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
PERCOCET 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	3		
PRIMLEV 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
REPREXAIN 10-200 mg tab, 5-200 mg tab	3		
ROXICODONE 15 mg tab, 30 mg tab, 5 mg tab	3		
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	3		
SYNALGOS-DC 356.4-30-16 mg cap	3		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol hcl er 150 mg cap er 24 hr</i>	1		
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 13 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
TYLENOL WITH CODEINE #3 300-30 mg tab	3		
TYLENOL WITH CODEINE #4 300-60 mg tab	3		
ULTRACET 37.5-325 mg tab	3		
ULTRAM 50 mg tab	3		
VICODIN 5-300 mg tab	3		
VICODIN ES 7.5-300 mg tab	3		
VICODIN HP 10-300 mg tab	3		
XODOL 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
XYLON 10-200 mg tab	3		
ZAMICET 10-325 mg/15ml soln	3		
Opiate Partial Agonists [Agonistas Parciales De Opiáceos]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
BUTRANS 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch	3		PA
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1		
SUBOXONE 2-0.5 mg subl film, 8-2 mg subl film	2		PA
ANDROGENS [ANDRÓGENOS]			
Androgens [Andrógenos]			
ANDROGEL 20.25 MG/1.25GM (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	2		PA
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	2		PA
AXIRON 30 mg/act td soln	2		PA
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
TESTIM 50 MG/5GM (1%) td gel	2		PA
<i>testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 14 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
testosterone 30 mg/act td soln	1	AXIRON	PA
testosterone 12.5 MG/ACT (1%) td gel	1	VOGELXO	PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS [AGENTES ANOREXÍGENOS Y ESTIMULANTES RESPIRATORIOS Y DEL SNC]			
Amphetamines [Anfetaminas]			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	3		
amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	ADDERALL	
DESOXYN 5 mg tab	3		
DEXEDRINE 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	3		
dextroamphetamine sulfate 5 mg/5ml soln	1		
dextroamphetamine sulfate 10 mg tab, 5 mg tab	1	DEXEDRINE	
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	1	DEXEDRINE	
methamphetamine hcl 5 mg tab	1	DESOXYN	
PROCENTRA 5 mg/5ml soln	3		
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
Respiratory And Cns Stimulants [Estimulantes Del Snc Y Respiratorios]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CONCERTA 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	3		
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	FOCALIN	
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	1	FOCALIN XR	
FOCALIN 10 mg tab, 2.5 mg tab, 5 mg tab	3		
FOCALIN XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	3		
METADATE CD 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	3		
METADATE ER 20 mg tab er	3		
METHYLIN 10 mg/5ml soln, 5 mg/5ml soln	3		
methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew	1	METHYLIN	
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	1	METHYLIN	
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	1	RITALIN	
methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr	1		
methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	1	CONCERTA	
methylphenidate hcl er 10 mg tab er	1	METADATE	
methylphenidate hcl er 20 mg tab er	1	RITALIN SR	
methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er	1	METADATE	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 16 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		
<i>methylphenidate hcl er (la) 20 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml susp	3		
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	3		
RITALIN LA 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	3		
Wakefulness-promoting Agents [Agentes Promotores Del Estado De Vigilia]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	
NUVIGIL 150 mg tab, 250 mg tab, 50 mg tab	3		
PROVIGIL 100 mg tab, 200 mg tab	3		
ANTHELMINTICS [ANTIHELMINTICOS]			
Anthelmintics [Antihelmínticos]			
ALBENZA 200 mg tab	3		
BILTRICIDE 600 mg tab	3		
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
STROMECTOL 3 mg tab	3		
ANTIALLERGIC AGENTS [AGENTES ANTIALÉRGICOS]			
Antiallergic Agents [Agentes Antialérgicos]			
ALOCRIL 2 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	3		
ASTEPRO 0.15 % nasal soln	3		
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
BEPREVE 1.5 % ophth soln	3		
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
DYMISTA 137-50 mcg/act nasal susp	2		
ELESTAT 0.05 % ophth soln	3		
EMADINE 0.05 % ophth soln	3		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
LASTACAFT 0.25 % ophth soln	2		
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 17 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	
PATADAY 0.2 % ophth soln	2		
PATANASE 0.6 % nasal soln	2		
PATANOL 0.1 % ophth soln	3		
ANTIANEMIA DRUGS [MEDICAMENTOS CONTRA LA ANEMIA]			
Iron Preparations [Preparaciones De Hierro]			
ABATRON liq	3		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	3		AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	3		AL
<i>fer-iron 75 (15 Fe) mg/ml soln</i>	1		AL
FEROSUL 220 (44 Fe) mg/5ml oral elix	3		AL
<i>ferrous sulfate 220 (44 Fe) mg/5ml liq, 220 (44 Fe) mg/5ml oral elix, 300 (60 Fe) mg/5ml syr, 75 (15 Fe) mg/ml soln</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	3		AL
ICAR 15 mg/1.25ml susp	3		AL
IROFOL 100-1000-15 mg-mcg/5ml liq	3		AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	1		AL
IRON UP 15 mg/0.5ml liq	3		AL
IRO-PLEX 165-2 mg/5ml liq	3		AL
NOVAFERRUM 125 125-100 mg-unt/5ml liq	3		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	3		AL
ANTIBACTERIALS [ANTIBACTERIANOS]			
Aminoglycosides [Aminoglucósidos]			
KITABIS PAK 300 mg/5ml inh neb soln	4		PA
<i>neomycin sulfate 500 mg tab</i>	1		
TOBI 300 mg/5ml inh neb soln	4		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
Antibacterials, Miscellaneous [Antibacterianos, Misceláneos]			
<i>baciim 50000 unit im soln</i>	1	BACI-M	
<i>bacitracin 50000 unit im soln</i>	1	BACI-M	
CLEOCIN 150 mg cap, 300 mg cap, 75 mg cap, 75 mg/5ml soln	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 18 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		PA
<i>linezolid 100 mg/5ml susp, 600 mg tab</i>	1	ZYVOX	PA
VANCOCIN HCL 125 mg cap, 250 mg cap	3		
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	4		PA
Cephalosporins [Cefalosporinas]			
CEDAX 180 mg/5ml susp, 400 mg cap	3		
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 1 gm tab, 250 mg/5ml susp, 500 mg cap, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp, 300 mg cap</i>	1	OMNICEF	
<i>cefditoren pivoxil 200 mg tab, 400 mg tab</i>	1	SPECTRACEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg tab, 100 mg/5ml susp, 200 mg tab, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 125 mg/5ml susp, 250 mg tab, 250 mg/5ml susp, 500 mg tab</i>	1	CEFZIL	
<i>ceftibuten 180 mg/5ml susp, 400 mg cap</i>	1	CEDAX	
CEFTIN 250 mg/5ml susp	3		
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 125 mg/5ml susp, 250 mg cap, 250 mg/5ml susp, 500 mg cap, 750 mg cap</i>	1	KEFLEX	
KEFLEX 250 mg cap, 500 mg cap, 750 mg cap	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SUPRAX 100 mg tab chew, 100 mg/5ml susp, 200 mg tab chew, 200 mg/5ml susp	3		
Macrolides [Macrólidos]			
azithromycin 1 gm pckt, 100 mg/5ml susp, 200 mg/5ml susp, 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
clarithromycin 125 mg/5ml susp, 250 mg tab, 250 mg/5ml susp, 500 mg tab	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
DIFICID 200 mg tab	3		
E.E.S. 400 400 mg tab	3		
E.E.S. GRANULES 200 mg/5ml susp	3		
ERYPED 200 200 mg/5ml susp	3		
ERYPED 400 400 mg/5ml susp	3		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 500 mg tab	1	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	1	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp	1	ERYPED	
PCE 333 mg tab dr, 500 mg tab dr	3		
ZITHROMAX 1 gm pckt, 100 mg/5ml susp, 200 mg/5ml susp, 250 mg tab, 500 mg tab, 600 mg tab	3		
ZITHROMAX TRI-PAK 500 mg tab	3		
ZITHROMAX Z-PAK 250 mg tab	3		
ZMAX 2 gm susp	3		
Miscellaneous B-lactam Antibiotics [Antibióticos Betalactámicos Misceláneos]			
CAYSTON 75 mg inh soln	4		PA
Penicillins [Penicilinas]			
amoxicillin 125 mg tab chew, 125 mg/5ml susp, 200 mg/5ml susp, 250 mg cap, 250 mg tab chew, 250 mg/5ml susp, 400 mg/5ml susp,	1	AMOXIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
500 mg cap, 500 mg tab, 875 mg tab			
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 200-28.5 mg/5ml susp, 250-125 mg tab, 250-62.5 mg/5ml susp, 400-57 mg tab chew, 400-57 mg/5ml susp, 500-125 mg tab, 600-42.9 mg/5ml susp, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 125 mg/5ml susp, 250 mg cap, 250 mg/5ml susp, 500 mg cap	1		
AUGMENTIN 125-31.25 mg/5ml susp, 250-62.5 mg/5ml susp	3		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	3		
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
MOXATAG 775 mg tab er 24 hr	3		
penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln	1	PFIZERPEN	
penicillin g procaine 600000 unit/ml im susp	1		
penicillin g sodium 5000000 unit inj soln	1		
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 125 mg/5ml soln, 250 mg tab, 250 mg/5ml soln	1	VEETIDS	
Quinolones [Quinolonas]			
AVELOX 400 mg tab	3		
CIPRO 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	3		
ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>	1	CIPRO XR	
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>	1	CIPRO XR	QL(3 / 3)
FACTIVE 320 mg tab	3		
<i>levofloxacin 25 mg/ml soln, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
Sulfonamides [Sulfonamidas]			
AZULFIDINE 500 mg tab	3		
AZULFIDINE EN-TABS 500 mg tab dr	3		
BACTRIM 400-80 mg tab	3		
BACTRIM DS 800-160 mg tab	3		
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp, 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines [Tetraciclinas]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	3		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
MINOCIN 100 mg cap, 50 mg cap	3		
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
MONDOXYNE NL 100 mg cap, 50 mg cap, 75 mg cap	3		
MONODOX 100 mg cap, 75 mg cap	3		
MORGIDOX 1 x 100 mg cmb kit, 100 mg cap, 2 x 100 mg cmb kit	3		
NUTRIDOX 75 mg oral kit	3		
OKEBO 100 mg cap, 75 mg cap	3		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 100 mg cap, 25 mg/5ml susp, 50 mg/5ml syr	3		
ANTICHOLINERGIC AGENTS [AGENTES ANTICOLINÉRGICOS]			
Antimuscarinics/antispasmodics [Antimuscarínicos/Antiespasmódicos]			
ANASPAZ 0.125 mg tab disint	3		
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	3		
ATROVENT HFA 17 mcg/act inh aer soln	3		QL(25.8 / 30)
BENTYL 10 mg cap, 10 mg/ml im soln	3		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1		
<i>dicyclomine hcl 10 mg cap, 10 mg/5ml soln, 10 mg/ml im soln, 20 mg tab</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1		
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl, 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1		
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1		
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwr br act	2		
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 23 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
LEVBID 0.375 mg tab er 12 hr	3		
LEVSIN 0.125 mg tab	3		
LEVSIN/SL 0.125 mg tab subl	3		
LIBRAX 5-2.5 mg cap	3		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	3		
<i>oscimin 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	1		
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1		
<i>propantheline bromide 15 mg tab</i>	1	PRO-BANTHINE	
ROBINUL 1 mg tab	3		
ROBINUL-FORTE 2 mg tab	3		
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SL 0.125 mg tab subl	3		
SYMAX-SR 0.375 mg tab er 12 hr	3		
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	3		
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Miscellaneous [Anticonvulsivos, Misceláneos]			
BANZEL 200 mg tab, 40 mg/ml susp, 400 mg tab	3		
<i>carbamazepine 100 mg tab chew, 100 mg/5ml susp, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
DEPAKENE 250 mg cap, 250 mg/5ml soln	3		
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	2		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	2		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 24 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE	
EPITOL 200 mg tab	3		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml susp</i>	1	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab, 600 mg/5ml susp	3		
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	2		
HORIZANT 600 mg tab er	3		
KEPPRA 100 mg/ml soln, 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	3		
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
LAMICTAL 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	3		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 25 & 50 & 100 mg oral kit, 25 (21)-50 (7) mg oral kit, 25 mg tab disint, 50 (42)-100(14) mg oral kit, 50 mg tab disint	2		
LAMICTAL STARTER 25 (35) mg oral kit, 25 (42)-100 (7) mg oral kit, 25 (84)-100(14) mg oral kit	3		
LAMICTAL XR 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 & 50 & 100 mg oral kit, 25 (21)-50 (7) mg oral kit, 25 mg tab er 24 hr, 250 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 25 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr			
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	1	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab disint, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
levetiracetam 100 mg/ml soln, 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA	
LYRICA 20 mg/ml soln	2		PA
LYRICA 225 mg cap, 300 mg cap	2		PA, QL(60 / 30)
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2		PA, QL(90 / 30)
NEURONTIN 800 mg tab	3		QL(120 / 30)
NEURONTIN 600 mg tab	3		QL(180 / 30)
NEURONTIN 400 mg cap	3		QL(270 / 30)
NEURONTIN 300 mg cap	3		QL(360 / 30)
NEURONTIN 250 mg/5ml soln	3		QL(420 / 30)
NEURONTIN 100 mg cap	3		QL(1080 / 30)
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml susp, 600 mg tab	1	TRILEPTAL	
POTIGA 200 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	4		PA
ROWEEPR 1000 mg tab, 500 mg tab, 750 mg tab	3		
SABRIL 500 mg pckt, 500 mg tab	4		PA
TEGRETOL 100 mg/5ml susp, 200 mg tab	2		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2		
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	1	GABITRIL	
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	3		
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
TRILEPTAL 150 mg tab, 300 mg tab, 300 mg/5ml susp, 600 mg tab	3		
<i>valproate sodium 250 mg/5ml soln</i>	1	DEPAKENE	
<i>valproic acid 250 mg cap, 250 mg/5ml soln</i>	1	DEPAKENE	
VIMPAT 10 mg/ml soln, 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
ZONEGRAN 100 mg cap, 25 mg cap	3		
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
Barbiturates [Barbitúricos]			
MYSOLINE 250 mg tab, 50 mg tab	3		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
Benzodiazepines [Benzodiazepinas]			
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
KLONOPIN 0.5 mg tab, 1 mg tab, 2 mg tab	3		
ONFI 10 mg tab, 20 mg tab	3		
Hydantoins [Hidantoínas]			
DILANTIN 100 mg cap, 125 mg/5ml susp, 30 mg cap	2		
DILANTIN INFATABS 50 mg tab chew	2		
<i>fosphenytoin sodium 500 mg pe/10ml inj soln</i>	1		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln</i>	1	CEREBYX	
PEGANONE 250 mg tab	3		
PHENYTEK 200 mg cap, 300 mg cap	3		
<i>phenytoin 125 mg/5ml susp, 50 mg tab chew</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	2		
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
Succinimides [Succinimidas]			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap, 250 mg/5ml soln</i>	1	ZARONTIN	
ZARONTIN 250 mg cap, 250 mg/5ml soln	3		
ANTIDIABETIC AGENTS [AGENTES ANTIDIABÉTICOS]			
Alpha-glucosidase Inhibitors [Inhibidores De La Alfa-Glucosidasa]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
PRECOSE 100 mg tab, 25 mg tab, 50 mg tab	3		
Antidiabetic Agents, Miscellaneous [Agentes Antidiabéticos, Misceláneos]			
CYCLOSET 0.8 mg tab	3		
KORLYM 300 mg tab	3		
Biguanides [Biguanidas]			
GLUCOPHAGE 1000 mg tab, 500 mg tab, 850 mg tab	3		
GLUCOPHAGE XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE	
RIOMET 500 mg/5ml soln	3		
Dipeptidyl Peptidase-4 (dpp-4) Inhibitors [Inhibidores De La Dipeptidil Peptidasa-4 (Dpp-4)]			
JANUMET 50-1000 mg tab, 50-500 mg tab	2		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		
ONGLYZA 2.5 mg tab, 5 mg tab	2		
Incretin Mimetics [Miméticos De Incretina]			
BYDUREON 2 mg sc pen-inj, 2 mg sc susp er	2		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	2		
VICTOZA 18 mg/3ml sc soln pen-inj	3		
Insulins [Insulinas]			
HUMALOG 100 unit/ml sc soln	2		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
HUMALOG KWIKPEN 200 unit/ml sc soln pen-inj	2		QL(12 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(18 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
LEVEMIR 100 unit/ml sc soln	2		QL(20 / 30)
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	2		QL(18 / 30)
Meglitinides [Meglitinidas]			
nateglinide 120 mg tab, 60 mg tab	1	STARLIX	
PRANDIN 1 mg tab, 2 mg tab	3		
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	
repaglinide-metformin hcl 1-500 mg tab, 2-500 mg tab	1	PRANDIMET	
Sodium-glucose Cotransporter 2 (sglt2) Inhibitors [Inhibidores Del Cotransportador Sodio-Glucosa 2 (Sglt2)]			
FARXIGA 10 mg tab, 5 mg tab	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	2		
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
INVOKANA 100 mg tab, 300 mg tab	2		
JARDIANCE 10 mg tab, 25 mg tab	3		
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		
Sulfonylureas [Sulfonilureas]			
AMARYL 1 mg tab, 2 mg tab, 4 mg tab	3		
chlorpropamide 100 mg tab, 250 mg tab	1	DIABINESE	
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
GLUCOTROL 10 mg tab, 5 mg tab	3		
GLUCOTROL XL 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	3		
GLUCOVANCE 2.5-500 mg tab, 5-500 mg tab	3		
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	3		
tolazamide 250 mg tab, 500 mg tab	1	TOLINASE	
tolbutamide 500 mg tab	1	ORINASE	
ANTIDIARRHEA AGENTS [AGENTES ANTIDIARREICOS]			
Antidiarrhea Agents [Agentes Antidiarreicos]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 30 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diphenoxylate-atropine 2.5-0.025 mg tab, 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
LOMOTIL 2.5-0.025 mg tab	3		
MOTOFEN 1-0.025 mg tab	3		
<i>paregoric 2 mg/5ml oral tinct</i>	1		
ANTIDOTES [ANTÍDOTOS]			
Antidotes [Antídotos]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
FUSILEV 50 mg iv soln	4		PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	4		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	4		PA
ANTIEMETICS [ANTIEMÉTICOS]			
5-ht3 Receptor Antagonists [Antagonistas Del Receptor 5-Ht3]			
ALOXI 0.25 mg/5ml iv soln	4		PA
ANZEMET 100 mg tab	4		QL(1 / 30)
ANZEMET 50 mg tab	4		QL(2 / 30)
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
SANCUSO 3.1 mg/24hr td patch	3		
ZOFRAN 4 mg/5ml soln	3		
ZOFRAN 4 mg tab, 8 mg tab	3		QL(9 / 30)
ZOFRAN ODT 4 mg tab disint, 8 mg tab disint	3		QL(9 / 30)
ZUPLENZ 4 mg oral film, 8 mg oral film	3		QL(9 / 30)
Antiemetics, Miscellaneous [Antieméticos, Misceláneos]			
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	
CESAMET 1 mg cap	3		
DICLEGIS 10-10 mg tab dr	3		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	QL(60 / 30)
EMEND 125 mg cap, 125 mg susp, 40 mg cap, 80 mg cap	2		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EMEND TRI-PACK 80 & 125 mg cap	2		
MARINOL 10 mg cap, 2.5 mg cap, 5 mg cap	3		QL(60 / 30)
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
TRANSDERM-SCOP (1.5 MG) 1 mg/3days td patch 72 hr	3		
Antihistamines [Antihistamínicos]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
TIGAN 100 mg/ml im soln, 300 mg cap	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
ANTIFUNGALS [ANTIFUNGALES]			
Allylamines [Alilaminas]			
LAMISIL 250 mg tab	3		PA
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
Antifungals, Miscellaneous [Antifungales, Misceláneos]			
<i>griseofulvin microsize 500 mg tab</i>	1		
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
GRIS-PEG 125 mg tab, 250 mg tab	3		
Azoles [Azoles]			
CRESEMBA 186 mg cap	3		PA
DIFLUCAN 100 mg tab, 200 mg tab, 50 mg tab	3		
DIFLUCAN 150 mg tab	3		QL(2 / 28)
DIFLUCAN 10 mg/ml susp, 40 mg/ml susp	3		PA
<i>fluconazole 10 mg/ml susp, 100 mg tab, 200 mg tab, 40 mg/ml susp, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
NOXAFIL 40 mg/ml susp	3		
SPORANOX 10 mg/ml soln, 100 mg cap	3		PA
SPORANOX PULSEPAK 100 mg cap	3		PA
VFEND 200 mg tab, 40 mg/ml susp, 50 mg tab	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 32 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>voriconazole 200 mg tab, 40 mg/ml susp, 50 mg tab</i>	4	VFEND	PA
Polyenes [Polienos]			
<i>bio-statin 1000000 unit cap, 500000 unit cap</i>	1		
<i>nystatin 100000 unit/ml m/t susp, 500000 unit tab</i>	1	MYCOSTATIN	
Pyrimidines [Pirimidinas]			
ANCOBON 250 mg cap, 500 mg cap	3		
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
ANTIGLAUCOMA AGENTS [AGENTES ANTIGLAUCOMA]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
ALPHAGAN P 0.1 % ophth soln, 0.15 % ophth soln	2		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
COMBIGAN 0.2-0.5 % ophth soln	2		
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
BETAGAN 0.5 % ophth soln	3		
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
ISTALOL 0.5 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>metipranolol 0.3 % ophth soln</i>	1	OPTIPRANOLOL	
<i>timolol maleate 0.25 % ophth gfs, 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	1	TIMOPTIC	
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	3		
Carbonic Anhydrase Inhibitors [Inhibidores De La Anhidrasa Carbónica]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
AZOPT 1 % ophth susp	2		
COSOPT 22.3-6.8 mg/ml ophth soln	3		
COSOPT PF 22.3-6.8 mg/ml ophth soln	3		
DIAMOX SEQUELS 500 mg cap er 12 hr	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 33 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
NEPTAZANE 25 mg tab, 50 mg tab	3		
TRUSOPT 2 % ophth soln	3		
Miotics [Mióticos]			
ISOPTO CARPINE 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	3		
MIOCHOL-E 20 mg i-ocul soln	3		
MIOSTAT 0.01 % i-ocul soln	3		
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTOCARPINE	
Prostaglandin Analogs [Análogos De La Prostaglandina]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
TRAVATAN Z 0.004 % ophth soln	2		
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
COLCRYS 0.6 mg tab	2		
ULORIC 40 mg tab, 80 mg tab	2		
ZYLOPRIM 100 mg tab, 300 mg tab	3		
ANTHEMORRHAGIC AGENTS [AGENTES ANTIHEMORRÁGICOS]			
Hemostatics [Hemostáticos]			
AMICAR 1000 mg tab, 500 mg tab	3		QL(10 / 30)
ANTIHYPOGLYCEMIC AGENTS [AGENTES ANTIHIPOGLUCÉMICOS]			
Antihypoglycemic Agents, Miscellaneous [Agentes Antihipoglucémicos, Misceláneos]			
PROGLYCEM 50 mg/ml susp	3		
Glycogenolytic Agents [Agentes Glucogenolíticos]			
GLUCAGON EMERGENCY 1 mg inj kit	3		
ANTI-INFECTIVES [ANTIINFECCIOSOS]			
Antibacterials [Antibacterianos]			
ACANYA 1.2-2.5 % gel	3		
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
AKTIPAK 5-3 % ext pckt	3		
ALTABAX 1 % oint	3		
AZASITE 1 % ophth soln	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 34 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-M	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
BACTROBAN 2 % crm	3		
BACTROBAN NASAL 2 % nasal oint	3		
BENZACLIN 1-5 % gel	3		
BENZACLIN WITH PUMP 1-5 % gel	3		
BENZAMYCIN 5-3 % gel	3		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
BESIVANCE 0.6 % ophth susp	3		
BLEPH-10 10 % ophth soln	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
CETRAXAL 0.2 % otic soln	3		
CILOXAN 0.3 % ophth oint, 0.3 % ophth soln	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
CLEOCIN 100 mg vag supp, 2 % vag crm	3		
CLEOCIN-T 1 % ext soln, 1 % gel, 1 % lot, 1 % swab	3		
CLINDACIN ETZ 1 % ext kit, 1 % swab	3		
CLINDACIN PAC 1 % ext kit	3		
CLINDACIN-P 1 % swab	3		
CLINDAGEL 1 % gel	3		
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot, 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
DUAC 1.2-5 % gel	3		
<i>ery 2 % pad</i>	1		
<i>erythromycin 2 % pad</i>	1		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
EVOCLIN 1 % foam	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 35 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint, 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth oint</i>	1	GENTAK	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
METROCREAM 0.75 % crm	3		
METROGEL 1 % gel	3		
METROGEL-VAGINAL 0.75 % vag gel	3		
METROLOTION 0.75 % lot	3		
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 0.75 % vag gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MITOSOL 0.2 mg ophth kit	3		
MOXEZA 0.5 % ophth soln	2		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	3		
NEOSPORIN 1.75-10000-.025 ophth soln	3		
NEUAC 1.2-5 % gel	3		
NORITATE 1 % crm	3		
OCUFLOX 0.3 % ophth soln	3		
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
OVACE PLUS 10 % crm, 10 % shampoo	3		
OVACE PLUS WASH 10 % ext liq, 10 % gel	3		
OVACE WASH 10 % ext liq	3		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
POLYTRIM 10000-0.1 unit/ml-% ophth soln	3		
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit, 0.75 % crm, 0.75 % gel	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 36 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SEB-PREV WASH 10 % ext liq	3		
sodium sulfacetamide 10 % shampoo	1		
sulfacetamide sodium 10 % (cleans) gel, 10 % ext liq	1		
sulfacetamide sodium 10 % ophth soln	1	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	1	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	1	KLARON	
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint, 0.3 % ophth soln	3		
VANDAZOLE 0.75 % vag gel	3		
VIGAMOX 0.5 % ophth soln	2		
ZYMAXID 0.5 % ophth soln	3		
Antifungals [Antifungales]			
ALA-QUIN 3-0.5 % crm	1		
ALOQUIN 1.25-1 % gel	3		
CICLODAN 0.77 % crm	3		
CICLODAN 8 % ext soln	3		PA
CICLODAN CREAM 0.77 % ext kit	3		
CICLODAN SOLUTION 8 % ext kit	3		
ciclopirox 0.77 % gel, 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm, 0.77 % ext susp	1	LOPROX	
ciclopirox treatment 8 % ext kit	1		
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 1 % ext soln, 10 mg m/t lozg, 10 mg m/t troche	1	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm, 1-0.05 % lot	1	LOTRISONE	
econazole nitrate 1 % crm	1	SPECTAZOLE	
ERTACZO 2 % crm	3		
EXELDERM 1 % crm, 1 % ext soln	3		
EXODERM 25-1 % lot	3		
EXTINA 2 % foam	3		
HALOTIN 1 % crm	3		
ketoconazole 2 % foam	1	EXTINA	
ketoconazole 2 % crm, 2 % shampoo	1	NIZORAL	
KETODAN 2 % ext kit	3		
LOPROX 0.77 % crm, 0.77 % ext kit, 1 % shampoo	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 37 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LOTRISONE 1-0.05 % crm	3		
MENTAX 1 % crm	3		
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>naftifine hcl 2 % crm</i>	1	NAFTIN	
NAFTIN 1 % gel, 2 % crm	3		
NATACYN 5 % ophth susp	3		
NIZORAL 2 % shampoo	3		
NYAMYC 100000 unit/gm ext pwdr	3		
NYATA 100000 unit/gm ext pwdr	3		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
NYSTOP 100000 unit/gm ext pwdr	3		
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % crm, 1 % lot	3		
PENLAC 8 % ext soln	3		PA
QUINJA 1.25-1 % gel	3		
TERAZOL 7 0.4 % vag crm	3		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
VUSION 0.25-15-81.35 % oint	3		
XOLEGEL 2 % gel	3		
XOLEGEL COREPAK 2 & 1 % ext kit	3		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
Antivirals [Antivirales]			
<i>acyclovir 5 % oint</i>	1	ZOVIRAX	
DENAVIR 1 % crm	3		
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
VIROPTIC 1 % ophth soln	3		
XERESE 5-1 % crm	3		
ZIRGAN 0.15 % ophth gel	3		
ZOVIRAX 5 % oint	2		
ZOVIRAX 5 % crm	3		
Eent Anti-infectives, Miscellaneous [Antiinfecciosos Para Ojos, Oídos, Nariz Y Garganta, Misceláneos]			
BETADINE OPHTHALMIC PREP 5 % ophth soln	3		
Local Anti-infectives, Miscellaneous [Antiinfecciosos Locales, Misceláneos]			
ALCORTIN A 1-2-1 % gel	3		
AVC VAGINAL 15 % vag crm	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 38 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BENZAC AC WASH 5 % ext liq	3		
BENZEPRO FOAMING CLOTHS 6 % ext misc	3		
<i>benzoyl peroxide 8 % gel</i>	1		
<i>bp foam 5.3 % foam</i>	1		
<i>bp foaming wash 10 % ext liq</i>	1		
<i>bp wash 2.5 % ext liq, 7 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
BUCALSEP ext liq, ext soln	3		
CLEARPLEX X 10 % gel	3		
DERMAZENE 1-1 % crm	3		
FEM PH 0.9-0.025 % vag gel	3		
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1		
IODOSORB 0.9 % gel	3		
<i>mafenide acetate 5 % ext pckt</i>	1		
RELAGARD 0.9-0.025 % vag gel	3		
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SILVADENE 1 % crm	3		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	3		
SULFAMYLON 5 % ext pckt, 85 mg/gm crm	3		
<i>zaclir cleansing 8 % lot</i>	1		
Scabicides And Pediculicides [Escabicidas Y Pediculicidas]			
ELIMITE 5 % crm	3		PA
EURAX 10 % crm, 10 % lot	3		PA
<i>lindane 1 % shampoo</i>	1		PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
NATROBA 0.9 % ext susp	3		PA
OVIDE 0.5 % lot	3		PA
<i>permethrin 5 % crm</i>	1	ELIMITE	PA
SKLICE 0.5 % lot	3		PA
<i>spinosad 0.9 % ext susp</i>	1		PA
<i>sulfurated lime ext soln</i>	1		PA
ULESFIA 5 % lot	3		PA
ANTI-INFLAMMATORY AGENTS [AGENTES ANTIINFLAMATORIOS]			
Anti-inflammatory Agents [Agentes Antiinflamatorios]			
ALA SCALP 2 % lot	3		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 39 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
<i>amcinonide 0.1 % crm, 0.1 % lot, 0.1 % oint</i>	1	CYCLOCORT	
<i>anucort-hc 25 mg rect supp</i>	1		
ANUSOL-HC 2.5 % rect crm, 25 mg rect supp	3		
APEXICON E 0.05 % crm	3		
ASACOL HD 800 mg tab dr	3		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % lot, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % lot, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % lot, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	1	TACLONEX	
CANASA 1000 mg rect supp	2		
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % crm</i>	1		
<i>clobetasol propionate 0.05 % ext soln, 0.05 % oint</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLODAN	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1		
CLOBEX 0.05 % lot, 0.05 % shampoo	3		
CLOBEX SPRAY 0.05 % ext liq	3		
<i>clocortolone pivalate 0.1 % crm</i>	1		
<i>clocortolone pivalate pump 0.1 % crm</i>	1		
CLODAN 0.05 % shampoo	3		
CLODERM 0.1 % crm	3		
CLODERM PUMP 0.1 % crm	3		
COLOCORT 100 mg/60ml rect enema	3		
CORDRAN 0.05 % crm, 0.05 % lot, 4 mcg/sqcm tape	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 40 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CORMAX SCALP APPLICATION 0.05 % ext soln	3		
CORTANE-B 10-10-1 mg/ml lot	3		
CORTENEMA 100 mg/60ml rect enema	3		
CORTIFOAM 10 % rect foam	3		
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
CUTIVATE 0.05 % lot	3		
DELZICOL 400 mg cap dr	2		
DERMA-SMOOTH/FS BODY 0.01 % ext oil	3		
DERMA-SMOOTH/FS SCALP 0.01 % ext oil	3		
DERMASORB TA 0.1 % ext kit	3		
DERMATOP 0.1 % oint	3		
DESONATE 0.05 % gel	3		
<i>desonide 0.05 % crm, 0.05 % lot, 0.05 % oint</i>	1	DESOWEN	
DESOWEN 0.05 % crm, 0.05 % lot	3		
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
DIPROLENE 0.05 % lot, 0.05 % oint	3		
DIPROLENE AF 0.05 % crm	3		
ELOCON 0.1 % crm, 0.1 % oint	3		
EPIFOAM 1-1 % foam	3		
FIRST-HYDROCORTISONE 10 % gel	3		
<i>fluocinolone acetonide 0.01 % crm, 0.01 % ext soln, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1		
<i>fluocinonide 0.05 % crm, 0.05 % ext soln, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm, 0.05 % lot</i>	1	CORDRAN	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 41 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluticasone propionate 0.005 % oint, 0.05 % crm, 0.05 % lot</i>	1	CUTIVATE	
<i>halac 0.05 & 12 % ext kit</i>	1		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	3		
HEMMOREX-HC 25 mg rect supp, 30 mg rect supp	3		
<i>hydrocortisone 1 % rect crm, 2.5 % rect crm</i>	1		
<i>hydrocortisone 1 % crm, 1 % oint</i>	1	ALA-CORT	
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
<i>hydrocortisone 2.5 % crm, 2.5 % lot, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1		
<i>hydrocortisone acetate 25 mg rect supp, 30 mg rect supp</i>	1		
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm</i>	1		
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 0.147 mg/gm ext aer soln	3		
LIALDA 1.2 gm tab dr	3		
LOCOID 0.1 % crm, 0.1 % ext soln, 0.1 % lot, 0.1 % oint	3		
LOCOID LIPOCREAM 0.1 % crm	3		
LOTRONEX 0.5 mg tab, 1 mg tab	3		
LUXIQ 0.12 % foam	3		
<i>mesalamine 4 gm rect enema</i>	1		
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
<i>mezparox-hc 1-2.5 % crm</i>	1		
<i>mometasone furoate 0.1 % crm, 0.1 % ext soln, 0.1 % oint</i>	1	ELOCON	
<i>napro 15 % crm</i>	1		
NOLIX 0.05 % lot	3		
NUCORT 2 % lot	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
OLUX 0.05 % foam	3		
OLUX-E 0.05 % foam	3		
ORALONE 0.1 % m/t paste	3		
PANDEL 0.1 % crm	3		
PENTASA 250 mg cap er, 500 mg cap er	3		
PRAMOSONE 1-1 % crm, 1-1 % lot, 1-1 % oint, 1-2.5 % crm, 1-2.5 % lot, 1-2.5 % oint	3		
PRAMOSONE E 1-2.5 % crm	3		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
PROCTOCORT 1 % rect crm, 30 mg rect supp	3		
PROCTO-MED HC 2.5 % rect crm	3		
PROCTO-PAK 1 % rect crm	3		
PROCTOSOL HC 2.5 % rect crm	3		
PROCTOZONE-HC 2.5 % rect crm	3		
<i>psorcon 0.05 % crm</i>	1	PSORCON	
ROWASA 4 gm rect kit	3		
<i>scalacort 2 % lot</i>	1		
SCALACORT DK 2 & 2-2 % ext kit	3		
SFROWASA 4 gm/60ml rect enema	3		
SYNALAR 0.01 % ext soln	3		
SYNALAR TS 0.01 % ext kit	3		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	3		
TEMOVATE 0.05 % crm, 0.05 % oint	3		
TEXACORT 2.5 % ext soln	3		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	3		
<i>triamcinolone acetonide 0.025 % lot, 0.025 % oint, 0.1 % lot, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
TRIANEX 0.05 % oint	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 43 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRIDERM 0.1 % crm	3		
TRIDESILON 0.05 % crm	3		
ULTRAVATE 0.05 % crm, 0.05 % oint	3		
ULTRAVATE X (CREAM) 0.05 & 10 % ext kit	3		
ULTRAVATE X (OINTMENT) 0.05 & 10 % ext kit	3		
VANOS 0.1 % crm	3		
VERDESO 0.05 % foam	3		
WESTCORT 0.2 % oint	3		
Corticosteroids [Corticosteroides]			
ACETASOL HC 2-1 % otic soln	1		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BECONASE AQ 42 mcg/spray nasal susp	3		QL(25 / 25)
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	2		
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
CORTANE-B 10-10-1 mg/ml otic soln	3		
CORTANE-B AQUEOUS 10-10-1 mg/ml otic soln	3		
CORTIC-ND 10-10-1 mg/ml otic soln	3		
CYOTIC 10-10-1 mg/ml otic soln	3		
DERMOTIC 0.01 % otic oil	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
DUREZOL 0.05 % ophth emul	2		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	1		
FLAREX 0.1 % ophth susp	3		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 25)
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 44 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
FML 0.1 % ophth oint	3		
FML FORTE 0.25 % ophth susp	3		
FML LIQUIFILM 0.1 % ophth susp	3		
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	ACETASOL HC	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint, 0.5 % ophth susp	3		
MAXIDEX 0.1 % ophth susp	3		
MAXITROL 3.5-10000-0.1 ophth oint, 3.5-10000-0.1 ophth susp	3		
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
NASONEX 50 mcg/act nasal susp	2		QL(34 / 30)
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint, 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 ophth susp, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
OMNARIS 50 mcg/act nasal susp	3		QL(12.5 / 30)
OMNIPRED 1 % ophth susp	3		
OTICIN HC NR 10-10-1 mg/ml otic soln	3		
<i>otomax-hc 10-10-1 mg/ml otic soln</i>	1		
OZURDEX 0.7 mg Intravitreal Implant	4		PA
PRED FORTE 1 % ophth susp	3		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
QNASL 80 mcg/act nasal aer soln	2		
RETISERT 0.59 mg Intravitreal Implant	3		
RHINOCORT AQUA 32 mcg/act nasal susp	3		QL(17.2 / 30)
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	1	NASACORT	QL(16.5 / 30)
TRIESENCE 40 mg/ml i-ocul susp	3		
ZETONNA 37 mcg/act nasal aer soln	3		
ZYLET 0.5-0.3 % ophth susp	3		
Eent Anti-inflammatory Agents, Misc [Antiinflamatorios Para Ojos, Oídos, Nariz Y Garganta, Misceláneos]			
RESTASIS 0.05 % ophth emul	3		
RESTASIS MULTIDOSE 0.05 % ophth emul	3		
Leukotriene Modifiers [Modificadores De Leucotrienos]			
ACCOLATE 10 mg tab, 20 mg tab	3		
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	3		
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
ZYFLO CR 600 mg tab er 12 hr	3		
Mast-cell Stabilizers [Estabilizadores De Los Mastocitos]			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
GASTROCROM 100 mg/5ml oral conc	3		
Nonsteroidal Anti-inflammatory Agents [Agentes Anti-Inflamatorios Noesteroidales]			
ACULAR 0.5 % ophth soln	3		
ACULAR LS 0.4 % ophth soln	3		
ACUVAIL 0.45 % ophth soln	2		
<i>bromfenac sodium 0.09 % ophth soln</i>	1	XIBROM	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1		
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
NEVANAC 0.1 % ophth susp	3		
PROLENSA 0.07 % ophth soln	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 46 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTILIPEMIC AGENTS [AGENTES ANTILIPÉMICOS]			
Antilipemic Agents, Miscellaneous [Agentes Antilipémicos, Misceláneos]			
LOVAZA 1 gm cap	3		
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIASPAN 1000 mg tab er, 500 mg tab er, 750 mg tab er	2		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
<i>triklo 1 gm cap</i>	1	LOVAZA	
Bile Acid Sequestrants [Secuestradores Del Ácido Biliar]			
<i>cholestyramine 4 gm pckt</i>	1		
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt, 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
COLESTID 1 gm tab, 5 gm oral gr, 5 gm pckt	3		
COLESTID FLAVORED 5 gm oral gr, 5 gm pckt	3		
<i>colestipol hcl 5 gm pckt</i>	1		
<i>colestipol hcl 1 gm tab, 5 gm oral gr</i>	1	COLESTID	
PREVALITE 4 gm pckt, 4 gm/dose oral pwdr	3		
QUESTRAN 4 gm pckt, 4 gm/dose oral pwdr	3		
QUESTRAN LIGHT 4 gm/dose oral pwdr	3		
WELCHOL 3.75 gm pckt, 625 mg tab	3		
Cholesterol Absorption Inhibitors [Inhibidores De La Absorción Del Colesterol]			
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
ZETIA 10 mg tab	3		
Fibric Acid Derivatives [Derivados De Ácido Fíbrico]			
<i>choline fenofibrate 135 mg cap dr</i>	1	TRILIPIX	
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 47 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FENOGLIDE 120 mg tab, 40 mg tab	3		
FIBRICOR 105 mg tab, 35 mg tab	3		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
LOFIBRA 200 mg cap	3		
LOPID 600 mg tab	3		
TRICOR 145 mg tab, 48 mg tab	3		
TRIGLIDE 160 mg tab	3		
TRILIPIX 135 mg cap dr, 45 mg cap dr	3		
Hmg-coa Reductase Inhibitors [Inhibidores De La Hmg-Coa Reductasa]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
CRESTOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
LIPITOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	3		
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
VYTORIN 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	3		
ZOCOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	3		
ANTIMANIC AGENTS [AGENTES ANTIMANÍACOS]			
Antimanic Agents [Agentes Antimaníacos]			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 300 mg tab, 600 mg cap</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 48 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	3		
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Antimigraine Agents, Miscellaneous [Agentes Antimigraña, Misceláneos]			
CAFERGOT 1-100 mg tab	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
<i>isometheptene-dichloral-apap 65-100-325 mg cap</i>	1		
MIGERGOT 2-100 mg rect supp	3		
NODOLOR 325-65-100 mg cap	3		
Selective Serotonin Agonists [Agonistas Selectivos De Serotonina]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
AMERGE 1 mg tab, 2.5 mg tab	3		QL(9 / 30)
AXERT 12.5 mg tab, 6.25 mg tab	3		QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
FROVA 2.5 mg tab	2		QL(9 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
IMITREX 6 mg/0.5ml sc soln	3		QL(2 / 30)
IMITREX 20 mg/act nasal soln	3		QL(6 / 30)
IMITREX 100 mg tab, 25 mg tab, 50 mg tab	3		QL(9 / 30)
IMITREX 5 mg/act nasal soln	3		QL(12 / 30)
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	3		QL(2 / 30)
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	3		QL(2 / 30)
MAXALT 10 mg tab, 5 mg tab	2		QL(9 / 30)
MAXALT-MLT 10 mg tab disint, 5 mg tab disint	2		QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
RELPAX 20 mg tab, 40 mg tab	2		QL(6 / 30)
<i>rizatriptan benzoate 10 mg tab, 10 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	MAXALT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX	QL(2 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX	QL(2 / 30)
SUMAVEL DOSEPRO 6 mg/0.5ml sc soln jet-inj	3		QL(3 / 30)
TREXIMET 85-500 mg tab	3		QL(9 / 30)
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 5 mg tab	2		QL(3 / 30)
ZOMIG 2.5 mg tab, 5 mg nasal soln	2		QL(6 / 30)
ZOMIG ZMT 5 mg tab disint	2		QL(3 / 30)
ZOMIG ZMT 2.5 mg tab disint	2		QL(6 / 30)
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antimycobacterials, Miscellaneous [Antimicobacterianos, Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
Antituberculosis Agents [Agentes Antituberculosis]			
CAPASTAT SULFATE 1 gm inj soln	4		PA
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 100 mg/ml inj soln, 300 mg tab, 50 mg/5ml syr</i>	1		
MYAMBUTOL 100 mg tab, 400 mg tab	3		
MYCOBUTIN 150 mg cap	3		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
RIFADIN 150 mg cap	3		
RIFAMATE 150-300 mg cap	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
TRECTOR 250 mg tab	3		
ANTINEOPLASTIC AGENTS [AGENTES ANTINEOPLÁSICOS]			
Antineoplastic Agents [Agentes Antineoplásicos]			
ABRAXANE 100 mg iv susp	4		PA
ADRIAMYCIN 2 mg/ml iv soln	4		PA
ADRUCIL 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 50 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	4		PA
ALFERON N 5000000 unit/ml inj soln	4		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	4		PA
ALKERAN 2 mg tab, 50 mg iv soln	4		PA
<i>anastrozole 1 mg tab</i>	4	ARIMIDEX	
ARRANON 5 mg/ml iv soln	4		PA
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	4		PA
AVASTIN 100 mg/4ml iv soln, 400 mg/16ml iv soln	4		PA
<i>azacitidine 100 mg inj susp</i>	4	VIDAZA	PA
BENDEKA 100 mg/4ml iv soln	4		PA
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA
<i>bicalutamide 50 mg tab</i>	4	CASODEX	
BICNU 100 mg iv soln	4		PA
BLEO 15K 15 (15000 IU) unit inj soln	4		PA
<i>bleomycin sulfate 15 unit inj soln</i>	4		PA
<i>bleomycin sulfate 30 unit inj soln</i>	4	BLENOXANE	PA
BOSULIF 100 mg tab, 500 mg tab	4		PA
<i>busulfan 6 mg/ml iv soln</i>	4	BUSULFEX	PA
BUSULFEX 6 mg/ml iv soln	4		PA
CAMPATH 30 mg/ml iv soln	4		PA
CAMPTOSAR 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln	4		PA
<i>capecitabine 150 mg tab, 500 mg tab</i>	4		PA
CAPRELSA 100 mg tab, 300 mg tab	4		PA
<i>carboplatin 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	4		PA
<i>carboplatin 150 mg/15ml iv soln</i>	4	PARAPLATIN	PA
CASODEX 50 mg tab	4		
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	4		PA
<i>cladribine 10 mg/10ml iv soln</i>	4	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	4	CLOLAR	PA
CLOLAR 1 mg/ml iv soln	4		PA
COSMEGEN 0.5 mg iv soln	4		PA
<i>cyclophosphamide 1 gm inj soln, 2 gm inj soln, 500 mg inj soln</i>	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 51 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
cytarabine 20 mg/ml inj soln	4		PA
cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln	4		PA
dacarbazine 100 mg iv soln, 200 mg iv soln	4		PA
DACOGEN 50 mg iv soln	4		PA
dactinomycin 0.5 mg iv soln	4	COSMEGEN	PA
daunorubicin hcl 5 mg/ml iv inj	4		PA
decitabine 50 mg iv soln	4	DACOGEN	PA
docetaxel 160 mg/8ml iv conc, 20 mg/0.5ml iv conc, 20 mg/ml iv conc, 80 mg/2ml iv conc	4		PA
docetaxel 80 mg/4ml iv conc	4	TAXOTERE	PA
DOXIL 2 mg/ml iv inj	4		PA
doxorubicin hcl 10 mg iv soln, 50 mg iv soln	4		PA
doxorubicin hcl 2 mg/ml iv soln	4	ADRIAMYCIN	PA
doxorubicin hcl liposomal 2 mg/ml iv inj	4	DOXIL	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	4		PA
ELLENCE 200 mg/100ml iv soln, 50 mg/25ml iv soln	4		PA
EMCYT 140 mg cap	4		PA
epirubicin hcl 50 mg/25ml iv soln	4		PA
epirubicin hcl 200 mg/100ml iv soln	4	ELLENCE	PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	4		PA
ERVEDGE 150 mg cap	4		PA
ERWINAZE 10000 unit inj soln	4		PA
ETOPOPHOS 100 mg iv soln	4		PA
etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 50 mg cap	4		PA
etoposide 500 mg/25ml iv soln	4	VEPESID	PA
exemestane 25 mg tab	4	AROMASIN	PA
FARESTON 60 mg tab	4		PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	4		PA
FASLODEX 250 mg/5ml im soln	4		PA
FIRMAGON 120 mg sc soln, 80 mg sc soln	4		PA
floxuridine 0.5 gm inj soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 52 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	4		PA
<i>fludarabine phosphate 50 mg iv soln</i>	4	FLUDARA	PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	4		PA
<i>flutamide 125 mg cap</i>	4	EULEXIN	PA
GAZYVA 1000 mg/40ml iv soln	4		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm iv soln, 2 gm/52.6ml iv soln, 200 mg iv soln, 200 mg/5.26ml iv soln</i>	4		PA
<i>gemcitabine hcl 1 gm iv soln</i>	4	GEMZAR	PA
GEMZAR 1 gm iv soln, 200 mg iv soln	4		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA
HALAVEN 1 mg/2ml iv soln	4		PA
HERCEPTIN 150 mg iv soln, 440 mg iv soln	4		PA
HEXALEN 50 mg cap	4		PA
HYCAMTIN 0.25 mg cap, 1 mg cap, 4 mg iv soln	4		PA
HYDREA 500 mg cap	4		PA
<i>hydroxyurea 500 mg cap</i>	4	HYDREA	PA
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap	4		PA
IDAMYCIN PFS 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln	4		PA
<i>idarubicin hcl 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	4		PA
<i>idarubicin hcl 10 mg/10ml iv soln</i>	4	IDAMYCIN	PA
IFEX 1 gm iv soln, 3 gm iv soln	4		PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm iv soln, 3 gm/60ml iv soln</i>	4		PA
<i>ifosfamide 1 gm iv soln</i>	4	IFEX	PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	4		PA
INTRON A 10000000 unit inj soln, 10000000 unit/ml inj soln, 18000000 unit inj soln, 50000000 unit inj soln, 60000000 unit/ml inj soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 53 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IRESSA 250 mg tab	4		PA
<i>irinotecan hcl 40 mg/2ml iv soln, 500 mg/25ml iv soln</i>	4		PA
<i>irinotecan hcl 100 mg/5ml iv soln</i>	4	CAMPTOSAR	PA
ISTODAX (OVERFILL) 10 mg iv soln	4		PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	4		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	4		PA
JEVTANA 60 mg/1.5ml iv soln	4		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	4		PA
KEYTRUDA 100 mg/4ml iv soln, 50 mg iv soln	4		
KYPROLIS 60 mg iv soln	4		PA
<i>letrozole 2.5 mg tab</i>	4	FEMARA	PA
LEUKERAN 2 mg tab	4		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LIPODOX 50 2 mg/ml iv inj	4		PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
LYSODREN 500 mg tab	4		PA
MATULANE 50 mg cap	4		PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	4	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	4	MEGACE	PA
<i>melphalan hcl 50 mg iv soln</i>	4	ALKERAN	PA
<i>mercaptopurine 50 mg tab</i>	4	PURINETHOL	PA
<i>methotrexate 2.5 mg tab</i>	4		
<i>methotrexate sodium 1 gm inj soln, 2.5 mg tab, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 54 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	4	MUTAMYCIN	PA
<i>mitoxantrone hcl 20 mg/10ml iv conc, 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	4		PA
MUSTARGEN 10 mg inj soln	4		PA
MYLERAN 2 mg tab	4		PA
NAVELBINE 10 mg/ml iv soln, 50 mg/5ml iv soln	4		PA
NEXAVAR 200 mg tab	4		PA
NILANDRON 150 mg tab	4		PA
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
NIPENT 10 mg iv soln	4		PA
ONCASPAS 750 unit/ml inj soln	4		PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln, 50 mg/10ml iv soln</i>	4		PA
<i>oxaliplatin 100 mg/20ml iv soln</i>	4	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc</i>	4		PA
<i>paclitaxel 300 mg/50ml iv conc</i>	4	TAXOL	PA
PERJETA 420 mg/14ml iv soln	4		PA
PHOTOFRIN 75 mg iv soln	4		PA
PROLEUKIN 22000000 unit iv soln	4		PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	4		PA
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml sc soln, 1600-26800 MG -ut/13.4ml sc soln	4		PA
SOLTAMOX 10 mg/5ml soln	4		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	4		PA
SUTENT 12.5 mg cap, 25 mg cap, 50 mg cap	4		PA
SYLATRON 200 mcg sc kit, 300 mcg sc kit, 600 mcg sc kit	4		PA
TABLOID 40 mg tab	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 55 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	4	NOLVADEX	
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	4		PA
TARGRETIN 75 mg cap	4		PA
TASIGNA 150 mg cap, 200 mg cap	4		PA
TAXOTERE 20 mg/ml iv conc, 80 mg/4ml iv conc	4		PA
TEMODAR 100 mg cap, 100 mg iv soln, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	4		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4		PA
<i>teniposide 10 mg/ml iv soln</i>	4		PA
<i>thiotepa 15 mg inj soln</i>	4	THIOPLEX	PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	4		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	4		PA
<i>topotecan hcl 4 mg iv soln</i>	4	HYCAMTIN	PA
TORISEL 25 mg/ml iv soln	4		PA
TREANDA 100 mg iv soln, 25 mg iv soln	4		PA
TRELSTAR MIXJECT 11.25 mg im susp, 22.5 mg im susp, 3.75 mg im susp	4		PA
<i>tretinoin 10 mg cap</i>	4	VESANOID	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	4		
TRISENOX 10 mg/10ml iv soln	4		PA
TYKERB 250 mg tab	4		PA
VALSTAR 40 mg/ml i-vesic soln	4		PA
VANTAS 50 mg sc kit	4		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	4		PA
VELCADE 3.5 mg inj soln	4		PA
VIDAZA 100 mg inj susp	4		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	4		PA
VINCASAR PFS 1 mg/ml iv soln	4		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	4	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln</i>	4		PA
<i>vinorelbine tartrate 50 mg/5ml iv soln</i>	4	NAVELBINE	PA
VOTRIENT 200 mg tab	4		PA
XALKORI 200 mg cap, 250 mg cap	4		PA
XELODA 150 mg tab, 500 mg tab	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 56 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XTANDI 40 mg cap	4		PA
ZANOSAR 1 gm iv soln	4		PA
ZELBORAF 240 mg tab	4		PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	4		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	4		PA
ZOLINZA 100 mg cap	4		PA
ZYDELIG 100 mg tab, 150 mg tab	4		PA
ZYKADIA 150 mg cap	4		PA
ZYTIGA 250 mg tab, 500 mg tab	4		PA
ANTIPARKINSONIAN AGENTS [AGENTES ANTIPARKINSONIANOS]			
Adamantanes [Adamantanos]			
<i>amantadine hcl 100 mg cap, 100 mg tab, 50 mg/5ml syr</i>	1	SYMMETREL	
Anticholinergic Agents [Agentes Anticolinérgicos]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml inj soln, 2 mg tab</i>	1	COGENTIN	
COGENTIN 1 mg/ml inj soln	3		
<i>trihexyphenidyl hcl 0.4 mg/ml oral elix, 2 mg tab, 5 mg tab</i>	1	ARTANE	
Catechol-o-methyltransferase (comt) Inhibitors [Inhibidores De La Catecol-O-Metiltransferasa (Comt)]			
COMTAN 200 mg tab	2		
<i>entacapone 200 mg tab</i>	1	COMTAN	
TASMAR 100 mg tab	4		PA
<i>tolcapone 100 mg tab</i>	4	TASMAR	PA
Dopamine Precursors [Precursores De Dopamina]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
LODOSYN 25 mg tab	3		
SINEMET 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	3		
SINEMET CR 25-100 mg tab er, 50-200 mg tab er	3		
STALEVO 100 25-100-200 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 57 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
STALEVO 125 31.25-125-200 mg tab	3		
STALEVO 150 37.5-150-200 mg tab	3		
STALEVO 200 50-200-200 mg tab	3		
STALEVO 50 12.5-50-200 mg tab	3		
STALEVO 75 18.75-75-200 mg tab	3		
Dopamine Receptor Agonists [Agonistas Del Receptor De Dopamina]			
APOKYN 30 mg/3ml sc soln cart	4		PA
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
MIRAPEX 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	3		
MIRAPEX ER 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	2		
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	2		
PARLODEL 2.5 mg tab, 5 mg cap	3		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
REQUIP 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	3		
REQUIP XL 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24</i>	1	REQUIP XL	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 58 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>			
Monoamine Oxidase B Inhibitors [Inhibidores De La Monoaminooxidasa B (Mao-B)]			
AZILECT 0.5 mg tab, 1 mg tab	2		
ELDEPRYL 5 mg cap	3		
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	3		
ANTIPROTOZOALS [ANTIPROTOZOARIOS]			
Amebicides [Amebicidas]			
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
Antimalarials [Antimaláricos]			
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	3		
DARAPRIM 25 mg tab	3		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
MALARONE 250-100 mg tab, 62.5-25 mg tab	3		
<i>mefloquine hcl 250 mg tab</i>	1		
PLAQUENIL 200 mg tab	3		
<i>primaquine phosphate 26.3 mg tab</i>	1		
QUALAQUIN 324 mg cap	3		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
Antiprotozoals, Miscellaneous [Antiprotozoarios, Misceláneos]			
ALINIA 500 mg tab	3		
ALINIA 100 mg/5ml susp	3		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
FLAGYL 250 mg tab, 375 mg cap, 500 mg tab	3		
MEPRON 750 mg/5ml susp	3		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
NEBUPENT 300 mg inh soln	3		
TINDAMAX 500 mg tab	3		
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
ANTIPRURITICS AND LOCAL ANESTHETICS [ANTIPRURÍTICOS Y ANESTÉSICOS LOCALES]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 59 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antipruritics And Local Anesthetics [Antipruríticos Y Anestésicos Locales]			
<i>agoneaze 2.5-2.5 % ext kit</i>	1		
ANACAINE 10 % oint	3		
ANALPRAM HC 2.5-1 % rect crm	3		
ANALPRAM HC SINGLES 2.5-1 % rect crm	3		
ANALPRAM-HC 1-1 % rect crm, 2.5-1 % rect lot	3		
<i>anodyne lpt 2.5-2.5 % ext kit</i>	1		
CIDALEAZE 3 % crm	3		
DERMACINRX EMPRICaine 2.5- 2.5 % ext kit	3		
DERMACINRX PRIZOPAK 2.5-2.5 % ext kit	3		
<i>ethyl chloride ext aer</i>	1		
FIRST-MOUTHWASH BLM m/t susp	3		
GEBAUERS PAIN EASE ext aer	3		
GEBAUERS SPRAY AND STRETCH ext aer	3		
GLYDO 2 % gel	3		
<i>hydrocortisone ace-pramoxine 1-1 % rect crm, 2.5-1 % rect crm</i>	1		
LEVA SET/OCCLUSIVE DRESSING 2.5-2.5 % ext kit	3		
LIDO BDK 2.5-2.5 % ext kit	3		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % crm, 3 % lot</i>	1		
<i>lidocaine hcl 2 % gel, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine pak 5 % oint</i>	1		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 2.8-0.55 % rect gel, 3-0.5 % rect crm, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
LIDODERM 5 % patch	2		
<i>lido-k 3 % lot</i>	1		
<i>lidopin 3 % crm</i>	1		
<i>lidopril 2.5-2.5 % ext kit</i>	1		
<i>lidopril xr 2.5-2.5 % ext kit</i>	1		
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	3		
LIPROZONEPAK 2.5-2.5 % ext kit	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 60 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LMIXIL PAK 2.5-2.5 % ext kit	3		
LP LITE PAK 2.5-2.5 % ext kit	3		
MEDOLOR PAK 2.5-2.5 % ext kit	3		
PHENAZO 200 mg tab	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
<i>pramcort 1-1 % rect crm</i>	1		
PRAMOX 1 % gel	3		
<i>premium lidocaine 5 % oint</i>	1		
<i>prilolid 2.5-2.5 % ext kit</i>	1		
PRILOXX LP 2.5-2.5 % ext kit	3		
PROCORT 1.85-1.15 % rect crm	3		
PROCTOFOAM HC 1-1 % rect foam	3		
PRUDOXIN 5 % crm	3		
PYRIDIUM 100 mg tab, 200 mg tab	3		
RELADOR PAK 2.5-2.5 % ext kit	3		
RELADOR PAK PLUS 2.5-2.5 % ext kit	3		
SYNERA 70-70 mg patch	3		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	3		
ZONALON 5 % crm	3		
ANTITHROMBOTIC AGENTS [AGENTES ANTITROMBÓTICOS]			
Anticoagulants [Anticoagulantes]			
ARIXTRA 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln	4		PA
COUMADIN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	2		
ELIQUIS 2.5 mg tab, 5 mg tab	2		PA
ELIQUIS STARTER PACK 5 mg tab	2		PA
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>	4	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	4	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 61 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
unit/0.6ml sc soln, 18000 unt/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln			
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	2		
LOVENOX 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln	4		PA
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		PA
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 20 mg tab	2		PA
XARELTO STARTER PACK 15 & 20 mg tab pack	2		PA
Platelet-aggregation Inhibitors [Inhibidores De La Agregación De Plaquetas]			
AGGRENOX 25-200 mg cap er 12 hr	3		
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
Platelet-reducing Agents [Agentes Reductores De Plaquetas]			
AGRYLIN 0.5 mg cap	3		
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ANTITUSSIVES [ANTITUSIVOS]			
Antitussives [Antitusivos]			
<i>benzonatate 100 mg cap, 150 mg cap, 200 mg cap</i>	1		
<i>biotuss 10-15-300 mg/5ml liq</i>	1		
BIOTUSS PEDIATRIC 2.5-5-50 mg/ml liq	1		
BROMFED DM 30-2-10 mg/5ml syr	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARBAPHEN 12 10-4-27.5 mg/5ml liq	3		
CARBAPHEN 12 PED 2.5-1.25-7.5 mg/ml susp	3		
EXACTUSS 10-28-388 mg/5ml liq	3		
GILTUSS 10-28-388 mg/5ml liq	3		
GILTUSS PEDIATRIC 2.5-7.5-88 mg/ml liq	3		
GILTUSS TR 10-28-388 mg tab	3		
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1		
<i>hydrocodone-homatropine 5-1.5 mg tab, 5-1.5 mg/5ml syr</i>	1		
<i>hydromet 5-1.5 mg/5ml syr</i>	1		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
NORTUSS-DE 2.5-5-50 mg/ml liq	3		
<i>nortuss-ex 20-200 mg/5ml liq</i>	1		
<i>phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr</i>	1		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>pseudoeph-chlorphen-hydrocod 60-4-5 mg/5ml soln</i>	1		
REZIRA 60-5 mg/5ml soln	3		
TESSALON PERLES 100 mg cap	3		
TUSNEL 60-30-400 mg tab	3		
TUSSICAPS 10-8 mg cap er 12 hr, 5-4 mg cap er 12 hr	3		
TUSSIGON 5-1.5 mg tab	3		
TUSSIONEX PENNKINETIC ER 10-8 mg/5ml susp er	3		
ZUTRIPRO 60-4-5 mg/5ml soln	3		
ANTIULCER AGENTS AND ACID SUPPRESSANTS [AGENTES ANTI-ÚLCERA Y SUPRESORES DE ÁCIDOS]			
Antiulcer Agents And Acid Suppressants, Misc [Agentes Anti-Úlcera Y Supresores De Ácidos, Misceláneos]			
PYLERA 140-125-125 mg cap	3		QL(360 / 365)
Histamine H2-antagonists [Antagonistas De Histamina H2]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 63 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab, 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 15 mg/ml soln, 150 mg cap, 300 mg cap</i>	1	AXID	
PEPCID 20 mg tab, 40 mg tab, 40 mg/5ml susp	3		
<i>ranitidine hcl 15 mg/ml syr, 150 mg cap, 150 mg tab, 150 mg/10ml syr, 150 mg/6ml inj soln, 300 mg cap, 300 mg tab, 50 mg/2ml inj soln, 75 mg/5ml syr</i>	1	ZANTAC	
ZANTAC 1000 mg/40ml inj soln, 150 mg/6ml inj soln, 300 mg tab, 50 mg/2ml inj soln	3		
Prostaglandins [Prostaglandinas]			
CYTOTEC 100 mcg tab, 200 mcg tab	3		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
Protectants [Protectores]			
CARAFATE 1 gm tab, 1 gm/10ml susp	3		
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton-pump Inhibitors [Inhibidores De La Bomba De Protones]			
ACIPHEX 20 mg tab dr	3		ST
<i>amoxicill-clarithro-lansopraz oral misc</i>	1	PREVPAC	QL(336 / 365)
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	3		
FIRST-OMEPRAZOLE 2 mg/ml susp	3		
<i>lansoprazole 15 mg tab disint, 30 mg tab disint</i>	1		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt, 5 mg pckt	3		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OMECLAMOX-PAK 500-500-20 mg oral misc	3		QL(336 / 365)
OMEPPi 20-1100 mg cap, 40-1100 mg cap	3		QL(90 / 365), ST
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	3		
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap</i>	1	ZEGERID	QL(90 / 365)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
PREVACID 15 mg cap dr, 30 mg cap dr	3		ST
PREVACID SOLUTAB 15 mg tab disint, 30 mg tab disint	3		ST
PREVPAC oral misc	3		QL(336 / 365)
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		ST
PROTONIX 20 mg tab dr, 40 mg pckt, 40 mg tab dr	3		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST
ZEGERID 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	3		QL(90 / 365), ST
ANTIVIRALS [ANTIVIRALES]			
Adamantanes [Adamantanos]			
FLUMADINE 100 mg tab	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
Antiretrovirals [Antirretrovirales]			
<i>abacavir sulfate 20 mg/ml soln, 300 mg tab</i>	4	ZIAGEN	PA
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	4	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	4	TRIZIVIR	PA
APTIVUS 100 mg/ml soln, 250 mg cap	4		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	4	REYATAZ	PA
ATRIPLA 600-200-300 mg tab	4		PA
BIKTARVY 50-200-25 mg tab	4		PA
COMPLERA 200-25-300 mg tab	4		PA
CRIVAN 200 mg cap, 400 mg cap	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 65 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	4	VIDEX	PA
EDURANT 25 mg tab	4		PA
<i>efavirenz 200 mg cap, 50 mg cap</i>	4	SUSTIVA	PA
EMTRIVA 10 mg/ml soln, 200 mg cap	4		PA
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
FUZEON 90 mg sc soln	4		PA
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	4		PA
INVIRASE 200 mg cap, 500 mg tab	4		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	4		PA
ISENTRESS HD 600 mg tab	4		PA
KALETRA 100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml soln	4		PA
<i>lamivudine 10 mg/ml soln, 150 mg tab, 300 mg tab</i>	4	EPVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	COMBIVIR	PA
LEXIVA 50 mg/ml susp, 700 mg tab	4		PA
<i>nevirapine 200 mg tab</i>	4	VIRAMUNE	PA
<i>nevirapine er 400 mg tab er 24 hr</i>	4	VIRAMUNE XR	PA
NORVIR 100 mg cap, 100 mg tab, 80 mg/ml soln	4		PA
PREZISTA 100 mg/ml susp, 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	4		PA
RESCRIPTOR 100 mg tab, 200 mg tab	4		PA
RETROVIR 10 mg/ml iv soln, 100 mg cap, 50 mg/5ml syr	4		PA
REYATAZ 150 mg cap, 200 mg cap, 300 mg cap	4		PA
SELZENTRY 150 mg tab, 20 mg/ml soln, 25 mg tab, 300 mg tab, 75 mg tab	4		PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	4	ZERIT	PA
STRIBILD 150-150-200-300 mg tab	4		PA
SUSTIVA 200 mg cap, 50 mg cap, 600 mg tab	4		PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	4	VIREAD	PA
TRUVADA 200-300 mg tab	4		PA
VIDEX 2 gm soln, 4 gm soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 66 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VIRACEPT 250 mg tab, 625 mg tab	4		PA
VIRAMUNE 200 mg tab, 50 mg/5ml susp	4		PA
VIRAMUNE XR 400 mg tab er 24 hr	4		PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab, 300 mg tab, 40 mg/gm oral pwdr	4		PA
ZERIT 1 mg/ml soln, 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		PA
ZIAGEN 20 mg/ml soln, 300 mg tab	4		PA
zidovudine 100 mg cap, 300 mg tab, 50 mg/5ml syr	4	RETROVIR	PA
Hcv Antivirals [Antivirales Para Vhc]			
EPCLUSA 400-100 mg tab	4		PA
ZEPATIER 50-100 mg tab	4		PA
Interferons [Interferones]			
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
Monoclonal Antibodies [Anticuerpos Monoclonales]			
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	4		PA
Neuraminidase Inhibitors [Inhibidores De La Neuraminidasa]			
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	3		QL(20 / 180)
TAMIFLU 45 mg cap, 75 mg cap	2		QL(10 / 180)
TAMIFLU 30 mg cap	2		QL(20 / 180)
TAMIFLU 6 mg/ml susp	2		QL(120 / 180)
Nucleosides And Nucleotides [Nucleósidos Y Nucleótidos]			
acyclovir 200 mg cap, 200 mg/5ml susp, 400 mg tab, 800 mg tab	1	ZOVIRAX	
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	4	FAMVIR	
MODERIBA 400 & 600 mg tab pack	4		PA
MODERIBA 1200 DOSE PACK 600 mg tab	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 67 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MODERIBA 800 DOSE PACK 400 mg tab	4		PA
RIBASPHERE 400 mg tab, 600 mg tab	4		PA
RIBASPHERE RIBAPAK 400 & 600 mg tab pack, 400 mg tab, 600 mg tab	4		PA
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
VALCYTE 450 mg tab, 50 mg/ml soln	2		
<i>valganciclovir hcl 450 mg tab, 50 mg/ml soln</i>	1	VALCYTE	
VALTREX 1 gm tab, 500 mg tab	3		
VIRAZOLE 6 gm inh soln	3		
ZOVIRAX 200 mg cap, 200 mg/5ml susp, 400 mg tab, 800 mg tab	3		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS [ANSIOLÍTICOS, SEDANTES E HIPNÓTICOS]			
Anxiolytics, Sedatives, & Hypnotics Misc [Ansiolíticos, Sedantes E Hipnóticos Misceláneos]			
AMBIEN 10 mg tab, 5 mg tab	3		
AMBIEN CR 12.5 mg tab er, 6.25 mg tab er	3		
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syr, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
INTERMEZZO 1.75 mg tab subl, 3.5 mg tab subl	3		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	3		
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ROZEREM 8 mg tab	3		
SONATA 10 mg cap, 5 mg cap	3		
VISTARIL 25 mg cap, 50 mg cap	3		
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	3		
Barbiturates [Barbitúricos]			
BUTISOL SODIUM 30 mg tab	3		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 20 mg/5ml oral elix, 20 mg/5ml soln, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
SECONAL 100 mg cap	3		
Benzodiazepines [Benzodiazepinas]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml inj soln, 4 mg/ml inj soln	3		
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	3		
DIASTAT PEDIATRIC 2.5 mg rect gel	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln, 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>diazepam 1 mg/ml soln, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	3		
DORAL 15 mg tab	3		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
HALCION 0.25 mg tab	3		
<i>lorazepam 2 mg/ml inj soln, 2 mg/ml oral conc, 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
LORAZEPAM INTENSOL 2 mg/ml oral conc	3		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1		
RESTORIL 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	3		
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
TRANXENE-T 7.5 mg tab	3		
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	3		
XANAX 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	3		
XANAX XR 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	3		
AUTONOMIC DRUGS, MISCELLANEOUS [MEDICAMENTOS AUTONÓMICOS, MISCELÁNEOS]			
Autonomic Drugs, Miscellaneous [Medicamentos Autonómicos, Misceláneos]			
CHANTIX 0.5 mg tab	3		PA, QL(120 / 365)
CHANTIX 1 mg tab	3		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	3		PA, QL(106 / 365)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 70 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NICOTROL 10 mg inhaler	3		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	3		PA, QL(160 / 365)
BETA-ADRENERGIC BLOCKING AGENTS [AGENTES BLOQUEADORES BETA-ADRENÉRGICOS]			
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
BETAPACE 120 mg tab, 160 mg tab, 80 mg tab	3		
BETAPACE AF 120 mg tab, 160 mg tab, 80 mg tab	3		
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
CORGARD 20 mg tab, 40 mg tab, 80 mg tab	3		
CORZIDE 80-5 mg tab	3		
DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr	3		
INDERAL LA 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
LOPRESSOR HCT 50-25 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nadolol-bendroflumethiazide 40-5 mg tab, 80-5 mg tab</i>	1	CORZIDE	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 20 mg/5ml soln, 40 mg tab, 40 mg/5ml soln, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	3		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
<i>TENORETIC 100 100-25 mg tab</i>	3		
<i>TENORETIC 50 50-25 mg tab</i>	3		
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
<i>ZIAC 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	3		
BONE RESORPTION INHIBITORS [INHIBIDORES DE LA RESORCIÓN ÓSEA]			
Bone Resorption Inhibitors [Inhibidores De La Resorción Ósea]			
<i>ACTONEL 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	3		ST
<i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>ATELVIA 35 mg tab dr</i>	3		ST
<i>BINOSTO 70 mg tab eff</i>	3		ST
<i>BONIVA 150 mg tab</i>	3		ST
<i>BONIVA 3 mg/3ml iv soln</i>	4		PA
<i>etidronate disodium 200 mg tab, 400 mg tab</i>	1	DIDRONEL	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 72 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FOSAMAX 70 mg tab	3		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
<i>pamidronate disodium 30 mg iv soln, 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg iv soln, 90 mg/10ml iv soln</i>	4		PA
PROLIA 60 mg/ml sc soln	4		PA
RECLAST 5 mg/100ml iv soln	4		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
XGEVA 120 mg/1.7ml sc soln	4		PA
<i>zoledronic acid 4 mg/100ml iv soln</i>	4		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA
<i>zoledronic acid 4 mg/5ml iv conc</i>	4	ZOMETA	PA
ZOMETA 4 mg/100ml iv soln, 4 mg/5ml iv conc	4		PA
CALCIUM-CHANNEL BLOCKING AGENTS [AGENTES BLOQUEADORES DE LOS CANALES DE CALCIO]			
Calcium-channel Blocking Agents, Misc [Agentes Bloqueadores De Los Canales De Calcio, Misceláneos]			
CALAN 120 mg tab, 80 mg tab	3		
CALAN SR 120 mg tab er, 180 mg tab er, 240 mg tab er	3		
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	3		
CARDIZEM CD 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	3		
CARDIZEM LA 120 mg tab er 24 hr, 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	3		
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	3		
<i>diltiazem cd 180 mg cap er 24 hr</i>	1		
<i>diltiazem cd 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er coated beads 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		
MATZIM LA 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	3		
TARKA 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	3		
TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2		
TIAZAC 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	3		
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	
VERELAN 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	3		
VERELAN PM 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		
Dihydropyridines [Dihidropiridinas]			
ADALAT CC 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	3		
AFEDITAB CR 30 mg tab er 24 hr, 60 mg tab er 24 hr	1		
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	3		
CADUET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EXFORGE 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	3		
EXFORGE HCT 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	3		
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
LOTREL 10-20 mg cap, 10-40 mg cap, 5-10 mg cap, 5-20 mg cap	3		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
NORVASC 10 mg tab, 2.5 mg tab, 5 mg tab	3		
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
PROCARDIA 10 mg cap	3		
PROCARDIA XL 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	3		
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	3		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
TRIBENZOR 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	3		
TWYNSTA 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARDIAC DRUGS [MEDICAMENTOS CARDÍACOS]			
Antiarrhythmic Agents [Agentes Antiarrítmicos]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	PACERONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE 100 mg cap, 150 mg cap	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	3		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	3		
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	3		
Cardiac Drugs, Miscellaneous [Medicamentos Cardíacos, Misceláneos]			
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2		
Cardiotonic Agents [Agentes Cardiotónicos]			
DIGITEK 125 mcg tab, 250 mcg tab	2		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln, 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
LANOXIN 125 mcg tab, 250 mcg tab	2		
CARIOSTATIC AGENTS [AGENTES CARIOSTÁTICOS]			
Cariostatic Agents [Agentes Cariostáticos]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 77 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLUOR-A-DAY 0.25 (F)-236.79 mg tab chew, 1 (F)-236.79 mg tab chew	3		AL
<i>fluoritab 0.275 (0.125 F) mg/drop soln, 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1		AL
FLURA-DROPS 0.55 (0.25 F) mg/drop soln	1		AL
<i>sodium fluoride 0.275 (0.125 F) mg/drop soln, 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab, 1.1 (0.5 F) mg tab chew, 1.1 (0.5 F) mg/ml soln</i>	1		AL
CELL STIMULANTS AND PROLIFERANTS [ESTIMULANTES Y PROLIFERANTES CELULARES]			
Cell Stimulants And Proliferants [Estimulantes Y Proliferantes Celulares]			
AVITA 0.025 % crm, 0.025 % gel	3		PA
KEPIVANCE 6.25 mg iv soln	4		PA
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	3		PA
RETIN-A MICRO 0.04 % gel, 0.1 % gel	3		PA
RETIN-A MICRO PUMP 0.04 % gel, 0.1 % gel	3		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
CELLULAR THERAPY [TERAPIA CELULAR]			
Cellular Therapy [Terapia Celular]			
PROVENGE iv susp	4		PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC [AGENTES DEL SISTEMA NERVIOSO CENTRAL, MISCELÁNEOS]			
Central Nervous System Agents, Misc [Agentes Del Sistema Nervioso Central, Misceláneos]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
INTUNIV 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	3		
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln, 5 (28)-10 (21) mg tab</i>	1	NAMENDA	
NAMENDA 10 mg tab, 5 mg tab	3		
NAMENDA TITRATION PAK 5 (28)-10 (21) mg tab	3		
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	3		
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		
NUDEXTA 20-10 mg cap	3		
RILUTEK 50 mg tab	4		PA
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
STRATTERA 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	3		
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
XENAZINE 12.5 mg tab, 25 mg tab	4		PA
XYREM 500 mg/ml soln	4		PA
CHOLELITHOLYTIC AGENTS [AGENTES COLELITOLÍTICO]			
Cholelitholytic Agents [Agentes Colelitolítico]			
ACTIGALL 300 mg cap	3		
CHENODAL 250 mg tab	3		
URSO 250 250 mg tab	3		
URSO FORTE 500 mg tab	3		
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
CONTRACEPTIVES [ANTICONCEPTIVOS]			
Contraceptives [Anticonceptivos]			
AFTERA 1.5 mg tab	3		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
ALTAVERA 0.15-30 mg-mcg tab	3		QL(28 / 28)
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
AMETHIA 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
AMETHIA LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 79 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AMETHYST 90-20 mcg tab	3		QL(28 / 28)
APRI 0.15-30 mg-mcg tab	3		QL(28 / 28)
ARANELLE 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
ASHLYNA 0.15-0.03 &0.01 mg tab	3		QL(91 / 91)
ATLAS COLOR CONDOM/SPERMICIDE dev	3		QL(12 / 30)
ATLAS COLOR LUBRICATED CONDOM dev	3		QL(12 / 30)
ATLAS LUB CONDOM/SPERMICIDE dev	3		QL(12 / 30)
ATLAS LUBRICATED CONDOM dev	3		QL(12 / 30)
AUBRA 0.1-20 mg-mcg tab	3		QL(28 / 28)
AVIANE 0.1-20 mg-mcg tab	3		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	3		QL(28 / 28)
BEKYREE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
BEYAZ 3-0.02-0.451 mg tab	3		QL(28 / 28)
BLISOVI 24 FE 1-20 mg-mcg(24) tab	3		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
BREVICON (28) 0.5-35 mg-mcg tab	3		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
CAMILA 0.35 mg tab	3		QL(28 / 28)
CAMRESE 0.15-0.03 &0.01 mg tab	3		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
CAYA vag diaph	3		
CAZANT 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	3		QL(28 / 28)
CLASS ACT LUBRICATED misc	3		QL(12 / 30)
<i>condoms misc</i>	1		QL(12 / 30)
CRYSELLE-28 0.3-30 mg-mcg tab	3		QL(28 / 28)
CYCLAFEM 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
CYCLESSA 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	3		QL(28 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 80 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DASETTA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
DAYSEE 0.15-0.03 &0.01 mg tab	3		QL(91 / 91)
DEBLITANE 0.35 mg tab	3		QL(28 / 28)
DELYLA 0.1-20 mg-mcg tab	3		QL(28 / 28)
DESOGEN 0.15-30 mg-mcg tab	3		QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1		QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	BEKYREE 28 DAY	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	OCELLA 28 DAY	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
DUREX EXTRA SENSITIVE dev	3		QL(12 / 30)
DUREX REALFEEL dev	3		QL(12 / 30)
ECONTRA EZ 1.5 mg tab	3		
ECONTRA ONE-STEP 1.5 mg tab	3		
ELEXA NATURAL FEEL misc	3		QL(12 / 30)
ELEXA STIMULATING misc	3		QL(12 / 30)
ELEXA ULTRA SENSITIVE misc	3		QL(12 / 30)
ELINEST 0.3-30 mg-mcg tab	3		QL(28 / 28)
ELLA 30 mg tab	3		
EMOQUETTE 0.15-30 mg-mcg tab	3		QL(28 / 28)
ENCARE 100 mg vag supp	3		
ENPRESSE-28 tab	3		QL(28 / 28)
ENSKYCE 0.15-30 mg-mcg tab	3		QL(28 / 28)
ERRIN 0.35 mg tab	3		QL(28 / 28)
ESTARYLLA 0.25-35 mg-mcg tab	3		QL(28 / 28)
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	ZOVIA 1/35E	QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	ZOVIA 1/50E	QL(28 / 28)
FALLBACK SOLO 1.5 mg tab	3		
FALMINA 0.1-20 mg-mcg tab	3		QL(28 / 28)
FANTASY LUBRICATED misc	3		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
FAYOSIM 42-21-21-7 days tab	3		QL(91 / 91)
FC FEMALE CONDOM misc	3		
FC2 FEMALE CONDOM misc	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 81 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	3		
FEMCON FE 0.4-35 mg-mcg tab chew	3		QL(28 / 28)
FEMYNOR 0.25-35 mg-mcg tab	3		QL(28 / 28)
GENERESS FE 0.8-25 mg-mcg tab chew	3		QL(28 / 28)
GIANVI 3-0.02 mg tab	3		QL(28 / 28)
GILDAGIA 0.4-35 mg-mcg tab	3		QL(28 / 28)
HEATHER 0.35 mg tab	3		QL(28 / 28)
INTROVALE 0.15-0.03 mg tab	3		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	3		QL(28 / 28)
JENCYCLA 0.35 mg tab	3		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	3		QL(91 / 91)
JOLIVETTE 0.35 mg tab	3		QL(28 / 28)
JULEBER 0.15-30 mg-mcg tab	3		QL(28 / 28)
JUNEL 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 24 1-20 mg-mcg(24) tab	3		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	3		QL(28 / 28)
KAMELEON LUBRICATED misc	3		QL(12 / 30)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
KELNOR 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
KIMIDESS 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	3		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	3		QL(12 / 30)
KURVELO 0.15-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	3		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 82 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LARIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LARISSIA 0.1-20 mg-mcg tab	3		QL(28 / 28)
LAYOLIS FE 0.8-25 mg-mcg tab chew	3		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
LESSINA 0.1-20 mg-mcg tab	3		QL(28 / 28)
LEVONEST tab	3		QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1		QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	AMETHIA 91 DAY	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgestrel 1.5 mg tab</i>	1		
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1		QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	AVIANE	QL(28 / 28)
<i>levonorg-eth estrad triphasic tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	3		QL(28 / 28)
LIFESTYLES ASSORTED COLORS misc	3		QL(12 / 30)
LIFESTYLES EXTRA STRENGTH misc	3		QL(12 / 30)
LIFESTYLES FORM FITTING misc	3		QL(12 / 30)
LIFESTYLES LUBRICATED misc	3		QL(12 / 30)
LIFESTYLES RIBBED misc	3		QL(12 / 30)
LIFESTYLES SKYN ORIGINAL misc	3		QL(12 / 30)
LIFESTYLES SPERMICIDAL LUBE misc	3		QL(12 / 30)
LIFESTYLES STUDDERED misc	3		QL(12 / 30)
LIFESTYLES ULTRA SENSITIVE misc	3		QL(12 / 30)
LIFESTYLES VIBRA-RIBBED misc	3		QL(12 / 30)
LIFESTYLES XTRA PLEASURE misc	3		QL(12 / 30)
LILLOW 0.15-30 mg-mcg tab	3		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		QL(28 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	3		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	3		QL(28 / 28)
LOESTRIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LOMEDIA 24 FE 1-20 mg-mcg(24) tab	3		QL(28 / 28)
LORYNA 3-0.02 mg tab	3		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	3		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	3		QL(28 / 28)
LYZA 0.35 mg tab	3		QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1		QL(28 / 28)
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN 24 FE 1-20 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MINASTRIN 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
MIRENA (52 MG) 20 mcg/24hr iud	4		PA
MONO-LINYAH 0.25-35 mg-mcg tab	3		QL(28 / 28)
MONONESSA 0.25-35 mg-mcg tab	3		QL(28 / 28)
MY CHOICE 1.5 mg tab	3		
MY WAY 1.5 mg tab	3		
MYZILRA tab	3		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 84 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	3		QL(28 / 28)
NECON 1/50 (28) 1-50 mg-mcg tab	3		QL(28 / 28)
NECON 10/11 (28) 35 mcg tab	3		QL(28 / 28)
NECON 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
NEXPLANON 68 mg sc implant	3		
NEXT CHOICE ONE DOSE 1.5 mg tab	3		
NIKKI 3-0.02 mg tab	3		QL(28 / 28)
NORA-BE 0.35 mg tab	3		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	1		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab	1	BLISOVI 24 FE 1/20 28 DAY	QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew	1	MINASTRIN 24 FE	QL(28 / 28)
norethindrone 0.35 mg tab	1	NOR-QD	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg tab	1	LOESTRIN 1/20	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg(24) tab chew	1	MINASTRIN 24 FE	QL(28 / 28)
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	1	FEMCOM FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	1	GENERESS FE 28	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1		QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN LO 28 DAY	QL(28 / 28)
NORINYL 1+35 (28) 1-35 mg-mcg tab	3		QL(28 / 28)
NORLYDA 0.35 mg tab	3		QL(28 / 28)
NORLYROC 0.35 mg tab	3		QL(28 / 28)
NORTREL 0.5/35 (28) 0.5-35 mg-mcg tab	3		QL(28 / 28)
NORTREL 1/35 (21) 1-35 mg-mcg tab	3		QL(28 / 28)
NORTREL 1/35 (28) 1-35 mg-mcg tab	3		QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	3		QL(1 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 85 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OCELLA 3-0.03 mg tab	3		QL(28 / 28)
OGESTREL 0.5-50 mg-mcg tab	3		QL(28 / 28)
OMNIFLEX DIAPHRAGM vag diaph	3		
OPCICON ONE-STEP 1.5 mg tab	3		
OPTION 2 1.5 mg tab	3		
OPTIONS CONCEPTROL 4 % vag gel	3		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	3		
ORSYTHIA 0.1-20 mg-mcg tab	3		QL(28 / 28)
ORTHO MICRONOR 0.35 mg tab	3		QL(28 / 28)
ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
ORTHO-CYCLEN (28) 0.25-35 mg-mcg tab	3		QL(28 / 28)
ORTHO-NOVUM 1/35 (28) 1-35 mg-mcg tab	3		QL(28 / 28)
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
OVCON-35 (28) 0.4-35 mg-mcg tab	3		QL(28 / 28)
PARAGARD INTRAUTERINE COPPER iud	4		PA
PHILITH 0.4-35 mg-mcg tab	3		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
PLAN B ONE-STEP 1.5 mg tab	3		
PORTIA-28 0.15-30 mg-mcg tab	3		QL(28 / 28)
<i>premium condoms lubricated misc</i>	1		QL(12 / 30)
PREVIFEM 0.25-35 mg-mcg tab	3		QL(28 / 28)
QUARTETTE 42-21-21-7 days tab	3		QL(91 / 91)
QUASENSE 0.15-0.03 mg tab	3		QL(91 / 91)
RAJANI 3-0.02-0.451 mg tab	3		QL(28 / 28)
REACT 1.5 mg tab	3		
REALITY LATEX CONDOMS misc	3		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	3		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	3		QL(12 / 30)
RECLIPSEN 0.15-30 mg-mcg tab	3		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	3		QL(91 / 91)
SAFYRAL 3-0.03-0.451 mg tab	2		QL(28 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 86 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SEASONIQUE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	3		QL(91 / 91)
SHAROBEL 0.35 mg tab	3		QL(28 / 28)
SHUR-SEAL CONTRACEPTIVE 2 % vag gel	3		
SPRINTEC 28 0.25-35 mg-mcg tab	3		QL(28 / 28)
SRONYX 0.1-20 mg-mcg tab	3		QL(28 / 28)
SYEDA 3-0.03 mg tab	3		QL(28 / 28)
TAKE ACTION 1.5 mg tab	3		
TARINA FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TODAY SPONGE 1000 mg vag misc	3		
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-LO-ESTARYLLA 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRINESSA (28) 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRINESSA LO 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRI-NORINYL (28) 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
TRI-PREVIFEM 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRIVORA (28) tab	3		QL(28 / 28)
TROJAN misc	3		QL(12 / 30)
TROJAN ASSORTMENT PACK misc	3		QL(12 / 30)
TROJAN EXTENDED PLEASURE/LUBE dev	3		QL(12 / 30)
TROJAN EXTRA STRENGTH misc	3		QL(12 / 30)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 87 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TROJAN MAGNUM misc	3		QL(12 / 30)
TROJAN MAGNUM WARM SENSATIONS dev	3		QL(12 / 30)
TROJAN MAGNUM XL LUBRICATED dev	3		QL(12 / 30)
TROJAN NATURALAMB misc	3		QL(12 / 30)
TROJAN NATURALAMB/SPERMICIDE misc	3		QL(12 / 30)
TROJAN PLEASURE MESH/SPERMICID dev	3		QL(12 / 30)
TROJAN PLUS misc	3		QL(12 / 30)
TROJAN REGULAR misc	3		QL(12 / 30)
TROJAN RIBBED misc	3		QL(12 / 30)
TROJAN RIBBED/SPERMICIDAL misc	3		QL(12 / 30)
TROJAN SHARED SENSATION/LUBE dev	3		QL(12 / 30)
TROJAN SUPRAS SPERMICIDAL dev	3		QL(12 / 30)
TROJAN TWISTED PLEASURE dev	3		QL(12 / 30)
TROJAN ULTRA PLEASURE LUBRICAT dev	3		QL(12 / 30)
TROJAN VERY SENSITIVE LUBRICAT misc	3		QL(12 / 30)
TROJAN VERY SENSITIVE SPERMICI misc	3		QL(12 / 30)
TROJAN VERY THIN LUBRICATED misc	3		QL(12 / 30)
TROJAN VERY THIN SPERMICIDE misc	3		QL(12 / 30)
TROJAN-ENZ LUBRICATED misc	3		QL(12 / 30)
TROJAN-ENZ/SPERMICIDAL misc	3		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	3		QL(12 / 30)
TRUSTEX LUBRICATED misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	3		QL(12 / 30)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 88 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUSTEX LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX-NONOXYNOL- 9/RIB/STUD misc	3		QL(12 / 30)
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam, 28 % vag film, 4 % vag gel	3		
VELVET 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
VESTURA 3-0.02 mg tab	3		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	3		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	BEKYREE 28 DAY	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	3		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	3		QL(28 / 28)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	3		
WYMZYA FE 0.4-35 mg-mcg tab chew	3		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	3		QL(3 / 28)
YASMIN 28 3-0.03 mg tab	3		QL(28 / 28)
YAZ 3-0.02 mg tab	3		QL(28 / 28)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 89 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZARAH 3-0.03 mg tab	3		QL(28 / 28)
ZENCHENT 0.4-35 mg-mcg tab	3		QL(28 / 28)
ZENCHENT FE 0.4-35 mg-mcg tab chew	3		QL(28 / 28)
ZOVIA 1/35E (28) 1-35 mg-mcg tab	3		QL(28 / 28)
ZOVIA 1/50E (28) 1-50 mg-mcg tab	3		QL(28 / 28)
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS [MODULADORES REGULADORES DE LA CONDUCTANCIA TRANSMEMBRANA DE LA FIBROSIS QUÍSTICA]			
Cystic Fibrosis Transmembrane Conductance Regulator (cftr) Potentiators [Potenciadores Reguladores De La Conductancia Transmembrana De La Fibrosis Quística (Rtfq)]			
KALYDECO 150 mg tab	4		PA
DEPIGMENTING AND PIGMENTING AGENTS [AGENTES DESPIGMENTANTES Y PIGMENTANTES]			
Pigmenting Agents [Agentes Pigmentantes]			
<i>methoxsalen 10 mg cap</i>	4	OXSORALEN-ULTRA	PA
<i>methoxsalen rapid 10 mg cap</i>	4	OXSORALEN-ULTRA	PA
OXSORALEN ULTRA 10 mg cap	4		PA
DEVICES [DISPOSITIVOS]			
Devices [Dispositivos]			
<i>insulin pen needles</i>	1		
<i>insulin safety syringe</i>	1		
<i>insulin syringe</i>	1		
<i>insulin syringe/needle</i>	1		
DIGESTANTS [DIGESTIVOS]			
Digestants [Digestivos]			
CREON 12000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000- 9500 unit cap dr prt, 36000 unit cap dr prt, 6000 unit cap dr prt	2		
PANCREAZE 10500 unit cap dr prt, 16800 unit cap dr prt, 21000 unit cap dr prt, 4200 unit cap dr prt	3		
PERTZYE 16000 unit cap dr prt, 8000 unit cap dr prt	3		
VIOKACE 10440 unit tab, 20880 unit tab	3		
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000- 14000 unit cap dr prt, 40000- 126000 unit cap dr prt, 5000-24000 unit cap dr prt	3		
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS [MEDICAMENTOS ANTIRREUMÁTICOS MODIFICADORES DE LA ENFERMEDAD]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 90 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Disease-modifying Antirheumatic Drugs [Medicamentos Antirreumáticos Modificadores De La Enfermedad]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	4		PA
ARAVA 10 mg tab, 20 mg tab	3		
ENBREL 25 mg sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
HUMIRA 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CROHNS STARTER 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSORIASIS STARTER 40 mg/0.8ml sc pen-inj kit	4		PA
INFLECTRA 100 mg iv soln	4		PA
<i>Ileflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
ORENCIA 125 mg/ml sc soln pfs, 250 mg iv soln, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	4		PA
REMICADE 100 mg iv soln	4		PA
XELJANZ 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr	4		PA
DIURETICS [DIURÉTICOS]			
Loop Diuretics [Diuréticos Del Asa De Henle]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
DEMADEX 10 mg tab, 20 mg tab	3		
EDECRIN 25 mg tab	3		
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 10 mg/ml soln, 20 mg tab, 40 mg tab, 8 mg/ml soln, 80 mg tab</i>	1	LASIX	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 91 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LASIX 20 mg tab, 40 mg tab, 80 mg tab	3		
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	
Potassium-sparing Diuretics [Diuréticos Conservadores De Potasio]			
amiloride hcl 5 mg tab	1	MIDAMOR	
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
DYAZIDE 37.5-25 mg cap	3		
DYRENIUM 100 mg cap, 50 mg cap	3		
MAXZIDE 75-50 mg tab	3		
MAXZIDE-25 37.5-25 mg tab	3		
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
Thiazide Diuretics [Diuréticos Tiazídicos]			
chlorothiazide 250 mg tab, 500 mg tab	1	DIURIL	
DIURIL 250 mg/5ml susp	3		
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
methyclothiazide 5 mg tab	1	ENDURON	
MICROZIDE 12.5 mg cap	3		
Thiazide-like Diuretics [Diuréticos Similares A Tiazida]			
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	
EENT DRUGS, MISCELLANEOUS [MEDICAMENTOS PARA OJOS, OÍDOS, NARIZ Y GARGANTA, MISCELÁNEOS]			
Eent Drugs, Miscellaneous [Medicamentos Para Ojos, Oídos, Nariz Y Garganta, Misceláneos]			
acetic acid 2 % otic soln	1	VOSOL	
acetic acid-aluminum acetate 2 % otic soln	1		
apraclonidine hcl 0.5 % ophth soln	1	IOPIDINE	
AQUORAL m/t soln	3		
BOCASAL m/t pckt	3		
CAPHOSOL m/t soln	3		
IOPIDINE 0.5 % ophth soln, 1 % ophth soln	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 92 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEUTRASAL m/t pckt	3		
NUMOISYN m/t liq, m/t lozg	3		
SALIVAMAX m/t pckt	3		
SALVATE RX m/t pckt	3		
ESTROGENS AND ANTIESTROGENS [ESTRÓGENOS Y ANTIESTRÓGENOS]			
Estrogen Agonist-antagonists [Agonistas-Antagonistas De Estrógeno]			
EVISTA 60 mg tab	2		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
Estrogens [Estrógenos]			
ACTIVELLA 0.5-0.1 mg tab, 1-0.5 mg tab	3		
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	3		
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	3		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	3		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
COVARYX 1.25-2.5 mg tab	3		
COVARYX HS 0.625-1.25 mg tab	3		
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil, 40 mg/ml im oil	3		
DEPO-ESTRADIOL 5 mg/ml im oil	3		
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 1 mg/gm td gel	3		
EEMT 1.25-2.5 mg tab	3		
EEMT HS 0.625-1.25 mg tab	3		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
ESTRACE 0.1 mg/gm vag crm	2		
ESTRACE 0.5 mg tab, 1 mg tab, 2 mg tab	3		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
<i>estropipate 0.75 mg tab, 1.5 mg tab, 3 mg tab</i>	1	OGEN	
EVAMIST 1.53 mg/spray td soln	3		
FEMHRT LOW DOSE 0.5-2.5 mg-mcg tab	3		
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	3		
<i>jevantique lo 0.5-2.5 mg-mcg tab</i>	1	FEMHRT 0.5/2.5 28 DAY	
JINTELI 1-5 mg-mcg tab	3		
LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab	3		
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	3		
MENOSTAR 14 mcg/24hr tdwk patch	3		
MIMVEY 1-0.5 mg tab	3		
MIMVEY LO 0.5-0.1 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MINIVELLE 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	1	FEMHRT 0.5/2.5 28 DAY	
norethindrone-eth estradiol 1-5 mg-mcg tab	1	FYAVOLV	
PREFEST 1/1-0.09 mg (15/15) tab	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.625 mg/gm vag crm, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
VAGIFEM 10 mcg vag tab	2		
VIVELLE-DOT 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2		
YUVAFEM 10 mcg vag tab	2		
EXPECTORANTS [EXPECTORANTES]			
Expectorants [Expectorantes]			
GILPHEX TR 10-388 mg tab	3		
phenylephrine-guaifenesin 1.5-20 mg/ml liq	1		
FIBROMYALGIA AGENTS [AGENTES PARA FIBROMIALGIA]			
Fibromyalgia Agents [Agentes Para Fibromialgia]			
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
FIRST GENERATION ANTIHISTAMINES [ANTIISTAMÍNICOS DE PRIMERA GENERACIÓN]			
Derivatives, Miscellaneous [Derivados, Misceláneos]			
cyproheptadine hcl 2 mg/5ml syr, 4 mg tab	1	PERIACTIN	
Ethanolamine Derivatives [Derivados De Etanolamina]			
carbinoxamine maleate 4 mg tab, 4 mg/5ml soln	1	CLISTIN	
clemastine fumarate 2.68 mg tab	1	TAVIST	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 95 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pharbedryl 50 mg cap</i>	1		
Phenothiazine Derivatives [Derivados De La Fenotiazina]			
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	3		
PHENERGAN 12.5 mg rect supp, 25 mg rect supp, 25 mg/ml inj soln, 50 mg rect supp, 50 mg/ml inj soln	3		
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 25 mg/ml inj soln, 50 mg tab, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp</i>	1	PHENERGAN	
<i>promethazine vc plain 6.25-5 mg/5ml soln</i>	1	PHENERGAN VC	
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp	3		
Propylamine Derivatives [Derivados De Propilamina]			
<i>brompheniramine tannate 12 mg tab chew</i>	1		
DECON-A 2-5 mg/5ml oral elix	3		
RELHIST 6-15 mg tab chew	3		
GENITOURINARY SMOOTH MUSCLE RELAXANTS [RELAJANTES DEL MÚSCULO LISO GENITOURINARIO]			
Antimuscarinics [Antimuscarínicos]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
DETROL 1 mg tab, 2 mg tab	3		
DETROL LA 2 mg cap er 24 hr, 4 mg cap er 24 hr	2		
DITROPAN XL 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	3		
ENABLEX 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	2		
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	3		
GELNIQUE PUMP 10 % td gel	3		
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml syr</i>	1	DITROPAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
tropium chloride 20 mg tab	1	SANCTURA	
tropium chloride er 60 mg cap er 24 hr	1	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	2		
B3-adrenergic Agonists [Agonistas B-3 Adrenérgicos]			
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
GI DRUGS, MISCELLANEOUS [MEDICAMENTOS GASTROINTESTINALES, MISCELÁNEOS]			
Gi Drugs, Miscellaneous [Medicamentos Gastrointestinales, Misceláneos]			
AMITIZA 24 mcg cap, 8 mcg cap	2		
ENTEREG 12 mg cap	3		
MOVANTIK 12.5 mg tab, 25 mg tab	3		PA
RELISTOR 12 mg/0.6ml sc soln, 150 mg tab, 8 mg/0.4ml sc soln	3		
STELARA 130 mg/26ml iv soln	4		PA
GOLD COMPOUNDS [COMPUESTOS DE ORO]			
Gold Compounds [Compuestos De Oro]			
RIDAURA 3 mg cap	3		
HEMATOPOIETIC AGENTS [AGENTES HEMATOPOYÉTICOS]			
Hematopoietic Agents [Agentes Hematopoyéticos]			
ARANESP (ALBUMIN FREE) 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 300 mcg/ml inj soln, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	4		PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	4		PA
MOZOBIL 24 mg/1.2ml sc soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 97 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEULASTA 6 mg/0.6ml sc soln pfs	4		PA
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	4		PA
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	4		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	3		PA
PROCRT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
HEMORRHEOLOGIC AGENTS [AGENTES HEMORREOLÓGICOS]			
Hemorrhologic Agents [Agentes Hemorreológicos]			
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
HYPOTENSIVE AGENTS [AGENTES HIPOTENSORES]			
Central Alpha-agonists [Agonistas Centrales Alfa]			
CATAPRES 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	3		
CATAPRES-TTS-1 0.1 mg/24hr tdwk patch	3		
CATAPRES-TTS-2 0.2 mg/24hr tdwk patch	3		
CATAPRES-TTS-3 0.3 mg/24hr tdwk patch	3		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>clonidine hcl 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
CLOPRES 0.1-15 mg tab, 0.2-15 mg tab, 0.3-15 mg tab	3		
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
KAPVAY 0.1 mg tab er 12 hr	3		
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
Direct Vasodilators [Vasodilatadores Directos]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
IMMUNOMODULATORY AGENTS [AGENTES INMUNOMODULADORES]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 98 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Immunomodulatory Agents [Agentes Inmunomoduladores]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	4		PA
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX 30 mcg im kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4		PA
EXTAVIA 0.3 mg sc kit	4		PA
GILENYA 0.5 mg cap	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
REBIF 22 mcg/0.5ml sc soln pfs, 44 mcg/0.5ml sc soln pfs	4		PA
REBIF REBIDOSE 22 mcg/0.5ml sc soln auto-inj, 44 mcg/0.5ml sc soln auto-inj	4		PA
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 mcg sc soln auto-inj	4		PA
REBIF TITRATION PACK 6X8.8 & 6X22 mcg sc soln pfs	4		PA
TECFIDERA 120 & 240 mg oral misc, 120 mg cap dr, 240 mg cap dr	4		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
IMMUNOSUPPRESSIVE AGENTS [AGENTES INMUNOSUPRESORES]			
Immunosuppressive Agents [Agentes Inmunosupresores]			
AZASAN 100 mg tab, 75 mg tab	3		PA
azathioprine 50 mg tab	1	IMURAN	PA
CELLCEPT 200 mg/ml susp, 250 mg cap, 500 mg tab	4		PA
cyclosporine 100 mg cap, 25 mg cap	4	SANDIMMUNE	PA
cyclosporine modified 100 mg cap, 100 mg/ml soln, 25 mg cap, 50 mg cap	4	NEORAL	PA
GENGRAF 100 mg cap, 100 mg/ml soln, 25 mg cap	4		PA
IMURAN 50 mg tab	3		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 99 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mycophenolate mofetil 200 mg/ml susp, 250 mg cap, 500 mg tab</i>	4	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	4	MYFORTIC	PA
MYFORTIC 180 mg tab dr, 360 mg tab dr	4		PA
NEORAL 100 mg cap, 100 mg/ml soln, 25 mg cap	4		PA
PROGRAF 0.5 mg cap, 1 mg cap, 5 mg cap	4		PA
RAPAMUNE 0.5 mg tab, 1 mg tab, 1 mg/ml soln, 2 mg tab	4		PA
SANDIMMUNE 100 mg cap, 100 mg/ml soln, 25 mg cap	3		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	4	PROGRAF	PA
ZORTRESS 0.25 mg tab, 0.5 mg tab, 0.75 mg tab	4		PA
ION-REMOVING AGENTS [AGENTES REMOVEDORES DE IONES]			
Phosphate-removing Agents [Agentes Removedores De Fosfato]			
FOSRENOL 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	2		
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
RENAGEL 400 mg tab, 800 mg tab	2		
REVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	2		
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
Potassium-removing Agents [Agentes Removedores De Potasio]			
KAYEXALATE oral pwdr	3		
KIONEX oral pwdr, 15 gm/60ml susp	3		
<i>sodium polystyrene sulfonate oral pwdr</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
SPS 15 gm/60ml susp	3		
KERATOLYTIC AGENTS [AGENTES QUERATOLÍTICOS]			
Keratolytic Agents [Agentes Queratolíticos]			
AVAR CLEANSER 10-5 % ext emul	3		
AVAR-E EMOLLIENT 10-5 % crm	3		
AVAR-E GREEN 10-5 % crm	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 100 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
CERISA WASH 10-1 % ext emul	3		
<i>loutrex crm</i>	1		
PROMISEB crm	3		
PROMISEB COMPLETE ext kit	3		
ROSANIL CLEANSER 10-5 % ext emul	3		
<i>sss 10-5 10-5 % crm, 10-5 % foam</i>	1		
<i>sulfacetamide sodium-sulfur 10-4 % pad, 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot, 8-4 % ext susp, 9-4 % ext liq, 9-4.5 % ext liq</i>	1		
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext kit</i>	1		
<i>sulfacetamide-sulfur in urea 10-5 % ext emul, 10-5 % gel</i>	1		
SULFACLEANSE 8/4 8-4 % ext susp	3		
SUMAXIN TS 8-4 % ext susp	3		
<i>virti-sulf 10-5 % crm</i>	1		
LOCAL ANESTHETICS [ANESTÉSICOS LOCALES]			
Local Anesthetics [Anestésicos Locales]			
AKTEN 3.5 % ophth gel	3		
ALTACAINE 0.5 % ophth soln	3		
<i>lidocaine hcl 4 % m/t soln</i>	1		
<i>lidocaine viscous 2 % m/t soln</i>	1	XYLOCAINE	
PRAMOTIC 1-0.1 % otic liq	3		
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
TETCAINE 0.5 % ophth soln	3		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
TETRAVISC 0.5 % ophth soln	3		
TETRAVISC FORTE 0.5 % ophth soln	3		
MUCOLYTIC AGENTS [AGENTES MUCOLÍTICOS]			
Mucolytic Agents [Agentes Mucolíticos]			
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	3		
NEBUSAL 3 % inh neb soln, 6 % inh neb soln	3		
PULMOSAL 7 % inh neb soln	3		
PULMOZYME 1 mg/ml inh soln	4		PA
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln, 7 % inh neb soln</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 101 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MULTIVITAMIN PREPARATIONS [PREPARACIONES MULTIVITAMÍNICAS]			
Multivitamin Preparations [Preparaciones Multivitamínicas]			
ATABEX EC 29-1 mg tab dr	3		
BAL-CARE DHA 27-1 & 430 mg oral misc	3		
<i>bp folinatal plus b 1 mg tab</i>	1		
<i>bp multinatal plus 30-1 mg tab, 40- 1 mg tab chew</i>	1		
BPROTECTED PEDIA POLY- VITE/FE 10 mg/ml soln	1		AL
<i>calcium pnv 28-1-250 mg cap</i>	1		
<i>child chewable vitamins/iron tab chew</i>	1		AL
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 & 25 (2) mg oral misc	3		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL RX 27-1 mg tab	3		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 250 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	3		
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
<i>dothelle dha 53.5-38-1 mg cap</i>	1		
DUET DHA 400 25-1 & 400 mg oral misc	3		
ELITE-OB 50-1.25 mg tab	3		
<i>escavite lq 0.25-6 mg/ml liq</i>	1		AL
<i>extra-virt plus dha 29-1.25-350 mg cap</i>	1		
FOCALGIN 90 DHA 90-1 & 300 mg oral misc	3		
FOCALGIN CA 35-1 & 300 mg oral misc	3		
<i>folcal dha 27-1.25-300 mg cap</i>	1		
FOLCAPS OMEGA 3 27-1 mg cap	3		
FOLIVANE-OB 130-92.4-1 mg cap	3		
<i>hemenatal ob 28-6-1 mg tab</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 102 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hemenatal ob + dha 28-6-1 & 203 mg oral misc</i>	1		
INATAL GT tab	3		
<i>levomefolate dha 27-1.13-0.4 mg cap</i>	1		
MARNATAL-F 60-1 mg cap	3		
<i>multi-delyn/iron liq</i>	1		AL
<i>multi-vitamin drops/fe soln</i>	1		AL
<i>multivitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
M-VIT tab	3		
MYNATAL cap, 90-1 mg tab	3		
MYNATAL ADVANCE tab	3		
<i>mynatal plus tab</i>	1		
<i>mynatal-z tab</i>	1		
<i>mynate 90 plus tab er</i>	1		
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	3		
NATELLE ONE 28-1-250 mg cap	3		
NEEVO DHA 27-1.13 mg cap	3		
NESTABS 32-1 mg tab	3		
NESTABS DHA 32-1 mg oral misc	3		
NEWGEN 32-1 mg tab	3		
NEXA PLUS 29-1.25-350 mg cap	3		
NIVA-PLUS 27-1 mg tab	3		
OB COMPLETE 50-1.25 mg tab	3		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		
O-CAL FA 27-1 mg tab	3		
O-CAL PRENATAL tab	3		
<i>pnv fe fum/docusate/folic acid 29-1 mg tab</i>	1		
<i>pnv folic acid + iron 27-1 mg tab</i>	1		
<i>pnv ob+dha 27-1 & 250 mg oral misc</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 103 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pnv prenatal plus multivitamin 27-1 mg tab</i>	1		
<i>pnv tabs 29-1 29-1 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha plus 27-1.13-0.4 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
<i>pnv-total 35-5-1.2 mg cap</i>	1		
<i>pnv-vp-u 106.5-1 mg cap</i>	1		
POLY-VI-SOL/IRON soln	1		AL
<i>polyvitamin/iron 10 mg/ml soln</i>	1		AL
PR NATAL 400 29-1-200 & 400 mg oral misc	3		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	3		
PR NATAL 430 29-1-200 & 430 mg oral misc	3		
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	3		
PREFERAOB ONE 22-6-1-200 mg cap	3		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance balance 30-1-260 mg cap</i>	1		
<i>prenaissance harmony dha 27-1 & 380 mg oral misc</i>	1		
<i>prenaissance next 1.2 mg tab</i>	1		
<i>prenaissance next-b 1.22 mg tab</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATA 29-1 mg tab chew	3		
PRENATABS RX 29-1 mg tab	3		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab, tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
<i>prenatal plus iron 29-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	3		
PRENATE DHA 28-0.6-0.4-300 mg cap	3		
PRENATE ELITE 26-0.6-0.4 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 104 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PRENATE ESSENTIAL 29-0.6-0.4-340 mg cap	3		
PRENATE MINI 29-0.6-0.4-350 mg cap	3		
<i>preplus 27-1 mg tab</i>	1		
<i>pretab 29-1 mg tab</i>	1		
<i>purefe ob plus 162-115.2-1 mg cap</i>	1		
<i>relnate dha 28-1-200 mg cap</i>	1		
<i>rulavite dha 27-0.6-0.4-300 mg cap</i>	1		
SELECT-OB 29-1 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
TARON-BC 20-1 & 25 (2) mg oral misc	3		
TARON-C DHA 53.5-38-1 mg cap	3		
TARON-PREX 30-1.2-265 mg cap	3		
<i>thrivite 19 29-1 mg tab</i>	1		
<i>thrivite rx 29-1 mg tab</i>	1		
<i>tl-care dha 27-1-500 mg cap</i>	1		
<i>tl-fluorivite 0.25-7.5 mg tab chew</i>	1		AL
<i>tl-select 29-1.25-325 mg cap</i>	1		
<i>triadvance 90-1 mg tab</i>	1		
TRICARE tab	3		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	3		
<i>trinatal gt 90-1 mg tab</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	3		
<i>tri-tabs dha 32-1 mg oral misc</i>	1		
TRIVEEN-DUO DHA 29-1-200 & 400 mg oral misc	3		
TRIVEEN-PRX RNF 26-1.2-300 mg cap	3		
<i>tri-vit/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>ultimatecare one 27-1 mg cap</i>	1		
<i>ultimatecare one nf 20-7-1 mg cap</i>	1		
VEMAVITE-PRX 2 27-1.25-300 mg cap	3		
<i>vena-bal dha 27-1 & 430 mg oral misc</i>	1		
VINATE CARE 40-1 mg tab chew	3		
VINATE DHA RF 27-1.13 mg cap	3		
VINATE II 29-1 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 105 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VINATE M 27-1 mg tab	3		
VINATE ONE 60-1 mg tab	3		
virt nate 28-1 mg tab	1		
virt-advance 90-1 mg tab	1		
virt-c dha 53.5-38-1 mg cap	1		
virt-nate dha 28-1-200 mg cap	1		
virt-pn 27-0.6-0.4 mg tab	1		
virt-pn dha 27-0.6-0.4-300 mg cap	1		
virt-pn plus 28-0.6-0.4-340 mg cap	1		
virtprex 26-1.2-300 mg cap	1		
virt-select 29-1.25-325 mg cap	1		
virt-vite gt 90-1 mg tab	1		
VITAFOL-OB tab	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		
VITA-PREN tab	3		
VIVA DHA 28-1-200 mg cap	3		
vol-nate 28-1 mg tab	1		
vol-plus 27-1 mg tab	1		
vol-tab rx 29-1 mg tab	1		
vp-ch-pnv 30-1-260 mg cap	1		
vp-ggr-b6 prenatal 1.2 mg tab	1		
vp-heme ob 28-6-1 mg tab	1		
vp-heme ob + dha 28-6-1 & 203 mg oral misc	1		
vp-heme one 22-6-1-200 mg cap	1		
vp-pnv-dha 28-1-215.8 mg cap	1		
ZATEAN-CH 27-1-250 mg cap	3		
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	3		
MYDRIATICS [MIDRIÁTICOS]			
Mydriatics [Midriáticos]			
atropine sulfate 1 % ophth oint, 1 % ophth soln	1		
CYCLOGYL 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	3		
CYCLOMYDRIL 0.2-1 % ophth soln	3		
cyclopentolate hcl 1 % ophth soln, 2 % ophth soln	1		
HOMATROPAIRE 5 % ophth soln	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 106 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>homatropine hbr 5 % ophth soln</i>	1		
MYDRIACYL 1 % ophth soln	3		
<i>tropicamide 0.5 % ophth soln, 1 % ophth soln</i>	1		
OPIATE ANTAGONISTS [ANTAGONISTAS DE OPIÁCEOS]			
Opiate Antagonists [Antagonistas De Opiáceos]			
<i>naltrexone hcl 50 mg tab</i>	1		PA
VIVITROL 380 mg im susp	4		PA
OTHER MISCELLANEOUS THERAPEUTIC AGENTS [OTROS AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Other Miscellaneous Therapeutic Agents [Otros Agentes Terapéuticos Misceláneos]			
AMPYRA 10 mg tab er 12 hr	4		PA
ARCALYST 220 mg sc soln	4		PA
BOTOX 100 unit inj soln, 200 unit inj soln	4		PA
CARNITOR 1 gm/10ml soln, 330 mg tab	3		
CARNITOR SF 1 gm/10ml soln	3		
CYSTAGON 150 mg cap, 50 mg cap	3		
DEMSEER 250 mg cap	3		
DYSPOORT 300 unit im soln, 500 unit im soln	3		
ELMIRON 100 mg cap	3		
EUFLEXXA 20 mg/2ml i-artic soln pfs	4		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	4		PA
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	4		PA
<i>levocarnitine 1 gm/10ml soln, 330 mg tab</i>	1	CARNITOR	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	4		PA
ORTHOVISC 30 mg/2ml i-artic soln pfs	4		PA
RIMSO-50 50 % i-vesic soln	3		
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	2		
SUPARTZ 25 mg/2.5ml i-artic soln pfs	4		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	4		PA
SYNVISC 16 mg/2ml i-artic soln pfs	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 107 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYNVISC ONE 48 mg/6ml i-artic soln pfs	4		PA
THIOLA 100 mg tab	3		
XEOMIN 100 unit im soln, 50 unit im soln	4		PA
ZAVESCA 100 mg cap	4		PA
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS [AGENTES PARASIMPATICOMIMÉTICOS (COLINÉRGICOS)]			
Parasympathomimetic (cholinergic) Agents [Agentes Parasimpaticomiméticos (Colinérgicos)]			
ARICEPT 23 mg tab	3		
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint</i>	1	ARICEPT	
EVOXAC 30 mg cap	2		
EXELON 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2		
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 4 mg/ml soln, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE	
<i>guanidine hcl 125 mg tab</i>	1		
MESTINON 180 mg tab er, 60 mg tab, 60 mg/5ml syr	3		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
SALAGEN 5 mg tab, 7.5 mg tab	3		
URECHOLINE 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	3		
PARATHYROID [PARATIROIDEOS]			
Parathyroid [Paratiroides]			
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 108 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FORTEO 600 mcg/2.4ml sc soln	4		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
PHOSPHODIESTERASE TYPE 4 INHIBITORS [INHIBIDORES DE LA FOSFODIESTERASA TIPO 4]			
Phosphodiesterase Type 4 Inhibitors [Inhibidores De La Fosfodiesterasa Tipo 4]			
DALIRESP 250 mcg tab, 500 mcg tab	3		
PITUITARY [PITUITARIA]			
Pituitary [Pituitaria]			
DDAVP 0.01 % nasal soln, 0.1 mg tab, 0.2 mg tab	3		PA
DDAVP RHINAL TUBE 0.01 % nasal soln	3		PA
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1		PA
STIMATE 1.5 mg/ml nasal soln	3		PA
PROGESTINS [PROGESTINAS]			
Progestins [Progestinas]			
AYGESTIN 5 mg tab	3		
CRINONE 4 % vag gel	3		PA
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	3		QL(1 / 90)
DEPO-PROVERA 400 mg/ml im susp	4		PA
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 90)
FIRST-PROGESTERONE VGS 100 100 mg vag supp	3		PA
FIRST-PROGESTERONE VGS 200 200 mg vag supp	3		PA
<i>medroxyprogesterone acetate 150 mg/ml im susp pfs</i>	1		QL(1 / 90)
<i>medroxyprogesterone acetate 150 mg/ml im susp</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
MEGACE ES 625 mg/5ml susp	3		PA
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 50 mg/ml im oil</i>	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 109 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	4	PROMETRIUM	PA
PROMETRIUM 100 mg cap, 200 mg cap	4		PA
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	3		
PROKINETIC AGENTS [AGENTES PROCINÉTICOS]			
Prokinetic Agents [Agentes Procinéticos]			
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 10 mg/10ml soln, 5 mg tab, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
REGLAN 10 mg tab, 5 mg tab	3		
PROTECTIVE AGENTS [AGENTES PROTECTORES]			
Protective Agents [Agentes Protectores]			
<i>dexrazoxane 500 mg iv soln</i>	4		PA
<i>dexrazoxane 250 mg iv soln</i>	4	ZINECARD	PA
ETHYOL 500 mg iv soln	4		PA
<i>mesna 100 mg/ml iv soln</i>	4	MESNEX	PA
MESNEX 100 mg/ml iv soln, 400 mg tab	4		PA
TOTECT 500 mg iv soln	4		PA
ZINECARD 250 mg iv soln, 500 mg iv soln	4		PA
PSYCHOTHERAPEUTIC AGENTS [AGENTES PSICOTERAPÉUTICOS]			
Antidepressants [Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	3		
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	3		
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	1	LIMBITROL	
citalopram hydrobromide 10 mg tab, 10 mg/5ml soln, 20 mg tab, 40 mg tab	1	CELEXA	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
CYMBALTA 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	2		PA
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	
doxepin hcl 10 mg cap, 10 mg/ml oral conc, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	PA
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	3		
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab, 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml soln, 40 mg cap, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl (pmdd) 10 mg cap, 20 mg cap	1		
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	1		
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
FORFIVO XL 450 mg tab er 24 hr	3		
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 111 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LEXAPRO 10 mg tab, 20 mg tab, 5 mg tab	3		
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	1	LUDIOMIL	
MARPLAN 10 mg tab	3		
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	1	REMERON	
NARDIL 15 mg tab	3		
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	SERZONE	
NORPRAMIN 10 mg tab, 25 mg tab	3		
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	1	SYMBYAX	
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	3		
PARNATE 10 mg tab	3		
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
PAXIL 10 mg tab, 10 mg/5ml susp, 20 mg tab, 30 mg tab, 40 mg tab	3		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	3		
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	1	TRIAVIL	
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
phenelzine sulfate 15 mg tab	1	NARDIL	
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
protriptyline hcl 10 mg tab, 5 mg tab	1	VIVACTIL	
PROZAC 10 mg cap, 20 mg cap, 40 mg cap	3		
REMERON 15 mg tab, 30 mg tab, 45 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 112 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	3		
SARAFEM 10 mg tab, 20 mg tab	3		
<i>sertraline hcl 100 mg tab, 20 mg/ml oral conc, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
SILENOR 3 mg tab, 6 mg tab	3		
SURMONTIL 100 mg cap, 25 mg cap, 50 mg cap	3		
SYMBYAX 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	3		
TOFRANIL 10 mg tab, 25 mg tab, 50 mg tab	3		
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		
WELLBUTRIN SR 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	3		
WELLBUTRIN XL 150 mg tab er 24 hr, 300 mg tab er 24 hr	3		
ZOLOFT 100 mg tab, 20 mg/ml oral conc, 25 mg tab, 50 mg tab	3		
ZYBAN 150 mg tab er 12 hr	3		PA, QL(360 / 365)
Antipsychotics [Antipsicóticos]			
ABILIFY 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2		
<i>aripiprazole 1 mg/ml soln, 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
CLOZARIL 100 mg tab, 25 mg tab	3		
COMPRO 25 mg rect supp	1		
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	3		
FAZACLO 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	3		
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg tab, 5 mg/ml oral conc</i>	1	PROLIXIN	
GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap	3		
HALDOL 5 mg/ml inj soln	3		
HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln	3		
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	1	HALDOL	
INVEGA 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	3		
INVEGA SUSTENNA 117 mg/0.75ml im susp, 156 mg/ml im susp, 234 mg/1.5ml im susp, 39	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mg/0.25ml im susp, 78 mg/0.5ml im susp			
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>olanzapine 10 mg im soln, 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2.5 mg tab, 20 mg tab, 20 mg tab disint, 5 mg tab, 5 mg tab disint, 7.5 mg tab</i>	1	ZYPREXA	
ORAP 1 mg tab, 2 mg tab	3		
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 5 mg/ml inj soln</i>	1	COMPAZINE	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml soln, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL CONSTA 12.5 mg im susp, 25 mg im susp, 37.5 mg im susp, 50 mg im susp	4		PA
RISPERDAL M-TAB 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint	3		
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 1 mg/ml soln, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 115 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RISPERIDONE M-TAB 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint, 3 mg tab disint, 4 mg tab disint	3		
SAPHRIS 10 mg tab subl, 5 mg tab subl	2		
SEROQUEL 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	3		
SEROQUEL XR 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	2		
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
ZYPREXA 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	3		
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
ZYPREXA ZYDIS 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	3		
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS [INHIBIDORES DEL SISTEMA RENINA-ANGIOTENSINA-ALDOSTERONA]			
Angiotensin II Receptor Antagonists [Antagonistas Del Receptor De Angiotensina II]			
ATACAND 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	3		
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	3		
AVAPRO 150 mg tab, 300 mg tab, 75 mg tab	3		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	3		
BENICAR HCT 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	3		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
COZAAR 100 mg tab, 25 mg tab, 50 mg tab	3		
DIOVAN 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	3		
DIOVAN HCT 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	3		
<i>eprosartan mesylate 600 mg tab</i>	1	TEVETEN	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
MICARDIS 20 mg tab, 40 mg tab, 80 mg tab	3		
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	3		
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
Angiotensin-converting Enzyme Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina]			
ACCUPRIL 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ACEON 4 mg tab, 8 mg tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 117 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALTACE 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	3		
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	1	CAPOTEN	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab	1	CAPOZIDE	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	VASOTEC	
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	1	MONOPRIL-HCT	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
LOTENSIN 10 mg tab, 20 mg tab, 40 mg tab	3		
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
moexipril hcl 15 mg tab, 7.5 mg tab	1	UNIVASC	
moexipril-hydrochlorothiazide 15-12.5 mg tab, 15-25 mg tab, 7.5-12.5 mg tab	1	UNIRETIC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	1	ACEON	
PRINIVIL 10 mg tab, 20 mg tab, 5 mg tab	3		
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ACCURETIC	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
VASERETIC 10-25 mg tab	3		
VASOTEC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ZESTRIL 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	3		
Mineralocorticoid (aldosterone) Receptor Antagonists [Antagonistas Del Receptor De Mineralocorticoides (Aldosterona)]			
ALDACTAZIDE 25-25 mg tab, 50-50 mg tab	3		
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	3		
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	
INSPRA 25 mg tab, 50 mg tab	3		
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
Renin Inhibitors [Inhibidores De Renina]			
TEKTURNA 150 mg tab, 300 mg tab	2		
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
REPLACEMENT PREPARATIONS [PREPARACIONES DE REEMPLAZO]			
Replacement Preparations [Preparaciones De Reemplazo]			
<i>av-phos 250 neutral 155-852-130 mg tab</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	3		
<i>calcium acetate 667 mg cap</i>	1	PHOSLO	
<i>calcium acetate (phos binder) 667 mg tab</i>	1		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>calcium-folic acid plus d 1342-1 mg oral wafer</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	3		
<i>effervescent pot chloride 25 meq tab eff</i>	1		
ELIPHOS 667 mg tab	3		
GALZIN 25 mg cap, 50 mg cap	3		
<i>k-effervescent 25 meq tab eff</i>	1		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 119 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KLOR-CON 8 meq tab er	2		
KLOR-CON 20 meq pckt	3		
KLOR-CON 10 10 meq tab er	2		
KLOR-CON M10 10 meq tab er	2		
KLOR-CON M15 15 meq tab er	2		
KLOR-CON M20 20 meq tab er	2		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	3		
KLOR-CON/EF 25 meq tab eff	2		
K-PHOS 500 mg tab	3		
K-PHOS-NEUTRAL 155-852-130 mg tab	3		
K-PRIME 25 meq tab eff	3		
K-TAB 8 meq tab er	2		
K-TAB 10 meq tab er	3		
<i>k-vescent 25 meq tab eff</i>	1		
MAGNEBIND 400 400-200-1 mg tab	3		
MICRO-K 10 meq cap er, 8 meq cap er	3		
PHOSLYRA 667 mg/5ml soln	3		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	3		
<i>pot bicarb-pot chloride 25 meq tab eff</i>	1		
<i>potassium bicarbonate 25 meq tab eff</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>virt-phos 250 neutral 155-852-130 mg tab</i>	1		
RESPIRATORY SMOOTH MUSCLE RELAXANTS [RELAJANTES DEL MÚSCULO LISO RESPIRATORIO]			
Respiratory Smooth Muscle Relaxants [Relajantes Del Músculo Liso Respiratorio]			

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 120 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
THEOCHRON 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr	3		
<i>theophylline 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
SECOND GENERATION ANTIHISTAMINES [ANTIISTAMÍNICOS DE SEGUNDA GENERACIÓN]			
Second Generation Antihistamines [Antihistamínicos De Segunda Generación]			
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
CLARINEX 0.5 mg/ml syr, 5 mg tab	3		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln, 5 mg tab</i>	1	XYZAL	
SEMPREX-D 8-60 mg cap	3		
XYZAL 2.5 mg/5ml soln, 5 mg tab	3		
SERUMS [SUEROS]			
Serums [Sueros]			
HYPERRHO S/D 250 unit im soln pfs	4		QL(2 / 365)
HYPERRHO S/D 1500 unit im soln pfs	4		QL(2 / 365)
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	4		QL(2 / 365)
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	4		QL(2 / 365)
RHOPHYLAC 1500 unit/2ml inj soln pfs	4		QL(2 / 365)
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	4		QL(2 / 365)

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 121 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Centrally Acting Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos De Acción Central]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	3		
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
carisoprodol-aspirin 200-325 mg tab	1	SOMA	
carisoprodol-aspirin-codeine 200-325-16 mg tab	1	SOMA COMPOUND WITH CODEINE	
chlorzoxazone 500 mg tab	1	PARAFON	
cyclobenzaprine hcl 7.5 mg tab	1	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
enovarx-cyclobenzaprine hcl 20 mg/gm td crm	1		
FEXMID 7.5 mg tab	3		
LORZONE 375 mg tab, 750 mg tab	3		
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
methocarbamol 1000 mg/10ml inj soln	1	ROBAXIN	
PARAFON FORTE DSC 500 mg tab	3		
ROBAXIN 1000 mg/10ml inj soln, 500 mg tab	3		
ROBAXIN-750 750 mg tab	3		
SOMA 250 mg tab, 350 mg tab	3		
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	3		
Direct-acting Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos De Acción Directa]			
DANTRIUM 25 mg cap, 50 mg cap	3		
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
Gaba-derivative Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos Derivados De Gaba]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
Skeletal Muscle Relaxants, Miscellaneous [Relajantes Musculoesqueléticos, Misceláneos]			
orphenadrine citrate 30 mg/ml inj soln	1	NORFLEX	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SKIN AND MUCOUS MEMBRANE AGENTS, MISC [AGENTES PARA LA PIEL Y MEMBRANAS MUCOSAS, MISCELÁNEOS]			
Skin And Mucous Membrane Agents, Misc [Agentes Para La Piel Y Membranas Mucosas, Misceláneos]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	4	SORIATANE	PA
ACZONE 5 % gel, 7.5 % gel	2		
<i>adapalene 0.1 % lot</i>	1		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
ALDARA 5 % crm	3		
AZELEX 20 % crm	3		
BIONECT 0.2 % gel	3		
<i>calcipotriene 0.005 % crm, 0.005 % ext soln, 0.005 % oint</i>	1	DOVONEX	
CALCITRENE 0.005 % oint	3		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CARAC 0.5 % crm	4		PA
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	3		
COSENTYX 150 mg/ml sc soln pfs	4		PA
COSENTYX 300 DOSE 150 mg/ml sc soln pfs	4		PA
COSENTYX SENSOREADY 300 DOSE 150 mg/ml sc soln auto-inj	4		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	4		PA
<i>dapsone 5 % gel</i>	1	ACZONE	
<i>diclofenac sodium 1.5 % td soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % td gel</i>	1	SOLARAZE	
<i>diclofenac sodium 1 % td gel</i>	1	VOLTAREN	
DIFFERIN 0.1 % crm, 0.1 % gel, 0.1 % lot, 0.3 % gel	3		
DOVONEX 0.005 % crm	3		
<i>doxycycline 40 mg cap dr</i>	1		
DRITHO-CREME HP 1 % crm	3		
EFUDEX 5 % crm	4		PA
ELIDEL 1 % crm	3		PA
EPIDUO 0.1-2.5 % gel	3		
FINACEA 15 % gel	3		
FLECTOR 1.3 % td patch	2		
FLUOROPLEX 1 % crm	3		
<i>fluorouracil 0.5 % crm</i>	4	CARAC	PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 123 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
fluorouracil 2 % ext soln, 5 % crm, 5 % ext soln	4	EFUDEX	PA
glycolic acid 70 % soln	1		
imiquimod 5 % crm	1	ALDARA	
KLOFENSAID II 1.5 % td soln	3		
LEVULAN KERASTICK 20 % ext soln	3		
minocycline hcl er 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr	1	SOLODYN	
ORACEA 40 mg cap dr	3		
PANRETIN 0.1 % gel	4		PA
PICATO 0.015 % gel, 0.05 % gel	3		
podofilox 0.5 % ext soln	1	CONDYLOX	
PROTOPIC 0.03 % oint, 0.1 % oint	3		PA
QUTENZA 8 % ext kit	4		PA
QUTENZA (2 PATCH) 8 % ext kit	4		PA
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	3		
SANTYL 250 unit/gm oint	3		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	3		
SORIATANE 10 mg cap, 17.5 mg cap, 25 mg cap	4		PA
SORILUX 0.005 % foam	3		
STELARA 45 mg/0.5ml sc soln	4		PA
STELARA 45 mg/0.5ml sc soln pfs	4		PA, QL(0.5 / 84)
STELARA 90 mg/ml sc soln pfs	4		PA, QL(1 / 84)
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	PA
TARGRETIN 1 % gel	4		PA
tazarotene 0.1 % crm	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % crm, 0.1 % gel	2		PA
VECTICAL 3 mcg/gm oint	3		
VELTIN 1.2-0.025 % gel	3		
VEREGEN 15 % oint	3		
VOLTAREN 1 % td gel	3		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	3		
ZIANA 1.2-0.025 % gel	3		
ZITHRANOL 1 % shampoo	3		
ZYCLARA 3.75 % crm	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 124 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	3		
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS [AGENTES SIMPATICOLITICOS (BLOQUEADORES ADRENÉRGICOS)]			
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
D.H.E. 45 1 mg/ml inj soln	3		
DIBENZYLINE 10 mg cap	3		
dihydroergotamine mesylate 1 mg/ml inj soln	1		QL(24 / 30)
dihydroergotamine mesylate 4 mg/ml nasal soln	1	MIGRANAL	QL(8 / 30)
ergoloid mesylates 1 mg tab	1	HYDERGINE	
ERGOMAR 2 mg tab subl	3		
FLOMAX 0.4 mg cap	3		
MIGRANAL 4 mg/ml nasal soln	3		QL(8 / 30)
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	1		
RAPAFLO 4 mg cap, 8 mg cap	3		
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
UROXATRAL 10 mg tab er 24 hr	3		
SYMPATHOMIMETIC (ADRENERGIC) AGENTS [AGENTES SIMPATICOMIMÉTICOS (ADRENÉRGICOS)]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
Beta-adrenergic Agonists [Agonistas Beta-Adrenérgicos]			
ADVAIR DISKUS 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	2		QL(60 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	ACCUNEB	QL(300 / 25)
albuterol sulfate 2 mg tab, 2 mg/5ml syr, 4 mg tab	1	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	1	PROVENTIL	QL(60 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	VENTOLIN	QL(300 / 25)
albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr	1	VOSPIRE ER	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ARCAPTA NEOHALER 75 mcg inh cap	2		
BROVANA 15 mcg/2ml inh neb soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	
<i>metaproterenol sulfate 10 mg tab, 10 mg/5ml syr, 20 mg tab</i>	1	ALUPENT	
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
VOSPIRE ER 4 mg tab er 12 hr, 8 mg tab er 12 hr	3		
XOPENEX 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	3		QL(216 / 15)
XOPENEX CONCENTRATE 1.25 mg/0.5ml inh neb soln	3		QL(30 / 15)
XOPENEX HFA 45 mcg/act inh aer	3		
THYROID AND ANTITHYROID AGENTS [AGENTES TIROIDEOS Y ANTITIROIDEOS]			
Antithyroid Agents [Agentes Antitiroideos]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
TAPAZOLE 10 mg tab, 5 mg tab	3		
Thyroid Agents [Agentes Tiroideos]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab,	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab			
CYTOMEL 25 mcg tab, 5 mcg tab, 50 mcg tab	3		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine-liothyronine 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	3		
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
<i>np thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	3		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
THYROLAR-1 60 (12.5-50) mg (mcg) tab	3		
THYROLAR-1/2 30 (6.25-25) mg (mcg) tab	3		
THYROLAR-1/4 15 (3.1-12.5) mg (mcg) tab	3		
THYROLAR-2 120 (25-100) mg (mcg) tab	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 127 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THYROLAR-3 180 (37.5-150) mg (mcg) tab	3		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	3		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	3		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
URICOSURIC AGENTS [AGENTES URICOSÚRICOS]			
Uricosuric Agents [Agentes Uricosúricos]			
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>probenecid 500 mg tab</i>	1	BENEMID	
URINARY ANTI-INFECTIVES [ANTIINFECCIOSOS URINARIOS]			
Urinary Anti-infectives [Antiinfecciosos Urinarios]			
AZUPHEN MB 120 mg cap	3		
FURADANTIN 25 mg/5ml susp	3		
HIPREX 1 gm tab	3		
HYOLEV MB 81 mg tab	3		
HYOPHEN 81.6 mg tab	3		
MACROBID 100 mg cap	3		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	3		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
MONUROL 3 gm pckt	3		
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
PHOSPHASAL 81.6 mg tab	3		
PRIMSOL 50 mg/5ml soln	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>ur n-c 81.6 mg tab</i>	1		
URAMIT MB 118 mg cap	3		
URELLE 81 mg tab	3		
URETRON D/S tab	3		
URIBEL 118 mg cap	3		

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 128 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
URIMAR-T 120 mg tab	3		
<i>urin ds tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uroav-81 81 mg tab</i>	1		
<i>uroav-b 118 mg cap</i>	1		
UROGESIC-BLUE 81.6 mg tab	3		
<i>uro-mp 118 mg cap</i>	1		
UROPHEN MB 81.6 mg tab	3		
URL 81.6 mg tab	3		
USTELL 120 mg cap	3		
<i>uticap 120 mg cap</i>	1		
UTIRA-C 81.6 mg tab	3		
UTRONA-C 81.6 mg tab	3		
VILAMIT MB 118 mg cap	3		
VILEVEV MB 81 mg tab	3		
VACCINES [VACUNAS]			
Vaccines [Vacunas]			
THERACYS 81 mg/vial i-vesic susp	3		PA
TICE BCG 50 mg i-vesic susp	3		PA
VASOCONSTRICTORS [VASOCONSTRICTORES]			
Vasoconstrictors [Vasoconstrictores]			
ADRENALIN 0.1 % nasal soln	3		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	3		
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
VASODILATING AGENTS [AGENTES VASODILATADORES]			
Nitrates And Nitrites [Nitratos Y Nitritos]			
BIDIL 20-37.5 mg tab	3		
DILATRATE-SR 40 mg cap er	3		
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL	
<i>isosorbide dinitrate er 40 mg tab er</i>	1	ISORDIL	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	3		
NITRO-BID 2 % td oint	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
nitroglycerin 400 mcg/spray tl aer soln	1		
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	1	NITRO-DUR	
nitroglycerin 0.4 mg/spray tl soln	1	NITROLINGUAL	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	1	NITROSTAT	
nitroglycerin er 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	1		
NITROLINGUAL 0.4 mg/spray tl soln	3		
NITROMIST 400 mcg/spray tl aer soln	3		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	3		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	3		
Phosphodiesterase Type 5 Inhibitors [Inhibidores De La Fosfodiesterasa Tipo 5]			
REVATIO 10 mg/12.5ml iv soln, 10 mg/ml susp, 20 mg tab	4		PA
sildenafil citrate 20 mg tab	4	REVATIO	PA
Vasodilating Agents [Agentes Vasodilatadores]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln	4		PA
FLOLAN 0.5 mg iv soln, 1.5 mg iv soln	4		PA
LETAIRIS 10 mg tab, 5 mg tab	4		PA
REMODULIN 1 mg/ml inj soln, 10 mg/ml inj soln, 2.5 mg/ml inj soln, 5 mg/ml inj soln	4		PA
TYVASO 0.6 mg/ml inh soln	4		PA
TYVASO REFILL 0.6 mg/ml inh soln	4		PA
TYVASO STARTER 0.6 mg/ml inh soln	4		PA
VELETRI 0.5 mg iv soln, 1.5 mg iv soln	4		PA

First Medical - FM Obamacare 2018 [4 Tiers]

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

Page 130 of 161
Updated 06/2018

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	4		PA
Vasodilating Agents, Miscellaneous [Agentes Vasodilatadores, Misceláneos]			
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
isoxsuprine hcl 10 mg tab	1		
VITAMIN B COMPLEX [VITAMINA DEL COMPLEJO B]			
Vitamin B Complex [Vitamina Del Complejo B]			
FA-8 0.8 mg cap, 800 mcg tab	1		QL(30 / 30), AL
folic acid 1 mg tab	1		
folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab	1		QL(30 / 30), AL
NIACOR 500 mg tab	3		
VITAMIN D [VITAMINA D]			
Vitamin D [Vitamina D]			
calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml soln	1	ROCALTROL	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	1	HECTOROL	
HECTOROL 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	3		
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA
ROCALTROL 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml soln	3		
ZEMPLAR 1 mcg cap, 2 mcg cap	2		PA

A

Abacavir Sulfate	65	Advair HFA	125
Abacavir Sulfate-Lamivudine	65	Afeditab CR	75
Abacavir-Lamivudine-Zidovudine	65	Afinitor	51
Abatron	18	Aftera	79
Abilify	113	Aggrenox	62
Abraxane	50	AgonEaze	60
Abstral	9	Agrylin	62
Acamprosate Calcium	78	Aimsco Lubricated	79
Acanya	34	AK-Poly-Bac	34
Acarbose	28	Akten	101
Accolate	46	Aktipak	34
Accupril	117	Ala Scalp	39
Accuretic	117	Ala-Cort	39
Acebutolol HCl	71	Ala-Quin	37
Aceon	117	Albenza	17
Acetaminophen-Codeine	9	Albuterol Sulfate	125
Acetaminophen-Codeine #2	9	Albuterol Sulfate ER	125
Acetaminophen-Codeine #3	9	Alclometasone Dipropionate	39
Acetaminophen-Codeine #4	9	Alcortin A	38
Acetasol HC	44	Aldactazide	119
AcetaZOLAMIDE	33	Aldactone	119
AcetaZOLAMIDE ER	33	Aldara	123
Acetic Acid	92	Alendronate Sodium	72
Acetic Acid-Aluminum Acetate	92	Alferon N	51
Acetylcysteine	31	Alfuzosin HCl ER	125
Aciphex	64	Alimta	51
Acitretin	123	Alinia	59
Actemra	91	Alkeran	51
Actigall	79	Allopurinol	34
Actimmune	99	Almotriptan Malate	49
Actiq	10	Alocril	17
Activella	93	Alomide	17
Actonel	72	Aloquin	37
Acular	46	Alora	93
Acular LS	46	Alosetron HCl	40
Acuvail	46	Aloxi	31
Acyclovir	38, 67	Alphagan P	33
Aczone	123	ALPRAZolam	69
Adalat CC	75	ALPRAZolam ER	69
Adapalene	123	ALPRAZolam Intensol	69
Adapalene-Benzoyl Peroxide	123	ALPRAZolam XR	69
Adderall	15	Alrex	44
Adempas	130	Altabax	34
Adrenalin	129	Altacaine	101
Adriamycin	50	Altace	118
Adrucil	50	Altafrin	129
Advair Diskus	125	Altavera	79
		Altoprev	48
		Alvesco	2

Alyacen 1/35	79	Anusol-HC	40
Alyacen 7/7/7	79	Anzemet.....	31
Amabelz	93	ApexiCon E	40
Amantadine HCl	57	Aplenzin	110
Amaryl	30	Apokyn	58
Ambien.....	68	Apraclonidine HCl.....	92
Ambien CR	68	Aprepitant	31
Amcinonide.....	40	Apri.....	80
Amerge.....	49	Aptivus.....	65
Amethia	79	Aquoral	92
Amethia Lo	79	Aranelle	80
Amethyst.....	80	Aranesp (Albumin Free)	97
Amicar	34	Arava	91
AMiLoride HCl.....	92	Arcalyst	107
AMiLoride-HydroCHLOROthiazide	92	Arcapta Neohaler	126
Amiodarone HCl	77	Aricept.....	108
Amitiza.....	97	ARIPIprazole	113
Amitriptyline HCl	110	Arixtra	61
Amlodipine Besy-Benazepril HCl	75	Armodafinil.....	17
AmLODIPine Besylate	75	Armour Thyroid	126
Amlodipine Besylate-Valsartan	75	Arnuity Ellipta	2
Amlodipine-Atorvastatin	75	Arranon	51
Amlodipine-Olmesartan.....	75	Arthrotec	7
Amlodipine-Valsartan-HCTZ.....	75	Arzerra.....	51
Amoxapine	110	Asacol HD.....	40
Amoxicill-Clarithro-Lansopraz	64	Ascomp-Codeine.....	10
Amoxicillin.....	20	Ashlyna	80
Amoxicillin-Pot Clavulanate	21	Asmanex 120 Metered Doses.....	2
Amoxicillin-Pot Clavulanate ER	21	Asmanex 14 Metered Doses	2
Amphetamine-Dextroamphet ER	15	Asmanex 30 Metered Doses	2
Amphetamine-Dextroamphetamine	15	Asmanex 60 Metered Doses	2
Ampicillin.....	21	Asmanex 7 Metered Doses	2
Ampyra	107	Asmanex HFA.....	2
Amrix	122	Aspirin	7
Anacaine	60	Aspirin EC.....	7
Anafranil	110	Aspirin-Caff-Dihydrocodeine.....	10
Anagrelide HCl.....	62	Aspirin-Dipyridamole ER	62
Analpram HC.....	60	Aspirtab.....	7
Analpram HC Singles	60	Astepro.....	17
Analpram-HC	60	Atabex EC	102
Anaprox DS	7	Atacand	116
Anaspaz	23	Atacand HCT.....	116
Anastrozole	51	Atazanavir Sulfate	65
Ancobon.....	33	Atelvia.....	72
AndroGel.....	14	Atenolol	71
AndroGel Pump	14	Atenolol-Chlorthalidone	71
Angeliq	93	Ativan.....	69
Anodyne LPT	60	Atlas Color Condom/Spermicide.....	80
Antabuse.....	5	Atlas Color Lubricated Condom	80
Anucort-HC	40	Atlas Lub Condom/Spermicide.....	80

Atlas Lubricated Condom.....	80	Bacitracin-Polymyxin B.....	35
Atomoxetine HCl.....	78	Bacitra-Neomycin-Polymyxin-HC	44
Atorvastatin Calcium	48	Baclofen	122
Atovaquone	59	Bactrim	22
Atovaquone-Proguanil HCl	59	Bactrim DS	22
Atripla	65	Bactroban	35
AtroPen	23	Bactroban Nasal	35
Atropine Sulfate	106	Bal-Care DHA	102
Atrovent HFA.....	23	Balziva.....	80
Aubagio.....	99	Banzel	24
Aubra	80	Beconase AQ.....	44
Augmentin	21	Bekyree	80
Augmentin ES-600	21	Benazepril HCl.....	118
Avapro	116	Benazepril-Hydrochlorothiazide	118
Avar Cleanser	100	Bendeka.....	51
Avar-e Emollient	100	Benicar	116
Avar-e Green.....	100	Benicar HCT.....	116
Avastin.....	51	Bentyl.....	23
AVC Vaginal	38	Benzac AC Wash	39
Avelox.....	21	BenzaClin	35
Aviane	80	BenzaClin with Pump	35
Avidoxy.....	22	Benzamycin.....	35
Avidoxy DK	22	BenzePro Foaming Cloths	39
Avita.....	78	Benzonatate	62
Avodart.....	2	Benzoyl Peroxide	39
Avonex	99	Benzoyl Peroxide-Erythromycin.....	35
Avonex Pen	99	Benztropine Mesylate	57
Avonex Prefilled.....	99	Bepreve.....	17
Av-Phos 250 Neutral.....	119	Besivance	35
Axert	49	Betadine Ophthalmic Prep	38
Axiron	14	Betagan.....	33
Aygestin	109	Betamethasone Dipropionate	40
AzaCITIDine	51	Betamethasone Dipropionate Aug.....	40
Azasan	99	Betamethasone Sod Phos & Acet	2
AzaSite.....	34	Betamethasone Valerate	40
AzaTHIOprine	99	Betapace.....	71
Azelastine HCl	17	Betapace AF	71
Azelex.....	123	Betaseron	99
Azilect.....	59	Betaxolol HCl	33, 71
Azithromycin.....	20	Bethanechol Chloride	108
Azopt	33	Betimol	33
Azor	75	Betoptic-S	33
Azulfidine	22	Bexarotene	51
Azulfidine EN-tabs.....	22	Beyaz.....	80
Azuphen MB.....	128	Bicalutamide.....	51
Azurette.....	80	Bicillin C-R	21
B		Bicillin C-R 900/300	21
BACiiM.....	18	Bicillin L-A	21
Bacitracin.....	18, 35	BiCNU	51
		BiDil	129

Biktarvy	65
Biltricide.....	17
Bimatoprost	34
Binosto	72
Bionect	123
Bio-Statín	33
Biotuss.....	62
Biotuss Pediatric.....	62
Bisoprolol Fumarate	71
Bisoprolol-Hydrochlorothiazide	71
Bleo 15K	51
Bleomycin Sulfate	51
Bleph-10.....	35
Blephamide	44
Blephamide S.O.P.....	44
Blisovi 24 Fe.....	80
Blisovi Fe 1.5/30	80
Blisovi FE 1/20	80
BocaSal.....	92
Boniva	72
Bosulif.....	51
Botox	107
BP 10-1	101
BP Cleansing Wash	101
BP Foam.....	39
BP Foaming Wash	39
BP FoliNatal Plus B.....	102
BP MultiNatal Plus	102
BP Wash.....	39
BPO Foaming Cloths	39
BProtected Pedia Iron	18
BProtected Pedia Poly-Vite/Fe.....	102
Breo Ellipta	2
Brevicon (28)	80
Briellyn.....	80
Brilinta	62
Brimonidine Tartrate	33
Bromfed DM	62
Bromfenac Sodium.....	46
Bromfenac Sodium (Once-Daily)	46
Bromocriptine Mesylate	58
Brompheniramine Tannate	96
Brovana.....	126
Bucalsep	39
Budesonide	2, 44
Bumetanide	91
Bupap	6
Buphenyl.....	6
Buprenorphine	14
Buprenorphine HCl.....	14

Buprenorphine HCl-Naloxone HCl.....	14
BuPROPion HCl	110
BuPROPion HCl ER (Smoking Det)	110
BuPROPion HCl ER (SR)	110
BuPROPion HCl ER (XL)	110
BusPIRone HCl.....	68
Busulfan	51
Busulfex	51
Butalbital-Acetaminophen	6
Butalbital-APAP	6
Butalbital-APAP-Caff-Cod	10
Butalbital-APAP-Caffeine	6
Butalbital-ASA-Caff-Codeine	10
Butalbital-Aspirin-Caffeine	7
Butisol Sodium	69
Butorphanol Tartrate	14
Butrans	14
Bydureon	28
Bydureon BCise.....	28
Bystolic.....	71

C

Cabergoline	58
Caduet.....	75
Cafergot	49
Calan	73
Calan SR	73
CalciFol.....	119
Calcipotriene	123
Calcipotriene-Betameth Diprop.....	40
Calcitonin (Salmon).....	108
Calcitrene.....	123
Calcitriol	123, 131
Calcium Acetate	119
Calcium Acetate (Phos Binder)	119
Calcium PNV	102
Calcium-Folic Acid Plus D.....	119
Cambia.....	7
Camila	80
Campath	51
Camptosar	51
Camrese	80
Camrese Lo.....	80
Canasa.....	40
Candesartan Cilexetil.....	116
Candesartan Cilexetil-HCTZ.....	117
Capacet.....	6
Capastat Sulfate	50
Capecitabine	51
Capex.....	40

Caphosol.....	92	Ceftin	19
Caprelsa.....	51	CefTRIAXone Sodium	19
Captopril.....	118	Cefuroxime Axetil	19
Captopril-Hydrochlorothiazide	118	CeleBREX	7
Carac.....	123	Celecoxib	7
Carafate	64	Celestone Soluspan.....	2
Carbaglu	6	CeleXA.....	111
CarBAMazepine	24	CellCept	99
CarBAMazepine ER	24	Celontin.....	28
Carbaphen 12	63	Centany.....	35
Carbaphen 12 Ped	63	Centany AT	35
Carbatrol	24	Cephalexin.....	19
Carbidopa.....	57	Cerisa Wash.....	101
Carbidopa-Levodopa	57	Cesamet.....	31
Carbidopa-Levodopa ER.....	57	Cetirizine HCl	121
Carbidopa-Levodopa-Entacapone	57	Cetraxal.....	35
Carbinoxamine Maleate	95	Cevimeline HCl	108
CARBOplatin.....	51	Chantix	70
Cardizem.....	73	Chantix Continuing Month Pak.....	70
Cardizem CD.....	73	Chantix Starting Month Pak	70
Cardizem LA	73	Chateal.....	80
Cardura	6	Chenodal	79
Cardura XL	6	Child Chewable Vitamins/Iron	102
Carisoprodol.....	122	Childrens Aspirin	7
Carisoprodol-Aspirin	122	Childrens Multivitamin/Iron	102
Carisoprodol-Aspirin-Codeine	122	ChlordiazePOXIDE HCl.....	69
Carnitor	107	Chlordiazepoxide-Amitriptyline	111
Carnitor SF	107	Chlordiazepoxide-Clidinium	23
Carteolol HCl	33	Chloroquine Phosphate	59
Cartia XT.....	73	Chlorothiazide	92
Carvedilol.....	71	ChlorproMAZINE HCl	114
Carvedilol Phosphate ER	71	ChlorproPAMIDE	30
Casodex.....	51	Chlorthalidone	92
Catapres	98	Chlorzoxazone	122
Catapres-TTS-1	98	Cholestyramine	47
Catapres-TTS-2	98	Cholestyramine Light	47
Catapres-TTS-3	98	Choline Fenofibrate	47
Caya	80	Choline-Mag Trisalicylate.....	7
Cayston.....	20	Ciclodan.....	37
Caziant	80	Ciclodan Cream	37
Cedax.....	19	Ciclodan Solution	37
Cefaclor.....	19	Ciclopirox.....	37
Cefaclor ER	19	Ciclopirox Olamine	37
Cefadroxil.....	19	Ciclopirox Treatment.....	37
Cefdinir.....	19	CidalEaze	60
Cefditoren Pivoxil	19	Cilostazol	62
Cefixime	19	Ciloxan	35
Cefpodoxime Proxetil.....	19	Cimetidine.....	64
Cefprozil	19	Cimetidine HCl	64
Ceftibuten	19	Cipro.....	21

Cipro HC	44	Clopidogrel Bisulfate	62
Ciprodex.....	44	Clorazepate Dipotassium	69
Ciprofloxacin	21	Clorpres.....	98
Ciprofloxacin HCl.....	21, 35	Clotrimazole	37
Ciprofloxacin-Ciproflo ER	22	Clotrimazole-Betamethasone	37
CISplatin	51	CloZAPine	114
Citalopram Hydrobromide	111	Clozaril	114
CitraNatal 90 DHA.....	102	C-Nate DHA	102
CitraNatal Assure	102	Coartem	59
CitraNatal B-Calm	102	Codeine Sulfate	10
CitraNatal DHA	102	Cogentin.....	57
CitraNatal Rx.....	102	Colchicine	34
Cladribine.....	51	Colchicine-Probenecid.....	128
Clarinox.....	121	Colcrys	34
Clarinox-D 12 Hour	121	Colestid	47
Clarithromycin	20	Colestid Flavored	47
Clarithromycin ER	20	Colestipol HCl	47
Class Act Lubricated	80	Colocort.....	40
Clearplex X	39	Coly-Mycin S	44
Clemastine Fumarate	95	Combigan	33
Cleocin	18, 35	CombiPatch.....	93
Cleocin-T.....	35	Combivent Respimat	126
Climara.....	93	Complera	65
Climara Pro	93	Complete Natal DHA	102
Clindacin ETZ	35	CompleteNate	102
Clindacin Pac	35	Compro	114
Clindacin-P	35	Comtan.....	57
Clindagel.....	35	Co-Natal FA.....	102
Clindamycin HCl	18	Concept DHA	102
Clindamycin Palmitate HCl	19	Concept OB.....	102
Clindamycin Phos-Benzoyl Perox	35	Concerta	16
Clindamycin Phosphate	35	Condoms	80
Clindamycin-Tretinoin.....	123	Condylox.....	123
Clobetasol Prop Emollient Base	40	Constulose	6
Clobetasol Propionate	40	ConZip.....	10
Clobetasol Propionate E	40	Copaxone	99
Clobetasol Propionate Emulsion.....	40	Cordran	40
Clobex.....	40	Corgard	71
Clobex Spray.....	40	Cormax Scalp Application	41
Clocortolone Pivalate	40	Cortane-B	41, 44
Clocortolone Pivalate Pump	40	Cortane-B Aqueous	44
Clodan.....	40	Cortef.....	2
Cloderm.....	40	Cortenema	41
Cloderm Pump	40	Cortic-ND	44
Clofarabine	51	Cortifoam	41
Clolar	51	Cortisone Acetate	3
ClomiPRAMINE HCl	111	Cortisporin	41
Clonazepam	27	Corzide.....	71
CloNIDine HCl.....	98	Cosentyx.....	123
CloNIDine HCl ER	98	Cosentyx 300 Dose.....	123

Cosentyx Sensoready 300 Dose	123
Cosentyx Sensoready Pen	123
Cosmegen	51
Cosopt.....	33
Cosopt PF.....	33
Coumadin	61
Covaryx.....	93
Covaryx HS	93
Cozaar.....	117
Creon.....	90
Cresemba	32
Crestor.....	48
Crinone	109
Crixivan	65
Cromolyn Sodium	17, 46
Cryselle-28	80
Cutivate	41
Cyclafem 1/35	80
Cyclafem 7/7/7	80
Cyclessa	80
Cyclobenzaprine HCl	122
Cyclogyl.....	106
Cyclomydril.....	106
Cyclopentolate HCl	106
Cyclophosphamide.....	51
CycloSERINE.....	50
Cycloset	28
CycloSPORINE.....	99
CycloSPORINE Modified	99
Cymbalta.....	111
Cyotic.....	44
Cyproheptadine HCl.....	95
Cyramza.....	52
Cyred	80
Cystagon.....	107
Cytarabine	52
Cytarabine (PF)	52
Cytomel.....	127
Cytotec	64
Cytra K Crystals.....	5

D

D.H.E. 45	125
Dacarbazine	52
Dacogen.....	52
DACTINomycin	52
Daliresp.....	109
Danazol.....	14
Dantrium	122
Dantrolene Sodium	122

Dapsone.....	50, 123
Daraprim.....	59
Darifenacin Hydrobromide ER	96
Dasetta 1/35	81
Dasetta 7/7/7	81
DAUNOrubicin HCl.....	52
Daypro.....	7
Daysee	81
Daytrana	16
DDAVP	109
DDAVP Rhinal Tube	109
Deblitane.....	81
Decitabine.....	52
Decon-A	96
Delestrogen	93
Delyla.....	81
Delzicol.....	41
Demadex	91
Demeclocycline HCl	22
Demerol.....	10
Demser.....	107
Denavir	38
Depakene	24
Depakote	24
Depakote ER.....	24
Depakote Sprinkles	25
Depo-Estradiol.....	93
DEPO-Medrol.....	3
Depo-Provera.....	109
Depo-SubQ Provera 104.....	109
DermacinRx Empricaine	60
DermacinRx Prizopak	60
Derma-Smoothe/FS Body.....	41
Derma-Smoothe/FS Scalp	41
Dermasorb TA	41
Dermatop	41
Dermazene	39
DermOtic.....	44
Desipramine HCl	111
Desloratadine	121
Desmopressin Ace Spray Refrig.....	109
Desmopressin Acetate	109
Desmopressin Acetate Spray.....	109
Desogen.....	81
Desogestrel-Ethinyl Estradiol	81
Desonate	41
Desonide.....	41
DesOwen	41
Desoximetasone	41
Desoxyn	15

Desvenlafaxine Succinate ER	111	Dilt-XR	74
Detrol	96	DimenhyDRINATE	32
Detrol LA	96	Diovan	117
Dexamethasone	3	Diovan HCT	117
Dexamethasone Intensol	3	DiphenhydrAMINE HCl.....	95
Dexamethasone Sod Phosphate PF	3	Diphenoxylate-Atropine	31
Dexamethasone Sodium Phosphate	3, 44	Diprolene	41
Dexedrine	15	Diprolene AF	41
Dexilant	64	Dipyridamole	131
Dexmethylphenidate HCl	16	Disopyramide Phosphate	77
Dexmethylphenidate HCl ER.....	16	Disulfiram	5
DexPak 10 Day	3	Ditropan XL	96
DexPak 13 Day	3	Diuril.....	92
DexPak 6 Day	3	Divalproex Sodium	25
Dexrazoxane	110	Divalproex Sodium ER	25
Dextroamphetamine Sulfate	15	Divigel.....	93
Dextroamphetamine Sulfate ER	15	DOCetaxel.....	52
Diamox Sequels	33	Dofetilide.....	77
Diastat AcuDial	69	Donepezil HCl	108
Diastat Pediatric	69	Doral	70
DiazePAM.....	70	Dorzolamide HCl	34
DiazePAM Intensol.....	70	Dorzolamide HCl-Timolol Mal.....	34
Dibenzylamine	125	Dothelle DHA	102
Diclegis.....	31	Dovonex.....	123
Diclofenac Potassium	7	Doxazosin Mesylate	6
Diclofenac Sodium	7, 46, 123	Doxepin HCl	111
Diclofenac Sodium ER.....	7	Doxercalciferol	131
Diclofenac-Misoprostol	7	Doxil.....	52
Dicloxacillin Sodium	21	DOXOrubicin HCl	52
Dicyclomine HCl	23	DOXOrubicin HCl Liposomal.....	52
Didanosine.....	66	Doxycycline	123
Differin.....	123	Doxycycline Hyclate	22
Difacid.....	20	Doxycycline Monohydrate	22
Difil-G Forte	121	Dritho-Creme HP	123
Diflorasone Diacetate	41	Dronabinol	31
Diflucan	32	Droperidol.....	68
Diflunisal	8	Drospiren-Eth Estrad-Levomefol	81
Digitek.....	77	Drospirenone-Ethinyl Estradiol.....	81
Digox	77	Droxia	52
Digoxin	77	Duac	35
Dihydroergotamine Mesylate.....	125	Duet DHA 400.....	102
Dilantin	27	Duexis	8
Dilantin Infatabs	27	Dulera	3
Dilatrate-SR.....	129	DULoxetine HCl.....	111
Dilaudid	10	Duragesic-100.....	10
DiTIAZem CD	73	Duragesic-12.....	10
DiTIAZem HCl.....	74	Duragesic-25.....	10
DiTIAZem HCl ER	74	Duragesic-50.....	10
DiTIAZem HCl ER Beads.....	74	Duragesic-75.....	10
DiTIAZem HCl ER Coated Beads.....	74	Duraxin.....	6

Durex Extra Sensitive	81
Durex RealFeel	81
Durezol	44
Dutasteride	2
Dutasteride-Tamsulosin HCl.....	2
Dutoprol	71
Dyazide	92
Dymista	17
Dyrenium.....	92
Dysport.....	107

E

E.E.S. 400	20
E.E.S. Granules	20
EC-Naprosyn.....	8
Econazole Nitrate	37
EContra EZ.....	81
EContra One-Step.....	81
Edecrin.....	91
Edluar	68
Ed-Spaz	23
Edurant.....	66
EEMT.....	93
EEMT HS	93
Efavirenz.....	66
Effer-K	119
Effervescent Pot Chloride	119
Effexor XR	111
Efudex.....	123
Eldepryl	59
Elestat	17
Elestrin	93
Eletriptan Hydrobromide	49
Elaxa Natural Feel.....	81
Elaxa Stimulating.....	81
Elaxa Ultra Sensitive.....	81
Elidel.....	123
Eligard	52
Elimite.....	39
Elinest.....	81
Eliphos	119
Eliquis.....	61
Eliquis Starter Pack.....	61
Elite-OB.....	102
Elixophyllin.....	121
Ella.....	81
Ellence	52
Elmiron	107
Elocon	41
Emadine.....	17

Emcyt.....	52
Emend	31
Emend Tri-Pack	32
Emoquette	81
Emsam	59
Emtriva	66
Enablex	96
Enalapril Maleate	118
Enalapril-Hydrochlorothiazide	118
Enbrel	91
Enbrel SureClick.....	91
Encare	81
Endocet.....	10
EnovaRX-Cyclobenzaprine HCl.....	122
Enoxaparin Sodium.....	61
Enpresse-28	81
Enskyce.....	81
Entacapone	57
Entereg.....	97
Entocort EC	3
Enulose	6
Epclusa	67
Epiduo	123
Epifoam.....	41
Epinastine HCl	17
EpiRUBicin HCl.....	52
Epitol.....	25
Eplerenone	119
Epogen.....	97
Epoprostenol Sodium	130
Eprosartan Mesylate	117
Equetro	25
Erbix.....	52
Ergolid Mesylates	125
Ergomar	125
Ergotamine-Caffeine	49
Erivedge.....	52
Errin	81
Ertaczo	37
Erwinaze	52
Ery.....	35
EryPed 200.....	20
EryPed 400.....	20
Ery-Tab	20
Erythrocin Stearate	20
Erythromycin	35
Erythromycin Base	20
Erythromycin Ethylsuccinate	20
Escavite LQ	102
Escitalopram Oxalate	111

Esgic.....	6
Esomeprazole Magnesium	64
Est Estrogens-Methyltest	93
Est Estrogens-Methyltest DS	93
Est Estrogens-Methyltest HS	94
Estarylla	81
Estazolam	70
Estrace	94
Estradiol	94
Estradiol Valerate	94
Estradiol-Norethindrone Acet	94
Estring	94
EstroGel	94
Estropipate	94
Estrostep Fe	81
Eszopiclone	68
Ethacrynic Acid	91
Ethambutol HCl.....	50
Ethosuximide.....	28
Ethyl Chloride.....	60
Ethinodiol Diac-Eth Estradiol.....	81
Ethyl.....	110
Etidronate Disodium.....	72
Etodolac	8
Etodolac ER	8
Etopophos	52
Etoposide.....	52
Euflexxa	107
Eurax	39
Evamist	94
Evista.....	93
Evoclin.....	35
Evoxac.....	108
Exactuss	63
Exalgo	10
Exelderm.....	37
Exelon	108
Exemestane	52
Exforge	76
Exforge HCT	76
Exoderm.....	37
Exotic-HC	44
Extavia.....	99
Extina.....	37
Extra-Virt Plus DHA	102
Ezetimibe	47
Ezetimibe-Simvastatin	48

F

FA-8.....	131
-----------	-----

Factive	22
Fallback Solo	81
Falmina	81
Famciclovir	67
Famotidine	64
Fanapt	114
Fanapt Titration Pack.....	114
Fantasy Lubricated	81
Fantasy Lubricated/Spermicide	81
Fareston	52
Farxiga	29
Farydak	52
Faslodex	52
Fayosim.....	81
FazaClo.....	114
FC Female Condom.....	81
FC2 Female Condom	81
Felbamate.....	25
Felbatol	25
Feldene	8
Felodipine ER	76
Fem pH	39
FemCap	82
Femcon Fe	82
Femhrt Low Dose	94
Femring	94
Femynor	82
Fenofibrate	47
Fenofibrate Micronized	47
Fenofibric Acid	47, 48
Fenoglide	48
Fenoprofen Calcium	8
Fenortho	8
FentaNYL	10
FentaNYL Citrate	11
Fentora	11
Fer-In-Sol.....	18
Fer-Iron	18
FeroSul.....	18
Ferrous Sulfate	18
Fexmid.....	122
Fibricor	48
Finacea	123
Finasteride.....	2
Fioricet.....	7
Fiorinal.....	8
Fiorinal/Codeine #3	11
Firmagon.....	52
First-Hydrocortisone	41
First-Lansoprazole	64

First-Mouthwash BLM.....	60	Focalgin 90 DHA	102
First-Omeprazole.....	64	Focalgin CA.....	102
First-Progesterone VGS 100	109	Focalin.....	16
First-Progesterone VGS 200	109	Focalin XR	16
Firvanq	19	Folcal DHA	102
Flagyl.....	59	Folcaps Omega 3	102
Flanax Pain Relief	8	Folic Acid	131
Flarex.....	44	Folivane-OB	102
FlavoxATE HCl	96	Fondaparinux Sodium	61
Flecainide Acetate	77	Forfivo XL	111
Flector	123	Forteo	109
Flolan.....	130	Fosamax.....	73
Flomax.....	125	Fosamax Plus D	73
Flovent Diskus	3	Fosamprenavir Calcium	66
Flovent HFA	3	Fosinopril Sodium.....	118
Floxuridine	52	Fosinopril Sodium-HCTZ.....	118
Fluconazole	32	Fosphenytoin Sodium	27
Flucytosine	33	Fosrenol	100
Fludarabine Phosphate	53	Fragmin.....	61
Fludrocortisone Acetate	3	Frova	49
Flumadine	65	Frovatriptan Succinate.....	49
Flunisolide	44	Furadantin	128
Fluocinolone Acetonide	41, 44	Furosemide	91
Fluocinolone Acetonide Body.....	41	Fusilev.....	31
Fluocinolone Acetonide Scalp	41	Fuzeon	66
Fluocinonide	41	Fyavolv.....	94
Fluocinonide Emulsified Base	41	G	
Fluor-a-day	78	Gabapentin.....	25
Fluoritab	78	Gabitril.....	25
Fluorometholone.....	44	Galantamine Hydrobromide.....	108
Fluoroplex.....	123	Galantamine Hydrobromide ER	108
Fluorouracil.....	53, 123, 124	Galzin	119
FLUoxetine HCl	111	Gastrocrom.....	46
FLUoxetine HCl (PMDD).....	111	Gatifloxacin.....	36
FluPHENAZine Decanoate	114	Gazyva	53
FluPHENAZine HCl.....	114	Gebauers Pain Ease.....	60
Flura-Drops	78	Gebauers Spray and Stretch.....	60
Flurandrenolide.....	41	Gelnique	96
Flurazepam HCl.....	70	Gelnique Pump	96
Flurbiprofen	8	Gemcitabine HCl	53
Flurbiprofen Sodium.....	46	Gemfibrozil	48
Flutamide	53	Gemzar	53
Fluticasone Propionate	42, 45	Generess FE	82
Fluticasone-Salmeterol.....	3	Generlac	6
Fluvastatin Sodium.....	48	Gengraf	99
Fluvoxamine Maleate	111	Gentak.....	36
Fluvoxamine Maleate ER.....	111	Gentamicin Sulfate	36
FML.....	45	GenVisc 850.....	107
FML Forte	45	Geodon	114
FML Liquifilm	45		

Gianvi	82
Gildagia.....	82
Gilenya	99
Gilpex TR.....	95
Giltuss	63
Giltuss Pediatric.....	63
Giltuss TR.....	63
Gleostine.....	53
Glimepiride	30
GlipiZIDE.....	30
GlipiZIDE ER.....	30
GlipiZIDE XL	30
GlipiZIDE-MetFORMIN HCl.....	30
Glucagon Emergency	34
Glucophage	28
Glucophage XR	28
Glucotrol.....	30
Glucotrol XL.....	30
Glucovance	30
GlyBURIDE.....	30
GlyBURIDE Micronized	30
GlyBURIDE-MetFORMIN.....	30
Glycolic Acid.....	124
Glycopyrrolate	23
Glydo	60
Glynase	30
Gralise	7
Gralise Starter	7
Granisetron HCl.....	31
Griseofulvin Microsize	32
Griseofulvin Ultramicrosize	32
Gris-PEG.....	32
GuanFACINE HCl	98
GuanFACINE HCl ER.....	79
Guanidine HCl.....	108

H

Halac	42
Halaven.....	53
Halcion	70
Haldol	114
Haldol Decanoate	114
Halobetasol Propionate	42
Halog	42
Haloperidol	114
Haloperidol Decanoate	114
Haloperidol Lactate	114
Halotin	37
Heather	82
Hectorol.....	131

HemeNatal OB.....	102
HemeNatal OB + DHA.....	103
Hemmorex-HC	42
Herceptin	53
Hexalen.....	53
Hiprex	128
Homatropaire	106
Homatropine HBr.....	107
Horizant.....	25
HumaLOG	29
HumaLOG Junior KwikPen.....	29
HumaLOG KwikPen.....	29
HumaLOG Mix 50/50	29
HumaLOG Mix 50/50 KwikPen	29
HumaLOG Mix 75/25	29
HumaLOG Mix 75/25 KwikPen	29
Humira.....	91
Humira Pediatric Crohns Start	91
Humira Pen	91
Humira Pen-Crohns Starter	91
Humira Pen-Psoriasis Starter	91
HumuLIN 70/30.....	29
HumuLIN 70/30 KwikPen.....	29
HumuLIN N.....	29
HumuLIN N KwikPen	29
HumuLIN R.....	29
Hyalgan.....	107
Hycamtin.....	53
HydrALAZINE HCl.....	98
Hydrea.....	53
HydroCHLORothiazide	92
Hydrocod Polst-CPM Polst ER.....	63
Hydrocodone-Acetaminophen.....	11
Hydrocodone-Homatropine	63
Hydrocodone-Ibuprofen.....	11
Hydrocortisone.....	3, 42
Hydrocortisone Ace-Pramoxine	42, 60
Hydrocortisone Acetate	42
Hydrocortisone Butyr Lipo Base	42
Hydrocortisone Butyrate	42
Hydrocortisone Valerate	42
Hydrocortisone-Acetic Acid.....	45
Hydrocortisone-Iodoquinol.....	39
Hydromet	63
HYDROmorphine HCl	11
HYDROmorphine HCl ER.....	11
Hydroxychloroquine Sulfate.....	59
Hydroxyurea.....	53
HydroXYzine HCl.....	68
HydroXYzine Pamoate	68

Hyolev MB	128
Hyophen.....	128
Hyoscyamine Sulfate	23
Hyoscyamine Sulfate ER	23
Hyoscyamine Sulfate SL	23
Hyosyne	23
HyperRHO S/D	121
HyperSal	101

I

Ibandronate Sodium	73
Ibrance	53
IBU	8
Ibudone	11
Ibuprofen.....	8
Ibuprofen Comfort Pac	8
IC 400	8
IC 800	8
Icar	18
Idamycin PFS.....	53
IDArubicin HCl	53
Ifex	53
Ifosfamide	53
Ilaris	7
Imatinib Mesylate	53
Imipramine HCl	111
Imipramine Pamoate.....	111
Imiquimod	124
Imitrex.....	49
Imitrex STATdose Refill.....	49
Imitrex STATdose System	49
Imuran	99
Inatal GT	103
Incruse Ellipta	23
Indapamide.....	92
Inderal LA	71
Inderal XL	71
Indocin.....	8
Indomethacin.....	8
Indomethacin ER	8
Inflectra	91
Inlyta	53
InnoPran XL	71
Inspira.....	119
Insulin Pen Needles	90
Insulin Safety Syringe	90
Insulin Syringe	90
Insulin Syringe/Needle.....	90
Intelligence	66
Intermezzo	68

Intron A	53
Introvale	82
Intuniv	79
Invega.....	114
Invega Sustenna.....	114
Invirase	66
Invokamet	30
Invokamet XR	30
Invokana	30
Iodoquinol-HC-Aloe Polysacch	39
Iodosorb	39
Iopidine	92
Ipratropium Bromide	23, 24
Ipratropium-Albuterol	126
Irbesartan.....	117
Irbesartan-Hydrochlorothiazide	117
Iressa.....	54
Irinotecan HCl	54
Irofol.....	18
Iron Supplement Childrens	18
Iron Up.....	18
Iro-Plex.....	18
Isentress	66
Isentress HD	66
Isibloom.....	82
Isometheptene-Dichloral-APAP	49
Isoniazid	50
Isopto Carpine.....	34
Isordil Titradose	129
Isosorbide Dinitrate	129
Isosorbide Dinitrate ER	129
Isosorbide Mononitrate	129
Isosorbide Mononitrate ER	129
Isoxsuprine HCl	131
Isradipine	76
Istalol	33
Istodax (Overfill)	54
Itraconazole	32
Ivermectin	17
Ixempra Kit	54

J

Jakafi	54
Jalyn	2
Jantoven	62
Janumet	28
Janumet XR.....	28
Januvia.....	28
Jardiance	30
Jencycla	82

Jevantique Lo.....	94
Jevtana.....	54
Jinteli.....	94
Jolessa.....	82
Jolivette.....	82
Juleber.....	82
Junel 1.5/30.....	82
Junel 1/20.....	82
Junel FE 1.5/30.....	82
Junel FE 1/20.....	82
Junel Fe 24.....	82

K

Kadcyla.....	54
Kadian.....	11
Kaitlib Fe.....	82
Kaletra.....	66
Kalydeco.....	90
Kameleon Lubricated.....	82
Kapvay.....	98
Kariva.....	82
Kayexalate.....	100
K-Effervescent.....	119
Keflex.....	19
Kelnor 1/35.....	82
Kenalog.....	3, 42
Kepivance.....	78
Keppra.....	25
Keppra XR.....	25
Ketoconazole.....	32, 37
Ketodan.....	37
Ketoprofen.....	8
Ketoprofen ER.....	8
Ketorolac Tromethamine.....	8, 46
Keytruda.....	54
Kimidess.....	82
Kimono.....	82
Kimono Colors.....	82
Kimono Micro Thin.....	82
Kimono Micro Thin Plus.....	82
Kimono Plus.....	82
Kimono PS.....	82
Kimono PS Plus.....	82
Kimono Sensation.....	82
Kimono Sensation Plus.....	82
Kimono Special.....	82
Kionex.....	100
Kitabis Pak.....	18
Klofensaid II.....	124
KlonoPIN.....	27

Klor-Con.....	120
Klor-Con 10.....	120
Klor-Con M10.....	120
Klor-Con M15.....	120
Klor-Con M20.....	120
Klor-Con Sprinkle.....	120
Klor-Con/EF.....	120
Kombiglyze XR.....	28
Korlym.....	28
K-Phos.....	120
K-Phos No 2.....	2
K-Phos-Neutral.....	120
K-Prime.....	120
Kristalose.....	6
K-Tab.....	120
Kurvelo.....	82
K-Vescent.....	120
Kyprolis.....	54

L

Labetalol HCl.....	71
Lactulose.....	6
Lactulose Encephalopathy.....	6
LaMICtal.....	25
LaMICtal ODT.....	25
LaMICtal Starter.....	25
LaMICtal XR.....	25
LamISIL.....	32
LamiVUDine.....	66
Lamivudine-Zidovudine.....	66
LamoTRigine.....	26
LamoTRigine ER.....	26
Lanoxin.....	77
Lansoprazole.....	64
Lanthanum Carbonate.....	100
Lantus.....	29
Lantus SoloStar.....	29
Larin 1.5/30.....	82
Larin 1/20.....	82
Larin 24 FE.....	82
Larin Fe 1.5/30.....	82
Larin Fe 1/20.....	83
Larissia.....	83
Lasix.....	92
Lastacraft.....	17
Latanoprost.....	34
Latuda.....	115
Layolis FE.....	83
Lazanda.....	11
Leena.....	83

Leflunomide.....	91	Lidopin.....	60
Lessina.....	83	Lidopril.....	60
Letairis.....	130	Lidopril XR.....	60
Letrozole	54	Lido-Prilo Caine Pack	60
Leucovorin Calcium	31	LifeStyles Assorted Colors.....	83
Leukeran.....	54	LifeStyles Extra Strength.....	83
Leuprolide Acetate	54	LifeStyles Form Fitting	83
Leva Set/Occlusive Dressing	60	LifeStyles Lubricated	83
Levacet.....	8	LifeStyles Ribbed	83
Levalbuterol HCl	126	LifeStyles Skyn Original	83
Levalbuterol Tartrate.....	126	LifeStyles Spermicidal Lube	83
Levbid.....	24	LifeStyles Studded	83
Levemir	29	LifeStyles Ultra Sensitive	83
Levemir FlexTouch.....	29	LifeStyles Vibra-Ribbed.....	83
LevETIRAcetam	26	LifeStyles Xtra Pleasure	83
LevETIRAcetam ER.....	26	Lillow.....	83
Levobunolol HCl	33	Lindane	39
LevOCARNitine	107	Linezolid.....	19
Levocetirizine Dihydrochloride	121	Liothyronine Sodium	127
LevoFLOXacin	22, 36	Lipitor.....	48
LEVOleucovorin Calcium	31	Lipodox 50	54
Levomefolate DHA	103	Lipofen	48
Levonest	83	LiProZonePak	60
Levonorgest-Eth Est & Eth Est.....	83	Lisinopril.....	118
Levonorgest-Eth Estrad 91-Day.....	83	Lisinopril-Hydrochlorothiazide	118
Levonorgestrel	83	Lithium.....	48
Levonorgestrel-Ethinyl Estrad	83	Lithium Carbonate	48, 49
Levonorg-Eth Estrad Triphasic.....	83	Lithium Carbonate ER	49
Levora 0.15/30 (28).....	83	Lithobid.....	49
Levorphanol Tartrate	11	Lithostat	6
Levo-T	127	Livalo	48
Levothyroxine Sodium	127	Livixil Pak.....	61
Levothyroxine-Liothyronine.....	127	Lo Loestrin Fe	83
Levoxyl	127	Locoid.....	42
Levsin	24	Locoid Lipocream.....	42
Levsin/SL	24	Lodosyn	57
Levulan Kerastick	124	Loestrin 1.5/30 (21).....	84
Lexapro	112	Loestrin 1/20 (21)	84
Lexiva	66	Loestrin Fe 1.5/30	84
Lialda.....	42	Loestrin Fe 1/20.....	84
Librax.....	24	Lofibra	48
Lido BDK.....	60	Lomedia 24 FE	84
Lidocaine	60	Lomotil.....	31
Lidocaine HCl.....	60, 101	Lopid.....	48
Lidocaine PAK	60	Lopreeza	94
Lidocaine Viscous	101	Lopressor HCT	71
Lidocaine-Hydrocortisone Ace	60	Loprox	37
Lidocaine-Prilocaine.....	60	LORazepam	70
Lidoderm.....	60	LORazepam Intensol	70
Lido-K.....	60	Lorcet.....	11

Lorcet HD	12
Lorcet Plus	12
Lortab	12
Loryna	84
Lorzone	122
Losartan Potassium	117
Losartan Potassium-HCTZ	117
LoSeasonique	84
Lotemax	45
Lotensin	118
Lotensin HCT	118
Lotrel.....	76
Lotrisone	38
Lotronex	42
Loutrex	101
Lovastatin	48
Lovaza.....	47
Lovenox	62
Low-Ogestrel.....	84
Loxapine Succinate.....	115
LP Lite Pak	61
Lumigan	34
Lunesta	68
Lupron Depot (1-Month).....	54
Lupron Depot (3-Month).....	54
Lupron Depot (4-Month).....	54
Lupron Depot (6-Month).....	54
Lupron Depot-Ped (1-Month)	54
Lupron Depot-Ped (3-Month)	54
Lutera	84
Luxiq	42
Lyrica	26
Lysodren	54
Lyza	84

M

Macrobid	128
Macrochantin.....	128
Mafenide Acetate	39
MagneBind 400.....	120
Malarone	59
Malathion	39
Maprotiline HCl	112
Marinol.....	32
Marlissa.....	84
Marnatal-F	103
Marplan	112
Marten-Tab	7
Matulane	54
Matzim LA.....	74

Maxalt.....	49
Maxalt-MLT.....	49
Maxidex.....	45
Maxidone	12
Maxitrol.....	45
Maxx	84
Maxx Plus	84
Maxzide.....	92
Maxzide-25.....	92
Meclizine HCl	32
Meclofenamate Sodium.....	8
Medolor Pak	61
Medrol	4
MedroxyPROGESTERone Acetate	109
Mefenamic Acid	8
Mefloquine HCl	59
Megace ES.....	109
Megestrol Acetate	54, 109
Melodetta 24 Fe.....	84
Meloxicam.....	8
Meloxicam Comfort Pac	8
Melphalan HCl	54
Memantine HCl	79
Menest.....	94
Menostar	94
Mentax.....	38
Meperidine HCl	12
Meproamate	68
Mepron	59
Mercaptopurine	54
Mesalamine	42
Mesalamine-Cleanser.....	42
Mesna.....	110
Mesnex.....	110
Mestinon	108
Metadate CD	16
Metadate ER	16
Metaproterenol Sulfate	126
MetFORMIN HCl	28
MetFORMIN HCl ER.....	28
Methamphetamine HCl.....	15
MethazolAMIDE.....	34
Methenamine Hippurate	128
Methenamine Mandelate.....	128
MethIMAzole	126
Methocarbamol	122
Methotrexate	54
Methotrexate Sodium.....	54
Methotrexate Sodium (PF).....	55
Methoxsalen.....	90

Methoxsalen Rapid	90	Minocin	22
Methscopolamine Bromide	24	Minocycline HCl	22, 23
Methyclothiazide	92	Minocycline HCl ER	124
Methyldopa	98	Minoxidil	98
Methyldopa-Hydrochlorothiazide	98	Miochol-E	34
Methylin	16	Miostat	34
Methylphenidate HCl	16	Mirapex	58
Methylphenidate HCl ER	16	Mirapex ER	58
Methylphenidate HCl ER (CD)	16, 17	Mircette	84
Methylphenidate HCl ER (LA)	17	Mirena (52 MG)	84
MethylPREDNISolone	4	Mirtazapine	112
MethylPREDNISolone Acetate	4	MiSOPROStol	64
MethylPREDNISolone Sodium Succ	4	MitoMYcin	55
Metipranolol	33	Mitosol	36
Metoclopramide HCl	110	MitoXANTRONE HCl	55
MetOLazone	92	Mobic	9
Metoprolol Succinate ER	72	Modafinil	17
Metoprolol Tartrate	72	Moderiba	67
Metoprolol-Hydrochlorothiazide	72	Moderiba 1200 Dose Pack	67
MetroCream	36	Moderiba 800 Dose Pack	68
Metrogel	36	Moexipril HCl	118
MetroGel-Vaginal	36	Moexipril-Hydrochlorothiazide	118
MetroLotion	36	Mometasone Furoate	42, 45
MetroNIDAZOLE	36, 59	Mondoxylene NL	23
Mexiletine HCl	77	Monodox	23
Mezparox-HC	42	Mono-Linyah	84
Mibelas 24 Fe	84	MonoNessa	84
Micardis	117	Montelukast Sodium	46
Micardis HCT	117	Monurol	128
Miconazole 3	38	Morgidox	23
MICRhoGAM Ultra-Filtered Plus	121	Morphine Sulfate	12
Microgestin 1.5/30	84	Morphine Sulfate ER	12
Microgestin 1/20	84	Morphine Sulfate ER Beads	12
Microgestin 24 Fe	84	Motofen	31
Microgestin FE 1.5/30	84	Movantik	97
Microgestin FE 1/20	84	Moxatag	21
Micro-K	120	Moxeza	36
Microzide	92	Moxifloxacin HCl	22
Midodrine HCl	125	Mozobil	97
Migergot	49	MS Contin	12
Migranal	125	Multaq	77
Millipred	4	Multi-Delyn/Iron	103
Millipred DP	4	Multi-Vitamin Drops/FE	103
Millipred DP 12-Day	4	Multi vitamin/Fluoride/Iron	103
Mimvey	94	Multivitamins Plus Iron Child	103
Mimvey Lo	94	Mupirocin	36
Minastrin 24 Fe	84	Mupirocin Calcium	36
Minipress	6	Mustargen	55
Minitran	129	M-Vit	103
Minivelle	95	My Choice	84

My Way	84
Myambutol	50
Mycobutin	50
Mycophenolate Mofetil	100
Mycophenolate Sodium	100
Mydriacyl	107
Myfortic	100
Myleran	55
Mynatal	103
Mynatal Advance	103
Mynatal Plus	103
Mynatal-Z	103
Mynate 90 Plus	103
Myobloc	107
Myrbetriq	97
Mysoline	27
Myzilra	84

N

Nabumetone	9
Nadolol	72
Nadolol-Bendroflumethiazide	72
Naftifine HCl	38
Naftin	38
Nalfon	9
Naltrexone HCl	107
Namenda	79
Namenda Titration Pak	79
Namenda XR	79
Namenda XR Titration Pack	79
Naprelan	9
NaPro	42
Naprosyn	9
Naproxen	9
Naproxen Comfort Pac	9
Naproxen DR	9
Naproxen Sodium	9
Naproxen Sodium ER	9
Naratriptan HCl	49
Nardil	112
Nasonex	45
NataChew	103
Natacyn	38
Natalvit	103
Natazia	84
Nateglinide	29
Natelle ONE	103
Natroba	39
Nature-Throid	127
Navelbine	55

Nebupent	59
Nebusal	101
Necon 0.5/35 (28)	85
Necon 1/50 (28)	85
Necon 10/11 (28)	85
Necon 7/7/7	85
Neevo DHA	103
Nefazodone HCl	112
Neomycin Sulfate	18
Neomycin-Bacitracin Zn-Polymyx	36
Neomycin-Polymyxin-Dexameth	45
Neomycin-Polymyxin-Gramicidin	36
Neomycin-Polymyxin-HC	45
Neo-Polycin	36
Neoral	100
Neosporin	36
NeoTuss Plus	63
Neptazane	34
Nestabs	103
Nestabs DHA	103
Neuac	36
Neulasta	98
Neulasta Onpro	98
Neupogen	98
Neupro	58
Neurontin	26
NeutraSal	93
Nevanac	46
Nevirapine	66
Nevirapine ER	66
Newgen	103
Nexa Plus	103
NexAVAR	55
NexIUM	64
Nexplanon	85
Next Choice One Dose	85
Niacin ER (Antihyperlipidemic)	47
Niacor	131
Niaspan	47
NiCARDipine HCl	76
Nicotrol	71
Nicotrol NS	71
NIFEdipine	76
NIFEdipine ER	76
NIFEdipine ER Osmotic Release	76
Nikki	85
Nilandron	55
Nilutamide	55
NiMODipine	76
Nipent	55

Nisoldipine ER	76
Nitro-Bid	129
Nitro-Dur	130
Nitrofurantoin.....	128
Nitrofurantoin Macrocrystal	128
Nitrofurantoin Monohyd Macro	128
Nitroglycerin	130
Nitroglycerin ER.....	130
Nitrolingual.....	130
NitroMist.....	130
Nitrostat.....	130
Nitro-Time	130
Niva-Plus.....	103
Nizatidine	64
Nizoral	38
Nodolor.....	49
Nolix.....	42
Nora-BE	85
Norco	12
Norethin Ace-Eth Estrad-FE	85
Norethindrone	85
Norethindrone Acetate.....	109
Norethindrone Acet-Ethinyl Est.....	85
Norethindrone-Eth Estradiol	95
Norethin-Eth Estradiol-Fe	85
Norgestimate-Eth Estradiol.....	85
Norgestim-Eth Estrad Triphasic	85
Norinyl 1+35 (28)	85
Noritate	36
Norlyda	85
Norlyroc.....	85
Norpace	77
Norpace CR.....	77
Norpramin.....	112
Nortrel 0.5/35 (28)	85
Nortrel 1/35 (21)	85
Nortrel 1/35 (28)	85
Nortrel 7/7/7	85
Nortriptyline HCl	112
Nortuss-DE	63
Nortuss-Ex.....	63
Norvasc	76
Norvir	66
NovaFerrum 125.....	18
NovaFerrum Pediatric Drops	18
Noxafil	32
NP Thyroid.....	127
Nplate	98
NuCort.....	42
Nucynta	12

Nucynta ER	12
Nuedexta	79
NuLev	24
Numoisyn.....	93
NutriDox	23
NuvaRing	85
Nuvigil.....	17
Nyamyc	38
Nyata	38
Nystatin	33, 38
Nystatin-Triamcinolone.....	43
Nystop	38

O

OB Complete.....	103
OB Complete One	103
OB Complete Petite	103
OB Complete Premier	103
OB Complete/DHA	103
Obstetrix DHA	103
Obstetrix EC	103
O-Cal FA	103
O-Cal Prenatal	103
Ocella	86
Ocrevus.....	99
Ocuflox	36
Ofloxacin.....	22, 36
Ogestrel.....	86
Okebo	23
OLANZapine	115
OLANZapine-FLUoxetine HCl.....	112
Olmesartan Medoxomil	117
Olmesartan Medoxomil-HCTZ	117
Olmesartan-Amlodipine-HCTZ.....	76
Olopatadine HCl	17, 18
Olux	43
Olux-E	43
Omeclamox-Pak	65
Omega-3-acid Ethyl Esters	47
OmePPI.....	65
Omeprazole	65
Omeprazole+Syrspend SF Alka	65
Omeprazole-Sodium Bicarbonate	65
Omnaris.....	45
Omniflex Diaphragm	86
Omnipred	45
Oncaspar	55
Ondansetron	31
Ondansetron HCl.....	31
Onfi	27

Onglyza	28
Opana.....	12
Opcicon One-Step.....	86
Option 2	86
Options Conceptrol	86
Options Gynol II Contraceptive	86
Oracea.....	124
Oracit.....	5
Oralene	43
Orap.....	115
Orapred ODT	4
Oravig.....	38
Orencia.....	91
Orencia ClickJect	91
Orphenadrine Citrate	122
Orphenadrine Citrate ER.....	122
Orsythia.....	86
Ortho Micronor	86
Ortho Tri-Cyclen (28)	86
Ortho Tri-Cyclen Lo.....	86
Ortho-Cyclen (28).....	86
Ortho-Novum 1/35 (28)	86
Ortho-Novum 7/7/7 (28)	86
OrthoVisc	107
Oscimin	24
Oscimin SR.....	24
Oseltamivir Phosphate	67
Otezla	91
Oticin HC NR.....	45
Otomax-HC.....	45
Ovace Plus	36
Ovace Plus Wash.....	36
Ovace Wash.....	36
Ovcon-35 (28)	86
Ovide	39
Oxaliplatin.....	55
Oxaprozin	9
Oxaydo.....	12
Oxazepam	70
OXcarbazepine	26
Oxiconazole Nitrate.....	38
Oxistat	38
Oxsoralen Ultra	90
Oxybutynin Chloride.....	96
Oxybutynin Chloride ER.....	97
OxyCODONE HCl	12
OxyCODONE HCl ER	12
Oxycodone-Acetaminophen	13
Oxycodone-Aspirin.....	13
Oxycodone-Ibuprofen	13

OxyCONTIN	13
OxyMORphone HCl	13
OxyMORphone HCl ER.....	13
Oxytrol.....	97
Ozurdex.....	45

P

Pacerone	77
PACLitaxel.....	55
Paliperidone ER.....	115
Pamelor.....	112
Pamidronate Disodium	73
Pancreaze	90
Pandel	43
Panretin.....	124
Pantoprazole Sodium	65
Parafor Forte DSC.....	122
Paragard Intrauterine Copper.....	86
Paregoric	31
Paricalcitol	131
Parlodol.....	58
Parnate.....	112
Paromomycin Sulfate	59
PARoxetine HCl.....	112
PARoxetine HCl ER	112
Paser.....	50
Pataday.....	18
Patanase.....	18
Patanol	18
Paxil.....	112
Paxil CR	112
PCE	20
Pediapred	4
Peganone	27
Penicillin G Potassium	21
Penicillin G Procaine.....	21
Penicillin G Sodium	21
Penicillin V Potassium	21
Penlac	38
Pentasa	43
Pentazocine-Naloxone HCl.....	14
Pentoxifylline ER	98
Pepcid	64
Percocet.....	13
Perforomist	126
Perindopril Erbumine	118
Perjeta	55
Permethrin	39
Perphenazine	115
Perphenazine-Amitriptyline	112

Pertzye	90	PNV-VP-U.....	104
Pexeva	112	Podofilox	124
Pharbedryl	96	Polycin.....	36
Phenadoz.....	96	Polymyxin B-Trimethoprim.....	36
Phenazo	61	Polytrim	36
Phenazopyridine HCl	61	Poly-Vi-Sol/Iron	104
Phenelzine Sulfate	112	Polyvitamin/Iron	104
Phenergan	96	Ponstel	9
PHENobarbital	69	Portia-28	86
Phenoxybenzamine HCl.....	125	Pot & Sod Cit-Cit Ac.....	5
Phentolamine Mesylate	125	Pot Bicarb-Pot Chloride	120
Phenyleph-Promethazine-Cod	63	Potassium Bicarbonate	120
Phenylephrine HCl	129	Potassium Chloride	120
Phenylephrine-Guaifenesin	95	Potassium Chloride Crys ER	120
Phenytex	27	Potassium Chloride ER	120
Phenytoin	27	Potassium Citrate ER	5
Phenytoin Infatabs	27	Potassium Citrate-Citric Acid.....	5
Phenytoin Sodium	27	Potiga	26
Phenytoin Sodium Extended	28	PR Natal 400	104
Philith.....	86	PR Natal 400 ec	104
Phoslyra	120	PR Natal 430	104
Phospha 250 Neutral	120	PR Natal 430 ec	104
Phosphasal.....	128	Pradaxa	62
Phospholine Iodide.....	34	PramCort.....	61
Phospho-Trin 250 Neutral	120	Pramipexole Dihydrochloride	58
Photofrin.....	55	Pramipexole Dihydrochloride ER	58
Phrenilin Forte	7	Pramosone	43
Picato.....	124	Pramosone E	43
Pilocarpine HCl	34, 108	PramOtic	101
Pimozide	115	Pramox.....	61
Pimtree.....	86	Prandin.....	29
Pindolol	72	Prasugrel HCl.....	62
Pirmella 1/35	86	Pravastatin Sodium	48
Pirmella 7/7/7	86	Prazosin HCl	6
Piroxicam	9	Precose.....	28
Plan B One-Step.....	86	Pred Forte.....	45
Plaquenil	59	Pred Mild.....	45
Plegridy	67	Pred-G.....	45
Plegridy Starter Pack	67	Pred-G S.O.P.	45
PNV Fe Fum/Docusate/Folic Acid	103	Prednicarbate	43
PNV Folic Acid + Iron	103	PrednisoLONE	4
PNV OB+DHA	103	PrednisoLONE Acetate	45
PNV Prenatal Plus Multivitamin	104	PrednisoLONE Sodium Phosphate	4, 45
PNV Tabs 29-1	104	PredniSONE.....	4
PNV-DHA.....	104	PredniSONE Intensol.....	4
PNV-DHA Plus.....	104	PreferaOB One	104
PNV-DHA+Docusate	104	Prefest.....	95
PNV-Omega	104	Premarin	95
PNV-Select.....	104	Premium Condoms Lubricated	86
PNV-Total	104	Premium Lidocaine	61

Premphase	95	Procto-Med HC	43
Prempro	95	Procto-Pak.....	43
Prenaissance	104	Proctosol HC	43
Prenaissance Balance	104	Proctozone-HC	43
Prenaissance Harmony DHA	104	Progesterone	109
Prenaissance Next	104	Progesterone Micronized	110
Prenaissance Next-B	104	Proglycem.....	34
Prenaissance Plus	104	Prograf.....	100
PreNata	104	Prolensa	46
Prenatabs Rx	104	Proleukin	55
Prenatal.....	104	Prolia	73
Prenatal 19	104	Promethazine HCl	96
Prenatal Plus	104	Promethazine VC Plain	96
Prenatal Plus Iron	104	Promethazine VC/Codeine	63
Prenatal Vitamin Plus Low Iron	104	Promethazine-Codeine	63
Prenatal-U	104	Promethazine-DM	63
Prenate DHA	104	Promethazine-Phenyleph-Codeine	63
Prenate Elite	104	Promethazine-Phenylephrine	96
Prenate Essential	105	Promethegan.....	96
Prenate Mini	105	Prometrium	110
PrePLUS.....	105	Promiseb.....	101
PreTAB.....	105	Promiseb Complete	101
Prevacid	65	Propafenone HCl	77
Prevacid SoluTab	65	Propafenone HCl ER	77
Prevalite	47	Propantheline Bromide	24
Previfem	86	Proparacaine HCl	101
Prevpac	65	Propranolol HCl	72
Prezista	66	Propranolol HCl ER.....	72
Priftin	50	Propranolol-HCTZ	72
Prilolid.....	61	Propylthiouracil	126
PriLOSEC	65	Proscar.....	2
Priloxx LP	61	Protonix.....	65
Primaquine Phosphate	59	Protopic.....	124
Primidone.....	27	Protriptyline HCl.....	112
Primlev	13	Provenge	78
Primsol	128	Provera.....	110
Prinivil	118	Provigil.....	17
Pristiq.....	112	PROzac.....	112
ProAir HFA	126	Prudoxin.....	61
Probenecid	128	Pseudoeph-Chlorphen-Hydrocod	63
Procardia	76	Psorcon.....	43
Procardia XL	76	Pulmicort Flexhaler	4
ProCentra	15	PulmoSal	101
Prochlorperazine	115	Pulmozyme.....	101
Prochlorperazine Edisylate	115	PureFe OB Plus.....	105
Prochlorperazine Maleate	115	Pylera	63
ProCort.....	61	Pyrazinamide	50
Procrit.....	98	Pyridium	61
Proctocort	43	Pyridostigmine Bromide	108
Proctofoam HC	61	Pyridostigmine Bromide ER.....	108

Q

Qnasl	45
Qualaquin	59
Quartette	86
Quasense	86
Quazepam	70
Questran	47
Questran Light	47
QUETiapine Fumarate	115
QUETiapine Fumarate ER	115
QuilliChew ER	17
Quillivant XR	17
Quinapril HCl	118
Quinapril-Hydrochlorothiazide	118
QuiNIDine Gluconate ER	77
QuiNIDine Sulfate	77
QuiNINE Sulfate	59
Quinja	38
Qutenza	124
Qutenza (2 Patch)	124
Qvar	4
Qvar RediHaler	4

R

RABEprazole Sodium	65
Rajani	86
Raloxifene HCl	93
Ramipril	118
Ranexa	77
RaNITidine HCl	64
Rapaflo	125
Rapamune	100
Rasagiline Mesylate	59
Rayos	5
React	86
Reality Latex Condoms	86
Reality Latex/Ultra Textured	86
Reality Latex/Ultra Thin	86
Rebif	99
Rebif Rebidose	99
Rebif Rebidose Titration Pack	99
Rebif Titration Pack	99
Reclast	73
Reclipsen	86
Rectiv	124
Reglan	110
Regranex	124
Relador Pak	61
Relador Pak Plus	61
Relagard	39

Relenza Diskhaler	67
Relhist	96
Relistor	97
Relnate DHA	105
Relpax	49
Remeron	112
Remeron SolTab	113
Remicade	91
Remodulin	130
Renagel	100
Renvela	100
Repaglinide	29
Repaglinide-Metformin HCl	29
Reprexain	13
Requip	58
Requip XL	58
Rescriptor	66
Restasis	46
Restasis Multidose	46
Restoril	70
Retin-A	78
Retin-A Micro	78
Retin-A Micro Pump	78
Retisert	45
Retrovir	66
Revatio	130
Revlimid	55
Reyataz	66
Rezira	63
Rhinocort Aqua	45
RhoGAM Ultra-Filtered Plus	121
Rhophyllac	121
Ribasphere	68
Ribasphere RibaPak	68
Ribavirin	68
Ridaura	97
Rifabutin	50
Rifadin	50
Rifamate	50
RifAMPin	50
Rifater	50
Rilutek	79
Riluzole	79
RiMANTAdine HCl	65
Rimso-50	107
Riomet	28
Risedronate Sodium	73
RisperDAL	115
RisperDAL Consta	115
RisperDAL M-TAB	115

RisperiDONE.....	115
RisperiDONE M-TAB	116
Ritalin.....	17
Ritalin LA	17
Rituxan.....	55
Rituxan Hycela.....	55
Rivastigmine.....	108
Rivastigmine Tartrate.....	108
Rivelsa.....	86
Rizatriptan Benzoate	49
Robaxin.....	122
Robaxin-750.....	122
Robinul	24
Robinul-Forte	24
Rocaltrol.....	131
ROPINIrole HCl.....	58
ROPINIrole HCl ER	58
Rosadan.....	36
Rosanil Cleanser	101
Rosuvastatin Calcium	48
Rowasa	43
Roweepra	26
Roxicodone	13
Rozerem	69
Rulavite DHA.....	105
Rythmol SR	77

S

Sabril.....	26
Safyral	86
Salagen.....	108
SalivaMAX.....	93
Salivate Rx	93
Salsalate	9
Sancuso	31
SandIMMUNE	100
Santyl.....	124
Saphris.....	116
Sarafem.....	113
Savella	95
Savella Titration Pack	95
Scalacort.....	43
Scalacort DK	43
Scopolamine	32
Seasonique	87
Seb-Prev Wash.....	37
Seconal	69
Select-OB	105
Select-OB+DHA.....	105
Selegiline HCl	59

Selenium Sulfide.....	39
Selzentry.....	66
Semprex-D	121
Se-Natal 19	105
Sensipar.....	107
Serevent Diskus	126
SEROquel.....	116
SEROquel XR	116
Sertraline HCl.....	113
Setlakin	87
Sevelamer Carbonate.....	100
SfRowasa	43
Sharobel.....	87
Shohls Modified	5
Shur-Seal Contraceptive	87
Sildenafil Citrate	130
Silenor	113
Silvadene	39
Silver Sulfadiazine.....	39
Simvastatin.....	48
Sinemet.....	57
Sinemet CR	57
Singulair	46
Sirolimus	100
Sklice.....	39
Sod Citrate-Citric Acid	5
Sodium Chloride	101
Sodium Fluoride	78
Sodium Phenylbutyrate	6
Sodium Polystyrene Sulfonate	100
Sodium Sulfacetamide.....	37
Solodyn	124
Soltamox.....	55
Solu-CORTEF	5
SOLU-medrol	5
Soma	122
Sonata	69
Soriatane	124
Sorilux	124
Sorine	72
Sotalol HCl.....	72
Sotalol HCl (AF).....	72
Spinosad.....	39
Spiriva HandiHaler	24
Spiriva Respimat	24
Spironolactone	119
Spironolactone-HCTZ.....	119
Sporanox	32
Sporanox Pulsepak	32
Sprintec 28	87

Sprix.....	9
Sprycel	55
SPS.....	100
Sronyx	87
SSD	39
SSS 10-5	101
Stalevo 100	57
Stalevo 125	58
Stalevo 150	58
Stalevo 200	58
Stalevo 50.....	58
Stalevo 75.....	58
Stavudine	66
Stelara	97, 124
Stimate	109
Stivarga	55
Strattera	79
Stribild	66
Striverdi Respimat.....	126
Stromectol	17
Suboxone.....	14
Subsys.....	13
Sucralfate.....	64
Sular	76
Sulfacetamide Sodium.....	37
Sulfacetamide Sodium (Acne).....	37
Sulfacetamide Sodium-Sulfur.....	101
Sulfacetamide Sod-Sulfur Wash.....	101
Sulfacetamide-Prednisolone.....	45
Sulfacetamide-Sulfur in Urea	101
SulfaCleanse 8/4	101
SulfADIAZINE	22
Sulfamethoxazole-Trimethoprim	22
Sulfamylon.....	39
SulfaSALazine	22
Sulfatrim Pediatric	22
Sulfurated Lime.....	39
Sulindac	9
SUMatriptan.....	49
SUMatriptan Succinate	49, 50
SUMatriptan Succinate Refill	50
Sumavel DosePro	50
Sumaxin TS.....	101
Supartz.....	107
Supartz FX.....	107
Suprax.....	20
Surmontil.....	113
Sustiva.....	66
Sutent	55
Syeda	87

Sylatron.....	55
Symax Duotab	24
Symax-SL	24
Symax-SR.....	24
Symbicort.....	5
Symbyax	113
Synagis	67
Synalar	43
Synalar TS.....	43
Synalgos-DC	13
Synera.....	61
Synthroid.....	127
Synvisc.....	107
Synvisc One	108

T

Tabloid	55
Taclonex	43
Tacrolimus	100, 124
Take Action	87
Tamiflu.....	67
Tamoxifen Citrate	56
Tamsulosin HCl	125
Tapazole	126
Tarceva	56
Targretin.....	56, 124
Tarina FE 1/20	87
Tarka	74
Taron-Bc	105
Taron-C DHA	105
Taron-Crystals	5
Taron-Prex.....	105
Tasigna	56
Tasmar	57
Taxotere	56
Tazarotene	124
Tazorac	124
Taztia XT.....	74
Tecfidera	99
TEGretol.....	26
TEGretol-XR.....	26
Tekturna	119
Tekturna HCT	119
Telmisartan.....	117
Telmisartan-Amlodipine.....	76
Telmisartan-HCTZ.....	117
Temazepam	70
Temodar.....	56
Temovate	43
Temozolomide	56

Tencon	7	TiZANidine HCl	122
Teniposide	56	TL-Care DHA	105
Tenofovir Disoproxil Fumarate	66	TL-Fluorivite	105
Tenoretic 100	72	TL-Select	105
Tenoretic 50	72	Tobi	18
Terazol 7	38	Tobramycin.....	18, 37
Terazosin HCl	6	Tobramycin-Dexamethasone	46
Terbinafine HCl	32	Tobrex	37
Terbutaline Sulfate	126	Today Sponge	87
Terconazole	38	Tofranil	113
Tessalon Perles	63	TOLAZamide	30
Testim.....	14	TOLBUTamide	30
Testosterone	14, 15	Tolcapone	57
Testosterone Cypionate	15	Tolmetin Sodium.....	9
Testosterone Enanthate	15	Tolterodine Tartrate	97
Tetacaine	101	Tolterodine Tartrate ER	97
Tetrabenazine	79	Topamax.....	26
Tetracaine HCl.....	101	Topamax Sprinkle	27
Tetracycline HCl	23	Topex Topical Anesthetic.....	61
TetraVisc.....	101	Topicort	43
TetraVisc Forte	101	Topiramate	27
Texacort	43	Toposar	56
Thalomid	99	Topotecan HCl.....	56
Theo-24.....	121	Torisel.....	56
Theochron	121	Torse mide.....	92
Theophylline	121	Totect.....	110
Theophylline ER	121	Toviaz.....	97
TheraCys	129	TraMADol HCl.....	13
Thiola.....	108	TraMADol HCl ER	13
Thioridazine HCl	116	TraMADol HCl ER (Biphasic)	13
Thiotepa.....	56	Tramadol-Acetaminophen.....	14
Thiothixene	116	Trandolapril	119
Thrivite 19	105	Trandolapril-Verapamil HCl ER.....	74
Thrivite Rx.....	105	Transderm-Scop (1.5 MG).....	32
Thyrolar-1	127	Tranxene-T.....	70
Thyrolar-1/2	127	Tranylcypromine Sulfate	113
Thyrolar-1/4	127	Travatan Z	34
Thyrolar-2	127	TraZODone HCl.....	113
Thyrolar-3	128	Treanda.....	56
TiaGABine HCl	26	Trecator.....	50
Tiazac	74	Trelstar Mixject	56
Tice BCG	129	Tretinoin	56, 78
Tigan.....	32	Tretinoin Microsphere	78
Tikosyn.....	77	Tretinoin Microsphere Pump	78
Tilia Fe.....	87	Trexall.....	56
Timolol Maleate	33, 72	Treximet	50
Timoptic-XE.....	33	Tri Femynor	87
Tindamax	59	TriAdvance	105
Tinidazole	59	Triamcinolone Acetonide.....	5, 43, 46
Tirosint.....	128	Triamterene-HCTZ	92

Trianex	43	Trojan Plus	88
Triazolam	70	Trojan Regular	88
Tribenzor	76	Trojan Ribbed	88
TriCare	105	Trojan Ribbed/Spermicidal	88
TriCare Prenatal DHA ONE	105	Trojan Shared Sensation/Lube	88
Tricitrates	5	Trojan Supras Spermicidal	88
Tricor	48	Trojan Twisted Pleasure	88
Triderm	44	Trojan Ultra Pleasure Lubricat	88
Tridesilon	44	Trojan Very Sensitive Lubricat	88
Triesence	46	Trojan Very Sensitive Spermici	88
Tri-Estarylla	87	Trojan Very Thin Lubricated	88
Trifluoperazine HCl	116	Trojan Very Thin Spermicide	88
Trifluridine	38	Trojan-Enz Lubricated	88
Triglide	48	Trojan-Enz/Spermicidal	88
Trihexyphenidyl HCl	57	Tropicamide	107
Triklo	47	Trospium Chloride	97
Tri-Legest Fe	87	Trospium Chloride ER	97
Trileptal	27	Trulicity	29
Tri-Linyah	87	Trusopt	34
Trilipix	48	Trustex Color Condoms + Lube	88
Tri-Lo-Estarylla	87	Trustex Lub/Ribbed/Studded	88
Tri-Lo-Marzia	87	Trustex Lub/Spermicide Ex St	88
Tri-Lo-Sprintec	87	Trustex Lub/Spermicide XL	88
Trimethobenzamide HCl	32	Trustex Lubricated	88
Trimethoprim	128	Trustex Lubricated Ex Large	88
Trimipramine Maleate	113	Trustex Lubricated Extra St	88
Trinatal GT	105	Trustex Lubricated/Spermicide	89
Trinatal Rx 1	105	Trustex Natural Condoms + Lube	89
Trinate	105	Trustex Non-Lubricated	89
TriNessa (28)	87	Trustex Ria Lub/Spermicide	89
TriNessa Lo	87	Trustex Ria Lubricated	89
Tri-Norinyl (28)	87	Trustex Ria Non-Lubricated	89
Tri-Previfem	87	Trustex-Nonoxynol-9/Rib/Stud	89
Trisenox	56	Truvada	66
Tri-Sprintec	87	Tudorza Pressair	24
Tri-Tabs DHA	105	Tusnel	63
Triveen-Duo DHA	105	TussiCaps	63
Triveen-PRx RNF	105	Tussionon	63
Tri-Vit/Fluoride/Iron	105	Tussionex Pennkinetic ER	63
Trivora (28)	87	Twynsta	76
Trojan	87	Tykerb	56
Trojan Assortment Pack	87	Tylenol with Codeine #3	14
Trojan Extended Pleasure/Lube	87	Tylenol with Codeine #4	14
Trojan Extra Strength	87	Tymlos	109
Trojan Magnum	88	Tysabri	99
Trojan Magnum Warm Sensations	88	Tyvaso	130
Trojan Magnum XL Lubricated	88	Tyvaso Refill	130
Trojan Naturalamb	88	Tyvaso Starter	130
Trojan Naturalamb/Spermicide	88		
Trojan Pleasure Mesh/Spermicid	88		

U

Ulesfia	39
Uloric	34
UltimateCare ONE	105
UltimateCare ONE NF	105
Ultracet.....	14
Ultram.....	14
Ultravate.....	44
Ultravate X (Cream)	44
Ultravate X (Ointment)	44
Ur N-C	128
Uramit MB.....	128
Urecholine	108
Urelle	128
Uretron D/S	128
Uribel.....	128
Urimar-T.....	129
Urin DS.....	129
Uro-458	129
UroAv-81.....	129
UroAv-B.....	129
Urocit-K 10.....	5
Urocit-K 15.....	5
Urocit-K 5.....	5
Urogesic-Blue	129
Uro-MP	129
Urophen MB	129
Uroxatral	125
Urso 250	79
Urso Forte.....	79
Ursodiol.....	79
Uryl.....	129
Ustell.....	129
Uticap	129
Utira-C	129
Utrona-C	129

V

Vagifem.....	95
ValACYclovir HCl	68
Valcyte.....	68
ValGANciclovir HCl	68
Valium	70
Valproate Sodium	27
Valproic Acid	27
Valsartan.....	117
Valsartan-Hydrochlorothiazide	117
Valstar	56
Valtrex	68
Vanatol LQ.....	7

Vanatol S	7
Vancocin HCl	19
Vancomycin HCl	19
Vandazole.....	37
Vanos	44
Vantas	56
Vaseretic.....	119
Vasotec.....	119
VCF Vaginal Contraceptive	89
Vectibix.....	56
Vectical.....	124
Velcade	56
Veletri	130
Velivet.....	89
Veltin.....	124
VemaVite-PRx 2	105
Vena-Bal DHA.....	105
Venlafaxine HCl.....	113
Venlafaxine HCl ER	113
Ventavis	131
Ventolin HFA	126
Verapamil HCl	74
Verapamil HCl ER	75
Verdeso.....	44
Veregen	124
Verelan.....	75
Verelan PM.....	75
Veripred 20.....	5
VESicare.....	97
Vestura	89
Vfend	32
Vibramycin.....	23
Vicodin	14
Vicodin ES.....	14
Vicodin HP	14
Victoza.....	29
Vidaza	56
Videx.....	66
Vienna	89
Vigamox.....	37
Viibryd	113
Vilamit MB.....	129
Vilevev MB.....	129
Vimovo	9
Vimpat.....	27
Vinate Care	105
Vinate DHA RF	105
Vinate II.....	105
Vinate M.....	106
Vinate One.....	106

VinBLASTine Sulfate	56	VP-PNV-DHA	106
Vincasar PFS	56	Vusion	38
VinCRISTine Sulfate	56	Vyfemla	89
Vinorelbine Tartrate	56	Vytorin	48
Viokace	90	Vyvanse	15
Viorele	89	W	
Viracept.....	67	Warfarin Sodium	62
Viramune	67	Welchol	47
Viramune XR	67	Wellbutrin SR	113
Virazole	68	Wellbutrin XL	113
Viread	67	Wera	89
Viroptic	38	Westcort.....	44
Virt Nate	106	Westhroid.....	128
Virt-Advance	106	Wide-Seal Diaphragm 60	89
Virt-C DHA	106	Wide-Seal Diaphragm 65	89
Virti-Sulf.....	101	Wide-Seal Diaphragm 70	89
Virt-Nate DHA	106	Wide-Seal Diaphragm 75	89
Virt-Phos 250 Neutral	120	Wide-Seal Diaphragm 80	89
Virt-PN.....	106	Wide-Seal Diaphragm 85	89
Virt-PN DHA	106	Wide-Seal Diaphragm 90	89
Virt-PN Plus	106	Wide-Seal Diaphragm 95	89
VirtPrex	106	WinRho SDF	121
Virtrate-2	5	WP Thyroid.....	128
Virtrate-3	6	Wymzya Fe.....	89
Virtrate-K.....	6	X	
Virt-Select	106	Xalkori	56
Virt-Vite GT.....	106	Xanax	70
Vistaril.....	69	Xanax XR.....	70
Vitafol-OB	106	Xarelto	62
Vitafol-OB+DHA	106	Xarelto Starter Pack.....	62
Vitafol-One.....	106	Xeljanz	91
VitaMedMD One Rx/Quatrefolic.....	106	Xeljanz XR	91
Vita-Pren.....	106	Xeloda	56
Viva DHA	106	Xenazine	79
Vivelle-Dot	95	Xeomin	108
Vivitrol.....	107	Xerese	38
Vogelxo	15	Xgeva	73
Vogelxo Pump.....	15	Xifaxan	19
Vol-Nate	106	Xigduo XR	30
Vol-Plus.....	106	Ximino	124
Vol-Tab Rx.....	106	Xodol	14
Voltaren.....	124	Xolegel	38
Voriconazole	33	Xolegel CorePak.....	38
VoSpire ER.....	126	Xolegel Duo/Head & Shoulders	38
Votrient.....	56	Xolegel Duo/Xolex.....	38
VP-CH-PNV	106	Xopenex.....	126
VP-GGR-B6 Prenatal.....	106	Xopenex Concentrate	126
VP-Heme OB	106	Xopenex HFA.....	126
VP-Heme OB + DHA	106	Xtandi	57
VP-HEME One	106		

Xulane	89
Xylon.....	14
Xyrem	79
Xyzal	121

Y

Yasmin 28.....	89
YAZ.....	89
Yuvaferm.....	95

Z

Zacir Cleansing	39
Zafirlukast	46
Zaleplon	69
Zamicet	14
Zanaflex	122
Zanosar	57
Zantac	64
Zarah	90
Zarontin.....	28
Zatean-CH	106
Zatean-P n DHA	106
Zatean-P n Plus	106
Zavesca.....	108
Zebutal	7
Zegerid	65
Zelapar	59
Zelboraf.....	57
Zemplar	131
Zenchent.....	90
Zenchent FE.....	90
Zenpep	90
Zepatier	67
Zerit.....	67
Zestoretic	119
Zestril.....	119
Zetia.....	47
Zetonna	46
Zevalin Y-90	57
Ziac	72
Ziagen	67
Ziana.....	124
Zidovudine	67
Zileuton ER.....	46
Zinecard	110
Ziprasidone HCl.....	116

Zipsor.....	9
Zirgan	38
Zithranol	124
Zithromax.....	20
Zithromax Tri-Pak.....	20
Zithromax Z-Pak	20
Zmax.....	20
Zocor	48
Zodex 6-Day.....	5
Zofran	31
Zofran ODT	31
Zoladex	57
Zoledronic Acid	73
Zolinza.....	57
ZOLMitriptan	50
Zoloft.....	113
Zolpidem Tartrate	69
Zolpidem Tartrate ER	69
Zolpimist.....	69
Zometa	73
Zomig.....	50
Zomig ZMT	50
Zonalon	61
Zonegran	27
Zonisamide.....	27
Zortress	100
Zovia 1/35E (28)	90
Zovia 1/50E (28)	90
Zovirax.....	38, 68
Zuplenz	31
Zutripro	63
Zyban.....	113
Zyclara.....	124
Zyclara Pump	125
Zydelig.....	57
Zyflo	46
Zyflo CR	46
Zykadia.....	57
Zylet.....	46
Zyloprim	34
Zymaxid.....	37
ZyPREXA.....	116
ZyPREXA Relprevv.....	116
ZyPREXA Zydys	116
Zytiga.....	57