



Lista de Medicamentos de 2020

(Actualizado en enero 2020)

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 Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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.

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

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]	7
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	18
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]	19
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	23
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	29
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	33
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	34
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	37
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	38
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	41
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	41
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	41
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	43
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	43
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	44

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

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	51
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] ...	52
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	54
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	57
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	57
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	61
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	63
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	63
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]	86
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	89
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	101
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	104
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	105
DEVICES [DISPOSITIVOS]	109
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	109

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

GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO].....	110
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	114
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	116
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	121
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	122
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	131
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	133
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	133
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	133
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	134
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	134

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

INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO].....	136
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS].....	137
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]..	138
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	141
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	145
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]	146
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	155
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	156
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	157

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

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]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
BUPAP 50-300 mg tab	4		QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	2	TENCON	QL(90 / 30)
butalbital-apap 50-325 mg tab	2	TENCON	QL(90 / 30)
butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab	2	ESGIC	QL(90 / 30)
butalbital-apap-cafeine 50-300-40 mg cap	2	FIORICET	QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg tab	2		QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg cap	2	FIORINAL	QL(90 / 30)
duraxin 300-200-20 mg cap	1		
FIORINAL 50-325-40 mg cap	4		QL(90 / 30)
PHRENILIN FORTE 50-300-40 mg cap	4		QL(90 / 30)
QUTENZA 8 % ext kit	6		PA
QUTENZA (2 PATCH) 8 % ext kit	6		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	4		QL(1350 / 30)
VANATOL S 50-325-40 mg/15ml soln	4		QL(1350 / 30)
ZEBUTAL 50-325-40 mg cap	4		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin ec low strength 81 mg tab dr	1		QL(30 / 30), AL
adult aspirin regimen 81 mg tab dr	1		QL(30 / 30), AL
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	4		
aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 600 mg rect	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>supp, 81 mg tab chew, 81 mg tab dr</i>			
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult 325 mg tab</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</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 ec adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose adult 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin regimen low dose adult 81 mg tab dr</i>	1		QL(30 / 30), AL
ASPIR-LOW 81 mg tab dr	1		QL(30 / 30), AL
<i>aspirin 324 mg tab dr</i>	1		QL(30 / 30), AL
BAYER ADVANCED ASPIRIN REG ST 325 mg tab	1		QL(30 / 30), AL
BAYER ASPIRIN 325 mg tab, 325 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN REGIMEN 325 mg tab dr	1		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
CAMBIA 50 mg pckt	4		
CAREALL ASPIRIN 81 mg tab chew	1		QL(30 / 30), AL
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	2	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>childrens aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>choline-mag trisalicylate 500 mg/5ml liq</i>	1		
<i>cvs aspirin 325 mg tab, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
DAYPRO 600 mg tab	4		
<i>diclofenac epolamine 1.3 % td patch</i>	2		
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac sodium 1.5 % td soln</i>	2	PENNSAID	
<i>diclofenac sodium 3 % td gel</i>	2	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % td gel</i>	2	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	2	DOLOBID	
DUEXIS 800-26.6 mg tab	4		
EC-NAPROSYN 375 mg tab dr	4		
ECOTRIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	1		QL(30 / 30), AL
ECPIRIN 325 mg tab dr	1		QL(30 / 30), AL
<i>eq adult aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>eq aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	2	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	LODINE XL	
<i>FELDENE 10 mg cap, 20 mg cap</i>	4		
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	2	NALFON	
<i>FENORTHO 200 mg cap</i>	4		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>goodsense aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin adult low st 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>hm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>IBU 800 mg tab</i>	4		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>INDOCIN 50 mg rect supp</i>	4		
<i>INDOCIN 25 mg/5ml susp</i>	4		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	2	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	2	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	2	TORADOL	QL(40 / 25)
KLOFENSAID II 1.5 % td soln	4		
<i>kls aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	2	MECLOMEN	
MEDIQUE ASPIRIN 325 mg tab	1		QL(30 / 30), AL
<i>mefenamic acid 250 mg cap</i>	2	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	2	MOBIC	
MINIPRIN LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
<i>mm aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	4		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
<i>napro 15 % crm</i>	1		
NAPROSYN 125 mg/5ml susp	4		
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	2	NAPROSYN	
<i>naproxen dr 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	2	NAPRELAN	
NORWICH ASPIRIN 325 mg tab	1		QL(30 / 30), AL
<i>oxaprozin 600 mg tab</i>	2	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>px aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>px enteric aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	2		
<i>sb aspirin 325 mg tab, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sm aspirin adult low strength 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>SPRIX 15.75 mg/spray nasal soln</i>	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ST JOSEPH ASPIRIN 81 mg tab dr	1		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tgt aspirin 325 mg tab, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>tgt aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>tgt aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>tgt childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>tolmetin sodium 200 mg tab</i>	2		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	4		PA
ZIPSOR 25 mg cap	4		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	2	BUTRANS	PA
BUTRANS 20 mcg/hr tdwk patch	4		PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		PA
DURAGESIC-100 100 mcg/hr td patch 72 hr	4		PA
DURAGESIC-12 12 mcg/hr td patch 72 hr	4		PA
DURAGESIC-25 25 mcg/hr td patch 72 hr	4		PA
DURAGESIC-50 50 mcg/hr td patch 72 hr	4		PA
DURAGESIC-75 75 mcg/hr td patch 72 hr	4		PA
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	4		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr</i>	2	DURAGESIC	PA

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

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>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	PA
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	4		PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA
<i>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</i>	2	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA
<i>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</i>	2	AVINZA	PA
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	4		PA
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	3		PA
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OXYCONTIN 15 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	3		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	2	OPANA ER	
<i>tramadol hcl er 150 mg cap er 24 hr</i>	2		PA
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	ULTRAM ER	PA
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	RYZOLT	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
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	4		
<i>acetaminophen-codeine 300-15 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</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>	2	TYLENOL WITH CODEINE	
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	4		
ASCOMP-CODEINE 50-325-40-30 mg cap	4		
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEINE	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln, 75 mg/1.5ml inj soln, 75 mg/ml inj soln	4		
DILAUDID 2 mg tab, 4 mg tab, 8 mg tab	4		
DILAUDID 1 mg/ml liq	4		
ENDOCET 2.5-325 mg tab	4		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<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>	2	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	4		
FIORICET/CODEINE 50-300-40-30 mg cap	4		
FIORINAL/CODEINE #3 50-325-40-30 mg cap	4		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	2	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	2	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	2	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	2	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2	VICOPROFEN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	2	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	2	DILAUDID	
IBUDONE 10-200 mg tab	4		
LAZANDA 100 mcg/act nasal soln, 300 mcg/act nasal soln, 400 mcg/act nasal soln	4		
LORCET 5-325 mg tab	4		
LORCET HD 10-325 mg tab	4		
LORCET PLUS 7.5-325 mg tab	4		
LORTAB 10-300 mg/15ml oral elix	4		
<i>meperidine hcl 100 mg tab, 50 mg tab</i>	2	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	2	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	3		
OPANA 10 mg tab, 5 mg tab	4		
OXAYDO 5 mg tab abuse-deterr, 7.5 mg tab abuse-deterr	4		
<i>oxycodone hcl 10 mg tab, 20 mg tab, 5 mg cap</i>	2		
<i>oxycodone hcl 15 mg tab, 30 mg tab, 5 mg tab</i>	2	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	2	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	PERCOCET	
<i>oxycodone-aspirin 4.8355-325 mg tab</i>	1	PERCODAN	
<i>oxycodone-ibuprofen 5-400 mg tab</i>	1	COMBUNOX	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	2	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PERCOCET 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	4		
PRIMLEV 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	4		
ROXICODONE 15 mg tab, 30 mg tab, 5 mg tab	4		
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	4		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
TYLENOL WITH CODEINE #3 300-30 mg tab	4		
TYLENOL WITH CODEINE #4 300-60 mg tab	4		
VICODIN HP 10-300 mg tab	4		
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ANACAINE 10 % oint	4		
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	4		
GEBAUERS SPRAY AND STRETCH ext aer	4		
GLYDO 2 % External Prefilled Syringe	4		
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 5 % patch</i>	2	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1		
<i>lidocaine hcl 3 % crm</i>	2		
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe, 2 % gel</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	2	EMLA	
<i>lido-k 3 % lot</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lidopin 3 % crm</i>	1		
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	4		
PRAMOX 1 % gel	4		
<i>premium lidocaine 5 % oint</i>	2		
PRILOXX LP 2.5-2.5 % ext kit	4		
SYNERA 70-70 mg patch	4		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	PA
ANTABUSE 250 mg tab, 500 mg tab	4		PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	2		PA
SUBOXONE 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film	3		PA
VIVITROL 380 mg im susp	6		PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	4		PA, QL(120 / 365)
CHANTIX 1 mg tab	4		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	4		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	4		PA, QL(106 / 365)
<i>cvs nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs nicotine 2 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t lozg</i>	4		PA, QL(2772 / 365)
<i>eq nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>eq nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>eq nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>gnp nicotine mini 2 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>goodsense nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>hm nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>hm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg	4		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t gum	1		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICODERM CQ 7 mg/24hr td patch 24hr	4		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4		PA, QL(84 / 365)
NICORELIEF 2 mg m/t gum	4		PA, QL(2772 / 365)
NICORETTE 4 mg m/t gum	1		PA, QL(2772 / 365)
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICORETTE STARTER KIT 4 mg m/t gum	1		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum	4		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	2		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>nicotine 14 mg/24hr td patch 24hr</i>	4		PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4		PA, QL(2772 / 365)
<i>nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t lozg</i>	4		PA, QL(2772 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
NICOTROL 10 mg inhaler	4		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
<i>px stop smoking aid 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>px stop smoking aid 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>ra nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>ra nicotine gum 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>ra nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>sm nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>sm nicotine 2 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>sr nicotine 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>tgt nicotine 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>tgt nicotine 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>tgt nicotine polacrilex 4 mg m/t gum</i>	1		PA, QL(2772 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tgt nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2		PA, QL(2772 / 365)
<i>tgt nicotine polacrilex 2 mg m/t gum</i>	4		PA, QL(2772 / 365)
<i>tgt nicotine step one 21 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
<i>tgt nicotine step three 7 mg/24hr td patch 24hr</i>	2		PA, QL(28 / 365)
<i>tgt nicotine step two 14 mg/24hr td patch 24hr</i>	2		PA, QL(84 / 365)
THRIVE 2 mg m/t gum	4		PA, QL(2772 / 365)
ZYBAN 150 mg tab er 12 hr	4		PA, QL(360 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	2	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ALTABAX 1 % oint	4		
<i>baciim 50000 unit im soln</i>	2	BACI-IM	
<i>bacitracin 50000 unit im soln</i>	2	BACI-IM	
BACTROBAN 2 % crm	4		
BACTROBAN NASAL 2 % nasal oint	4		
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		
CENTANY 2 % oint	4		
CENTANY AT 2 % ext kit	4		
CLEOCIN 100 mg vag supp, 150 mg cap, 300 mg cap, 75 mg cap	4		
CLEOCIN 2 % vag crm	4		
CLEOCIN 75 mg/5ml soln	4		
CLINDACIN ETZ 1 % swab	4		
CLINDACIN-P 1 % swab	4		
CLINDAGEL 1 % gel	4		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	4		
FEM PH 0.9-0.025 % vag gel	4		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	4		PA
FLAGYL 250 mg tab, 500 mg tab	4		
FURADANTIN 25 mg/5ml susp	4		
HIPREX 1 gm tab	4		
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
MACROBID 100 mg cap	4		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	4		
<i>mafenide acetate 5 % ext pckt</i>	2		
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	2	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
MONUROL 3 gm pckt	4		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	2	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
PRIMSOL 50 mg/5ml soln	4		
RELAGARD 0.9-0.025 % vag gel	4		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SSD 1 % crm	4		
SULFAMYLON 5 % ext pckt	4		
SULFAMYLON 85 mg/gm crm	4		
trimethoprim 100 mg tab	1	PROLOPRIM	
VANCOCIN 250 mg cap	4		
VANCOCIN HCL 125 mg cap	4		
vancomycin hcl 125 mg cap, 250 mg cap	2		
XIFAXAN 200 mg tab, 550 mg tab	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap	1	CECLOR	
cefaclor 500 mg cap	2	CECLOR	
cefaclor er 500 mg tab er 12 hr	2	CECLOR CD	
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 1 gm tab	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp	1	OMNICEF	
cefdinir 250 mg/5ml susp	2	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	2	SPECTRACEF	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	2	SUPRAX	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefprozil 250 mg tab, 500 mg tab	2	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	2	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab	1	CEFTIN	
cefuroxime axetil 500 mg tab	2	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	2		
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 750 mg cap	2	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KEFLEX 250 mg cap, 500 mg cap, 750 mg cap	4		
SUPRAX 100 mg tab chew, 200 mg tab chew	4		
SUPRAX 100 mg/5ml susp, 200 mg/5ml susp, 500 mg/5ml susp	4		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin 250 mg tab chew	2	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	2	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	2	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	2	AUGMENTIN XR	
ampicillin 500 mg cap	2		
AUGMENTIN 125-31.25 mg/5ml susp, 250-62.5 mg/5ml susp	4		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	4		
dicloxacillin sodium 250 mg cap, 500 mg cap	2	DYCILL	
penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln	2	PFIZERPEN	
penicillin g procaine 600000 unit/ml im susp	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pckt, 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
DIFICID 200 mg tab	4		
E.E.S. 400 400 mg tab	4		
E.E.S. GRANULES 200 mg/5ml susp	4		
<i>ery 2 % pad</i>	2		
ERYPED 200 200 mg/5ml susp	4		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	4		
ERYTHROCIN STEARATE 250 mg tab	4		
<i>erythromycin 2 % pad</i>	2		
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 2 % gel</i>	2	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg/5ml susp</i>	2		
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	2	ERYPED	
ZITHROMAX 1 gm pckt	4		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVELOX 400 mg tab	4		
CIPRO 250 MG/5ML (5%) susp	4		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	2	CIPRO	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>	2	CIPRO XR	QL(3 / 3)
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>	2	CIPRO XR	QL(6 / 3)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
AVC VAGINAL 15 % vag crm	4		
BACTRIM 400-80 mg tab	4		
BLEPH-10 10 % ophth soln	4		
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	2	ADOXA	
AVIDOXY DK 100 mg cmb kit	4		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	DECLOMYCIN	
DORYX 200 mg tab dr, 50 mg tab dr	4		
<i>doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	2	DORYX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	SOLODYN	
MONDOXYNE NL 100 mg cap, 75 mg cap	4		
MORGIDOX 1 x 100 mg cmb kit, 100 mg cap, 2 x 100 mg cmb kit, 50 mg cap	4		
NUTRIDOX 75 mg oral kit	4		
OKEBO 75 mg cap	4		
SOLODYN 105 mg tab er 24 hr, 55 mg tab er 24 hr, 80 mg tab er 24 hr	4		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
VIBRAMYCIN 100 mg cap	4		
VIBRAMYCIN 25 mg/5ml susp, 50 mg/5ml syr	4		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	4		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>levetiracetam 100 mg/ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA	
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	2		
ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab	4		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
ZONEGRAN 100 mg cap, 25 mg cap	4		
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 10 mg tab, 20 mg tab</i>	2		
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	KLONOPIN	
DEPAKENE 250 mg cap	4		
DEPAKENE 250 mg/5ml soln	4		
DIASTAT ACUDIAL 20 mg rect gel	4		
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	2		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	DEPAKOTE	
<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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	QL(420 / 30)
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	3		
MYSOLINE 250 mg tab, 50 mg tab	4		
ONFI 10 mg tab, 20 mg tab	4		
ONFI 2.5 mg/ml susp	4		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	2		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	2	MYSOLINE	
SABRIL 500 mg pckt, 500 mg tab	6		PA
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	2	GABITRIL	
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
<i>vigabatrin 500 mg pckt</i>	5	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	4		
FELBATOL 600 mg/5ml susp	4		
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	4		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	2	LAMICTAL	
<i>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</i>	2	LAMICTAL	
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	2	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	4		
BANZEL 40 mg/ml susp	4		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
DILANTIN 30 mg cap	4		
DILANTIN 125 mg/5ml susp	4		
EQUETRO 100 mg cap er 12 hr, 300 mg cap er 12 hr	4		
<i>fosphenytoin sodium 500 mg pe/10ml inj soln</i>	2		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln</i>	2	CEREBYX	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
PEGANONE 250 mg tab	4		
PHENYTEK 200 mg cap, 300 mg cap	4		
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	2	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	2	DILANTIN	
TEGRETOL 100 mg/5ml susp	4		
TEGRETOL-XR 200 mg tab er 12 hr	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ARICEPT 23 mg tab	4		
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint</i>	2	ARICEPT	
EXELON 13.3 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	3		
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	2	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	2	RAZADYNE	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	2	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	2	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	2	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	2	NAMENDA XR	
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	4		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	2	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	4		
<i>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</i>	2	REMERON	
REMERON 15 mg tab, 30 mg tab	4		
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	4		
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	4		
MARPLAN 10 mg tab	4		
NARDIL 15 mg tab	4		
PARNATE 10 mg tab	4		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	2	CELEXA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>citalopram hydrobromide 10 mg/5ml soln</i>	2	CELEXA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	2	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	2	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	2	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg cap, 20 mg cap</i>	1		
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	2		
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	2	LUVOX CR	
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	2	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	2	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	2	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	2	PAXIL CR	
<i>PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	4		
<i>PROZAC 10 mg cap, 40 mg cap</i>	4		
<i>SARAFEM 10 mg tab, 20 mg tab</i>	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
SYMBYAX 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	4		
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	2	DESYREL	
<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 225 mg tab er 24 hr</i>	2		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	2	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	2	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	2	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	4		
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	2	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	2	SINEQUAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
NORPRAMIN 10 mg tab, 25 mg tab	4		
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	4		
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	2	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
SURMONTIL 100 mg cap, 25 mg cap, 50 mg cap	4		
TOFRANIL 10 mg tab, 25 mg tab, 50 mg tab	4		
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
DICLEGIS 10-10 mg tab dr	4		
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>metoclopramide hcl 5 mg/ml inj soln</i>	1	REGLAN	
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	4		
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 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>	2	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
PROMETHEGAN 50 mg rect supp	4		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TIGAN 300 mg cap	4		
TIGAN 100 mg/ml im soln	4		
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emotogénicas - Medicamentos Para Náusea Y Vómito]			
ALOXI 0.25 mg/5ml iv soln	6		PA
ANZEMET 100 mg tab	6		QL(1 / 30)
ANZEMET 50 mg tab	6		QL(2 / 30)
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	2	EMEND	
CESAMET 1 mg cap	4		
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	QL(60 / 30)
EMEND 125 mg susp	3		
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	QL(6 / 30)
MARINOL 10 mg cap, 2.5 mg cap, 5 mg cap	4		QL(60 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	ZOFRAN	QL(9 / 30)
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	5	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	4		
ZUPLENZ 4 mg oral film, 8 mg oral film	4		QL(9 / 30)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ALA-QUIN 3-0.5 % crm	1		
ALCORTIN A 1-2-1 % gel	4		
ANCOBON 250 mg cap, 500 mg cap	4		
<i>bio-statin 1000000 unit cap, 500000 unit cap</i>	1		
CICLODAN 8 % ext soln	4		PA
CICLODAN SOLUTION 8 % ext kit	4		
<i>ciclopirox 0.77 % gel</i>	2	LOPROX	
<i>ciclopirox 1 % shampoo</i>	2	LOPROX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ciclopirox 8 % ext soln</i>	2	PENLAC	PA
<i>ciclopirox olamine 0.77 % crm</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	2	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	2		
<i>clotrimazole 10 mg m/t lozg, 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	2	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	2	LOTRISONE	
CRESEMBA 186 mg cap	4		PA
DERMAZENE 1-1 % crm	4		
<i>econazole nitrate 1 % crm</i>	2	SPECTAZOLE	
ERTACZO 2 % crm	4		
EXELDERM 1 % crm	4		
EXELDERM 1 % ext soln	4		
EXODERM 25-1 % lot	4		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	2	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	2		
<i>griseofulvin microsize 125 mg/5ml susp</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	2	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	2		
<i>itraconazole 100 mg cap</i>	2	SPORANOX	PA
<i>ketoconazole 2 % foam</i>	2	EXTINA	
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>ketoconazole 2 % crm</i>	2	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	2	NIZORAL	
LOPROX 0.77 % crm, 0.77 % ext kit	4		
LOPROX 1 % shampoo	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MENTAX 1 % crm	4		
miconazole 3 200 mg vag supp	2	MONISTAT	
naftifine hcl 1 % gel	2		
naftifine hcl 2 % crm	2	NAFTIN	
NAFTIN 2 % crm	4		
NATACYN 5 % ophth susp	4		
NOXAFIL 40 mg/ml susp	4		
NYAMYC 100000 unit/gm ext pwdr	4		
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	2	MYCOLOG	
ORAVIG 50 mg bucc tab	4		
oxiconazole nitrate 1 % crm	2	OXISTAT	
OXISTAT 1 % crm	4		
OXISTAT 1 % lot	4		
PENLAC 8 % ext soln	4		PA
QUINJA 1.25-1 % gel	4		
SPORANOX 100 mg cap	4		PA
SPORANOX 10 mg/ml soln	4		PA
SPORANOX PULSEPAK 100 mg cap	4		PA
terbinafine hcl 250 mg tab	1	LAMISIL	PA
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	2	TERAZOL 3	
VFEND 200 mg tab, 50 mg tab	6		PA
VFEND 40 mg/ml susp	6		PA
voriconazole 200 mg tab, 50 mg tab	6	VFEND	PA
voriconazole 40 mg/ml susp	6	VFEND	PA
VUSION 0.25-15-81.35 % oint	4		
XOLEGEL 2 % gel	4		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	4		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	2		
<i>probenecid 500 mg tab</i>	2	BENEMID	
ULORIC 40 mg tab, 80 mg tab	3		
ZYLOPRIM 100 mg tab, 300 mg tab	4		
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	2		
EPIFOAM 1-1 % foam	4		
<i>hydrocortisone 1 % rect crm, 2.5 % rect crm</i>	2		
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2		
<i>hydrocortisone acetate 25 mg rect supp, 30 mg rect supp</i>	2		
<i>mezparox-hc 1-2.5 % crm</i>	2		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % crm, 1-2.5 % oint	4		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	4		
PROCTO-MED HC 2.5 % rect crm	4		
PROCTO-PAK 1 % rect crm	4		
PROCTOSOL HC 2.5 % rect crm	4		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
CAFERGOT 1-100 mg tab	4		
D.H.E. 45 1 mg/ml inj soln	4		
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1		QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ERGOMAR 2 mg tab sublingual	4		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rectal suppository	4		
MIGRANAL 4 mg/ml nasal solution	4		QL(8 / 30)
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	2	AXERT	QL(6 / 30)
AMERGE 1 mg tab, 2.5 mg tab	4		QL(9 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	2	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
IMITREX 6 mg/0.5ml sc solution	4		QL(2 / 30)
IMITREX 100 mg tab, 25 mg tab	4		QL(9 / 30)
IMITREX STATDOSE REFILL 4 mg/0.5ml sc solution cart, 6 mg/0.5ml sc solution cart	4		QL(2 / 30)
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc solution auto-injection, 6 mg/0.5ml sc solution auto-injection	4		QL(2 / 30)
MAXALT-MLT 10 mg tab disintegrating, 5 mg tab disintegrating	3		QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 10 mg tab disintegrating, 5 mg tab, 5 mg tab disintegrating</i>	2	MAXALT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal solution</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal solution</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc solution auto-injection, 6 mg/0.5ml sc solution, 6 mg/0.5ml sc solution auto-injection</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc solution cart, 6 mg/0.5ml sc solution cart</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
SUMAVEL DOSEPRO 6 mg/0.5ml sc solution jet-injection	4		QL(3 / 30)
TOSYMRA 10 mg/act nasal solution	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
zolmitriptan 5 mg tab, 5 mg tab disint	2	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint	2	ZOMIG	QL(6 / 30)
ZOMIG 5 mg tab	3		QL(3 / 30)
ZOMIG 2.5 mg nasal soln, 2.5 mg tab, 5 mg nasal soln	3		QL(6 / 30)
ZOMIG ZMT 5 mg tab disint	3		QL(3 / 30)
ZOMIG ZMT 2.5 mg tab disint	3		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
guanidine hcl 125 mg tab	2		
pyridostigmine bromide 60 mg/5ml soln	2		
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide er 180 mg tab er	2	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	2		
MYCOBUTIN 150 mg cap	4		
rifabutin 150 mg cap	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
CAPASTAT SULFATE 1 gm inj soln	6		PA
cycloserine 250 mg cap	2		
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	2		
isoniazid 100 mg/ml inj soln, 50 mg/5ml syr	2		
MYAMBUTOL 400 mg tab	4		
PASER 4 gm pckt	4		
PRIFTIN 150 mg tab	4		
pyrazinamide 500 mg tab	2		
RIFADIN 150 mg cap	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RIFAMATE 150-300 mg cap	4		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
RIFATER 50-120-300 mg tab	4		
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
ALKERAN 2 mg tab, 50 mg iv soln	6		PA
<i>busulfan 6 mg/ml iv soln</i>	5	BUSULFEX	PA
BUSULFEX 6 mg/ml iv soln	6		PA
<i>carboplatin 450 mg/45ml iv soln, 50 mg/5ml iv soln</i>	6		PA
<i>carboplatin 150 mg/15ml iv soln</i>	6	PARAPLATIN	PA
<i>cyclophosphamide 1 gm inj soln</i>	2		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	5		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	6		PA
LEUKERAN 2 mg tab	6		PA
MATULANE 50 mg cap	6		PA
<i>melphalan hcl 50 mg iv soln</i>	6	ALKERAN	PA
MYLERAN 2 mg tab	6		PA
TEMODAR 100 mg cap, 100 mg iv soln, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	6		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	6		PA
<i>thiotepa 15 mg inj soln</i>	6	THIOPLEX	PA
ZANOSAR 1 gm iv soln	6		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	5		PA
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	6	EULEXIN	PA
NILANDRON 150 mg tab	6		PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	6		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	6		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5		PA
CARAC 0.5 % crm	6		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
EFUDEX 5 % crm	6		PA
FLUOROPLEX 1 % crm	4		
<i>fluorouracil 0.5 % crm</i>	5	CARAC	PA
<i>fluorouracil 5 % crm</i>	5	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	5	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
Antineoplastics (combination Product) [Antineoplásicos (Productos En Combinación)]			
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml sc soln, 1600-26800 MG -ut/13.4ml sc soln	5		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ADRIAMYCIN 2 mg/ml iv soln	6		PA
ADRUCIL 2.5 gm/50ml iv soln, 5 gm/100ml iv soln	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
AVASTIN 100 mg/4ml iv soln, 400 mg/16ml iv soln	6		PA
BENDEKA 100 mg/4ml iv soln	5		PA
BICNU 100 mg iv soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bleomycin sulfate 15 unit inj soln</i>	6		PA
<i>bleomycin sulfate 30 unit inj soln</i>	6	BLENOXANE	PA
<i>CAMPTOSAR 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	6		PA
<i>carboplatin 600 mg/60ml iv soln</i>	6		PA
<i>carmustine 100 mg iv soln</i>	5		PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	6		PA
<i>cladribine 10 mg/10ml iv soln</i>	6	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	5	CLOLAR	PA
<i>CLOLAR 1 mg/ml iv soln</i>	6		PA
<i>COSMEGEN 0.5 mg iv soln</i>	6		PA
<i>cytarabine 20 mg/ml inj soln</i>	6		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	6		PA
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	6		PA
<i>DACOGEN 50 mg iv soln</i>	6		PA
<i>dactinomycin 0.5 mg iv soln</i>	6	COSMEGEN	PA
<i>daunorubicin hcl 20 mg/4ml iv soln</i>	6		PA
<i>decitabine 50 mg iv soln</i>	6	DACOGEN	PA
<i>dexrazoxane hcl 250 mg iv soln, 500 mg iv soln</i>	5		PA
<i>docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc</i>	5		PA
<i>docetaxel 80 mg/4ml iv conc</i>	5	TAXOTERE	PA
<i>DOXIL 2 mg/ml iv inj</i>	6		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	2	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	5	DOXIL	PA
<i>ELLENCE 200 mg/100ml iv soln, 50 mg/25ml iv soln</i>	6		PA
<i>epirubicin hcl 50 mg/25ml iv soln</i>	5		PA
<i>epirubicin hcl 200 mg/100ml iv soln</i>	5	ELLENCE	PA
<i>FASLODEX 250 mg/5ml im soln</i>	6		PA
<i>floxuridine 0.5 gm inj soln</i>	6		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>	6		PA
<i>fulvestrant 250 mg/5ml im soln</i>	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gemcitabine hcl 2 gm iv soln, 200 mg iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm iv soln</i>	5	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	6		PA
IDAMYCIN PFS 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln	6		PA
<i>idarubicin hcl 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	6		PA
<i>idarubicin hcl 10 mg/10ml iv soln</i>	6	IDAMYCIN	PA
IFEX 1 gm iv soln, 3 gm iv soln	6		PA
<i>ifosfamide 3 gm iv soln</i>	5		PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	5		PA
<i>ifosfamide 1 gm iv soln</i>	5	IFEX	PA
<i>irinotecan hcl 40 mg/2ml iv soln, 500 mg/25ml iv soln</i>	5		PA
<i>irinotecan hcl 100 mg/5ml iv soln</i>	5	CAMPTOSAR	PA
ISTODAX (OVERFILL) 10 mg iv soln	6		PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	6		PA
JEVTANA 60 mg/1.5ml iv soln	6		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	5		PA
KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln	6		PA
LIPODOX 50 2 mg/ml iv inj	6		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	6	MUTAMYCIN	PA
NAVELBINE 10 mg/ml iv soln, 50 mg/5ml iv soln	6		PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	5		PA
<i>oxaliplatin 50 mg/10ml iv soln</i>	5		PA
<i>oxaliplatin 100 mg/20ml iv soln</i>	5	ELOXATIN	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc</i>	6		PA
<i>paclitaxel 300 mg/50ml iv conc</i>	6	TAXOL	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
TABLOID 40 mg tab	6		PA
TAXOTERE 20 mg/ml iv conc, 80 mg/4ml iv conc	6		PA
<i>teniposide 10 mg/ml iv soln</i>	6		PA
TICE BCG 50 mg i-vesic susp	4		PA
TOTECT 500 mg iv soln	6		PA
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
TRISENOX 12 mg/6ml iv soln	6		PA
VELCADE 3.5 mg inj soln	6		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	5		PA
VINCASAR PFS 1 mg/ml iv soln	5		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	6	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln</i>	6		PA
<i>vinorelbine tartrate 50 mg/5ml iv soln</i>	6	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		PA
ZINECARD 250 mg iv soln, 500 mg iv soln	5		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
ERWINAZE 10000 unit inj soln	6		PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	5		PA
<i>fludarabine phosphate 50 mg iv soln</i>	5	FLUDARA	PA
FUSILEV 50 mg iv soln	6		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>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mitoxantrone hcl 20 mg/10ml iv conc, 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	5		PA
ONCASPAS 750 unit/ml inj soln	6		PA
VALSTAR 40 mg/ml i-vesic soln	6		PA
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	6	ARIMIDEX	
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 50 mg cap</i>	5		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln</i>	5		PA
<i>etoposide 500 mg/25ml iv soln</i>	5	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap, 4 mg iv soln	6		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCANTIN	PA
ZYDELIG 150 mg tab	6		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	6		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 150 mg tab</i>	4		PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	6		PA
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
NEXAVAR 200 mg tab	6		PA
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	6		PA
TARCEVA 100 mg tab, 25 mg tab	6		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TYKERB 250 mg tab	6		PA
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
ZYDELIG 100 mg tab	6		PA
ZYKADIA 150 mg cap, 150 mg tab	6		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
GAZYVA 1000 mg/40ml iv soln	6		PA
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 75 mg cap	6		PA
TARGRETIN 1 % gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
ETHYOL 500 mg iv soln	6		PA
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
MESNEX 100 mg/ml iv soln	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2		
BILTRICIDE 600 mg tab	4		
<i>ivermectin 3 mg tab</i>	2	STROMECTOL	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	4		
ALINIA 100 mg/5ml susp	4		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	4		
DARAPRIM 25 mg tab	4		
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	PLAQUENIL	
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
<i>mefloquine hcl 250 mg tab</i>	2		
MEPRON 750 mg/5ml susp	4		
NEBUPENT 300 mg inh soln	4		
<i>primaquine phosphate 26.3 mg tab</i>	1		
QUALAQUIN 324 mg cap	4		
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
ELIMITE 5 % crm	4		PA
EURAX 10 % crm, 10 % lot	4		PA
<i>lindane 1 % shampoo</i>	2		PA
<i>malathion 0.5 % lot</i>	2	OVIDE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NATROBA 0.9 % ext susp	4		PA
OVIDE 0.5 % lot	4		PA
<i>permethrin 5 % crm</i>	2	ELIMITE	PA
SKLICE 0.5 % lot	4		PA
<i>spinosad 0.9 % ext susp</i>	2		PA
<i>sulfurated lime ext soln</i>	1		PA
ULESFIA 5 % lot	4		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
COGENTIN 1 mg/ml inj soln	4		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	2	SYMMETREL	
COMTAN 200 mg tab	3		
<i>entacapone 200 mg tab</i>	2	COMTAN	
TASMAR 100 mg tab	6		PA
<i>tolcapone 100 mg tab</i>	5	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
MIRAPEX 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	4		
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	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		
PARLODEL 2.5 mg tab, 5 mg cap	4		
<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>	2	MIRAPEX ER	
REQUIP 1 mg tab, 4 mg tab, 5 mg tab	4		
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	4		
<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 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	2	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
APOKYN 30 mg/3ml sc soln cart	6		PA
<i>carbidopa 25 mg tab</i>	2	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	2	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-</i>	2	STALEVO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab			
LODOSYN 25 mg tab	4		
SINEMET 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	4		
SINEMET CR 25-100 mg tab er, 50-200 mg tab er	4		
STALEVO 125 31.25-125-200 mg tab	4		
STALEVO 150 37.5-150-200 mg tab	4		
STALEVO 200 50-200-200 mg tab	4		
STALEVO 50 12.5-50-200 mg tab	4		
STALEVO 75 18.75-75-200 mg tab	4		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	2	AZILECT	
selegiline hcl 5 mg tab	2		
selegiline hcl 5 mg cap	2	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	2		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	THORAZINE	
COMPRO 25 mg rect supp	1		
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	2	PROLIXIN	
HALDOL 5 mg/ml inj soln	4		
HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln	4		
haloperidol 0.5 mg tab, 20 mg tab	1	HALDOL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 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>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	4		
<i>FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab</i>	4		
<i>GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap</i>	4		
<i>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</i>	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	6		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	4		
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	2	ZYPREXA	
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	2	INVEGA	
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	1	SEROQUEL	
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	2	SEROQUEL XR	
RISPERDAL 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	4		
RISPERDAL 1 mg/ml soln	4		
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
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, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint	2	RISPERDAL	
risperidone 1 mg/ml soln	2	RISPERDAL	

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

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	4		
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	3		
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	4		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	2	FAZACLO	
CLOZARIL 100 mg tab, 25 mg tab	4		
FAZACLO 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	4		
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
DANTRIUM 25 mg cap, 50 mg cap	4		
dantrolene sodium 100 mg cap, 25 mg cap	1	DANTRIUM	
dantrolene sodium 50 mg cap	2	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	2	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	4		
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	2	VALCYTE	
valganciclovir hcl 50 mg/ml soln	2	VALCYTE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
ALFERON N 5000000 unit/ml inj soln	6		PA
entecavir 0.5 mg tab, 1 mg tab	1	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	6		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	6		PA
lamivudine 100 mg tab	4	EPIVIR HBV	PA
SYLATRON 200 mcg sc kit, 300 mcg sc kit, 600 mcg sc kit	6		PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	5		PA
RIBASPHERE 600 mg tab	6		PA
sofosbuvir-velpatasvir 400-100 mg tab	5		PA
ZEPATIER 50-100 mg tab	6		PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
MODERIBA (1200 MG PACK) 600 mg tab pack	6		PA
RIBASPHERE 400 mg tab	6		PA
RIBASPHERE RIBAPAK (1000 PACK) 400 & 600 mg tab pack	6		PA
RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack	6		PA
RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack	6		PA
ribavirin 200 mg tab	5	COPEGUS	PA
ribavirin 200 mg cap	5	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 5 % crm	2		
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 5 % oint	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
DENAVIR 1 % crm	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	5	FAMVIR	
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	
VIROPTIC 1 % ophth soln	4		
XERESE 5-1 % crm	4		
ZOVIRAX 200 mg cap, 400 mg tab, 800 mg tab	4		
ZOVIRAX 200 mg/5ml susp	4		
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
STRIBILD 150-150-200-300 mg tab	6		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
ATRIPLA 600-200-300 mg tab	5		PA
COMPLERA 200-25-300 mg tab	6		PA
EDURANT 25 mg tab	5		PA
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	5	SUSTIVA	PA
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	5		PA
<i>nevirapine 200 mg tab</i>	6	VIRAMUNE	PA
<i>nevirapine er 400 mg tab er 24 hr</i>	6	VIRAMUNE XR	PA
RESCRIPTOR 200 mg tab	6		PA
VIRAMUNE 200 mg tab	6		PA
VIRAMUNE 50 mg/5ml susp	6		PA
VIRAMUNE XR 400 mg tab er 24 hr	6		PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>abacavir sulfate 300 mg tab</i>	5	ZIAGEN	PA
<i>abacavir sulfate 20 mg/ml soln</i>	5	ZIAGEN	PA
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	5	EPZICOM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	5	TRIZIVIR	PA
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	5	VIDEX	PA
EMTRIVA 200 mg cap	6		PA
EMTRIVA 10 mg/ml soln	6		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	5	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	5	EPIVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	5	COMBIVIR	PA
RETROVIR 100 mg cap	6		PA
RETROVIR 10 mg/ml iv soln, 50 mg/5ml syr	6		PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	5	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	5	VIREAD	PA
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	5		PA
VIDEX 2 gm soln, 4 gm soln	6		PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		PA
VIREAD 40 mg/gm oral pwdr	5		PA
ZIAGEN 300 mg tab	6		PA
ZIAGEN 20 mg/ml soln	6		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	6	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	6	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	6		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
APTIVUS 100 mg/ml soln	6		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	5	REYATAZ	PA
CRIXIVAN 200 mg cap, 400 mg cap	5		PA
<i>fosamprenavir calcium 700 mg tab</i>	2	LEXIVA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVIRASE 500 mg tab	6		PA
KALETRA 100-25 mg tab, 200-50 mg tab	5		PA
KALETRA 400-100 mg/5ml soln	5		PA
LEXIVA 50 mg/ml susp	5		PA
NORVIR 100 mg pckt	5		PA
NORVIR 80 mg/ml soln	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA
ritonavir 100 mg tab	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
FLUMADINE 100 mg tab	4		
oseltamivir phosphate 45 mg cap, 75 mg cap	2	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	4		QL(20 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA 2 x 20 mg tab pack, 2 x 40 mg tab pack	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	BUSPAR	
droperidol 2.5 mg/ml inj soln	1		
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	2	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	2	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		
<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>	2	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab	4		
ATIVAN 2 mg/ml inj soln, 4 mg/ml inj soln	4		
<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>	2	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	4		
DORAL 15 mg tab	4		
<i>estazolam 1 mg tab, 2 mg tab</i>	2	PROSOM	
HALCION 0.25 mg tab	4		
<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	4		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	2	SERAX	
<i>quazepam 15 mg tab</i>	2		
RESTORIL 22.5 mg cap	4		
<i>temazepam 22.5 mg cap</i>	2	RESTORIL	
TRANXENE-T 7.5 mg tab	4		
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	2	HALCION	
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
EQUETRO 200 mg cap er 12 hr	4		
<i>lithium 8 meq/5ml soln</i>	2		
<i>lithium carbonate 150 mg cap, 300 mg tab, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate er 450 mg tab er</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	4		
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
BYDUREON 2 mg sc pen-inj	3		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	3		
<i>chlorpropamide 100 mg tab</i>	1	DIABINESE	
<i>chlorpropamide 250 mg tab</i>	2	DIABINESE	
CYCLOSET 0.8 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide xl 10 mg tab er 24 hr</i>	2	GLUCOTROL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	4		
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		
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	3		
INVOKANA 100 mg tab, 300 mg tab	3		
JANUMET 50-1000 mg tab, 50-500 mg tab	3		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		
JARDIANCE 10 mg tab, 25 mg tab	4		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 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	
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
PRANDIN 1 mg tab, 2 mg tab	4		
PRECOSE 100 mg tab, 25 mg tab, 50 mg tab	4		
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
<i>repaglinide-metformin hcl 1-500 mg tab, 2-500 mg tab</i>	2	PRANDIMET	
RIOMET 500 mg/5ml soln	4		
<i>tolazamide 250 mg tab, 500 mg tab</i>	1	TOLINASE	
<i>tolbutamide 500 mg tab</i>	1	ORINASE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRADJENTA 5 mg tab	3		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	3		
VICTOZA 18 mg/3ml sc soln pen-inj	4		
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
GLUCAGON EMERGENCY 1 mg inj kit	4		
KORLYM 300 mg tab	4		
PROGLYCEM 50 mg/ml susp	4		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
BD AUTOSHIELD 29G X 5MM misc, 29G X 8MM misc	1		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD INSULIN SYRINGE 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc, 26G X 1/2" 1 ml misc, 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF- UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	1		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	1		
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	1		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ml misc	1		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>careone unifine pentips 31G X 8 MM misc</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc	1		
CARETOUCH PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>drug mart unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	1		
<i>easy comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>easy comfort pen needles 31G X 8 MM misc</i>	2		
<i>easy glide pen needles 33G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
<i>elite-thin insulin syringe</i> 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 28G X 5/16" 0.5 ml misc, 28G X 5/16" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 29G X 5/16" 0.5 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>eql insulin syringe</i> 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>freds pharmacy unifine pentip+</i> 31G X 5 MM misc, 31G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>freds pharmacy unifine pentips 32G X 4 MM misc</i>	1		
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	2		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp ultra com insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	1		
<i>healthwise mini pen needles 31G X 6 MM misc</i>	1		
<i>healthwise pen needles 29G X 12MM misc</i>	1		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>healthwise unifine pentips 32G X 4 MM misc</i>	1		
<i>healthy accents unifine pentip 29G X 12MM misc, 31G X 5 MM misc,</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc			
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc	1		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
HUMALOG 100 unit/ml sc soln	3		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(18 / 30)
HUMALOG KWIKPEN 200 unit/ml sc soln pen-inj	3		QL(12 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(18 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(18 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(18 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(18 / 30)
HUMULIN N 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(18 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(20 / 30)
<i>insulin syringe 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
<i>INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>INSUPEN ULTRAFIN 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kroger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc,</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
kroger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
kroger pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(18 / 30)
leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
longs insulin syringe 31G X 5/16" 0.5 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	2		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		
<i>medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	2		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	2		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc			
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE 32G X 6 MM misc	1		
NOVOFINE AUTOCOVER 30G X 8 MM misc	1		
NOVOFINE PLUS 32G X 4 MM misc	1		
NOVOTWIST 32G X 5 MM misc	1		
<i>pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>pen needles 1/2" 29G X 12MM misc</i>	1		
<i>pen needles 3/16" 31G X 5 MM misc</i>	2		
<i>pen needles 5/16" 30G X 8 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pen needles 5/16" 31G X 8 MM misc</i>	2		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc	1		
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 3/8" 0.5 ml misc, 30G X 5/16" 0.3 ml misc	1		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>preferred plus unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	2		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>px shortlength pen needles 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
RELI-ON INSULIN SYRINGE 29G 0.3 ml misc, 29G 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G 0.3 ml misc, 30G 0.5 ml misc, 30G 1 ml misc	1		
RELION MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc,	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
31G X 8 MM misc, 32G X 4 MM misc			
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc	1		
<i>safety insulin syringes 27G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ml misc	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	2		
SHOPKO UNIFINE PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>			
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
SURE-FINE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>techlite insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>today's health mini pen needles 31G X 6 MM misc</i>	1		
<i>today's health pen needles 29G X 12MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 29G X 12MM misc, 31G X 5 MM misc	1		
ULTICARE PEN NEEDLES 31G X 5 MM misc	2		
ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>ultiguard safepack pen needle 32G X 6 MM misc</i>	1		
<i>ultiguard safepack pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc	1		
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc,	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
31G X 8 MM misc, 32G X 4 MM misc			
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	1		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	2		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>ultra-comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 6 MM misc	2		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS PLUS 31G X 5 MM misc	2		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>valumark pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	6		PA
ELIQUIS 2.5 mg tab, 5 mg tab	3		
ELIQUIS STARTER PACK 5 mg tab	3		
<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>	6	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>	6	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln	6		PA
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	3		
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	6		PA
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
<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, 2.5 mg tab, 20 mg tab	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
AGRYLIN 0.5 mg cap	4		
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 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	6		PA
<i>azacitidine 100 mg inj susp</i>	6	VIDAZA	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	6		PA
FULPHILA 6 mg/0.6ml sc soln pfs	5		PA
MOZOBIL 24 mg/1.2ml sc soln	6		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	4		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
UDENYCA 6 mg/0.6ml sc soln pfs	5		PA
VIDAZA 100 mg inj susp	6		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
AMICAR 1000 mg tab	4		QL(10 / 30)
<i>aminocaproic acid 500 mg tab</i>	2		
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	2		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	2	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
DIBENZYLINE 10 mg cap	4		
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	4		
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	
<i>eprosartan mesylate 600 mg tab</i>	2	TEVETEN	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	2	AVAPRO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	2	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
LOTENSIN 20 mg tab, 40 mg tab	4		
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	2	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	2	ACEON	
PRINIVIL 10 mg tab, 20 mg tab, 5 mg tab	4		
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
ZESTRIL 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	4		
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	2	PACERONE	
BETAPACE 120 mg tab, 160 mg tab, 80 mg tab	4		
BETAPACE AF 120 mg tab, 160 mg tab, 80 mg tab	4		
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	2	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	2	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE 100 mg cap, 150 mg cap	4		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	4		
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	2		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	4		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	4		
<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>sotalol hydrochloride 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	4		
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	2	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	2	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	4		
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
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	2	COREG CR	
CORGARD 20 mg tab, 40 mg tab, 80 mg tab	4		
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	4		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
labetalol hcl 100 mg tab	1	NORMODYNE	
labetalol hcl 200 mg tab, 300 mg tab	2	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	2	TOPROL	
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	2	CORGARD	
pindolol 10 mg tab, 5 mg tab	2	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	INDERAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	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>	2	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	4		
CARDIZEM LA 120 mg tab er 24 hr	4		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	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>	2		
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 180 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 cap er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	2		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	2	CARDIZEM	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	2	DYNACIRC	
MATZIM LA 360 mg tab er 24 hr, 420 mg tab er 24 hr	4		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	2	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	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>	2	SULAR	
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	4		
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	3		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	2	CALAN	
<i>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</i>	2	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
ALDACTAZIDE 25-25 mg tab, 50-50 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	MODURETIC	
<i>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</i>	2	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	EXFORGE	
<i>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</i>	2	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	2	AZOR	
<i>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</i>	2	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	2	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	4		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	2	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	2	ATACAND HCT	
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	2	CAPOZIDE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CORZIDE 40-5 mg tab, 80-5 mg tab	4		
DEMSEER 250 mg cap	4		
DIGITEK 250 mcg tab	3		
<i>digox 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
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	4		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
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	4		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoxsuprine hcl 10 mg tab</i>	2		
LANOXIN 125 mcg tab, 250 mcg tab	4		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
LOPRESSOR HCT 50-25 mg tab	4		
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
MAXZIDE 75-50 mg tab	4		
MAXZIDE-25 37.5-25 mg tab	4		
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>nadolol-bendroflumethiazide 40-5 mg tab</i>	2	CORZIDE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<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>	2	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	2	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	2	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2		
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	3		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	4		
TENORETIC 50 50-25 mg tab	4		
<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>	2	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<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	
VASERETIC 10-25 mg tab	4		
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	BUMEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEMADEX 10 mg tab	4		
EDECRIN 25 mg tab	4		
<i>ethacrynic acid 25 mg tab</i>	2	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSPRA	
INSPRA 25 mg tab, 50 mg tab	4		
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	2		
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorothiazide 250 mg tab, 500 mg tab</i>	1	DIURIL	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
DIURIL 250 mg/5ml susp	4		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>methyclothiazide 5 mg tab</i>	1	ENDURON	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 mg cap, 90 mg cap	4		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	2	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	4		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
TRIGLIDE 160 mg tab	4		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	2	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
<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>	2	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	2		
<i>cholestyramine 4 gm/dose oral pwdr</i>	2	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	2	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	2	WELCHOL	
<i>colestipol hcl 5 gm pckt</i>	2		
<i>colestipol hcl 1 gm tab</i>	2	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	2	COLESTID	
<i>ezetimibe 10 mg tab</i>	2	ZETIA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	2	VYTORIN	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
NIACOR 500 mg tab	4		
NIASPAN 1000 mg tab er, 500 mg tab er, 750 mg tab er	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	4		
WELCHOL 3.75 gm pckt	4		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<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	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
DILATRATE-SR 40 mg cap er	4		
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	4		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	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 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	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	4		
NITRO-BID 2 % td oint	4		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	4		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4</i>	2	NITRO-DUR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>			
<i>nitroglycerin 0.4 mg/spray tl soln</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	
<i>nitroglycerin er 9 mg cap er</i>	1		
<i>nitroglycerin er 2.5 mg cap er, 6.5 mg cap er</i>	2		
NITROMIST 400 mcg/spray tl aer soln	4		
NITRO-TIME 9 mg cap er	4		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	4		
<i>amphetamine-dextroamphet 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, 5 mg cap er 24 hr</i>	2	ADDERALL XR	
<i>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</i>	2	ADDERALL	
DESOXYN 5 mg tab	4		
DEXEDRINE 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	4		
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	2		
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXEDRINE	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	DEXEDRINE	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROCENTRA 5 mg/5ml soln	4		
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	3		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	STRATTERA	
clonidine hcl er 0.1 mg tab er 12 hr	2	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	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	2	FOCALIN XR	
guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	2	INTUNIV	
KAPVAY 0.1 mg tab er 12 hr	4		
METADATE ER 20 mg tab er	4		
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	2	METHYLIN	
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	2	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	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
<i>methylphenidate hcl er 10 mg tab er</i>	2	METADATE	
<i>methylphenidate hcl er 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	2	METADATE	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	2	METADATE CD	
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	2		
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr</i>	2	RITALIN LA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	4		
QUILLIVANT XR 25 mg/5ml susp	4		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
GRALISE 300 mg tab, 600 mg tab	4		
GRALISE STARTER 300 & 600 mg oral misc	4		
HORIZANT 300 mg tab er, 600 mg tab er	4		
NUDEXTA 20-10 mg cap	4		
RILUTEK 50 mg tab	6		PA
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	PA
XENAZINE 12.5 mg tab, 25 mg tab	6		PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA 20 mg/ml soln	3		PA
LYRICA 225 mg cap, 300 mg cap	3		PA, QL(60 / 30)
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	3		PA, QL(90 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		PA, QL(30 / 30)
<i>pregabalin 225 mg cap, 300 mg cap</i>	2		PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2		PA, QL(90 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	4		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	4		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	5		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
BETASERON 0.3 mg sc kit	5		PA
CAMPATH 30 mg/ml iv soln	6		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5		PA
GILENYA 0.25 mg cap, 0.5 mg cap	5		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs</i>	5	COPAXONE	PA
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 0.25 mg tab pack	5		PA
OCREVUS 300 mg/10ml iv soln	5		PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
TECFIDERA 120 & 240 mg oral misc, 120 mg cap dr, 240 mg cap dr	5		PA
TYSABRI 300 mg/15ml iv conc	5		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	4		
BOCASAL m/t pckt	4		
CAPHOSOL m/t soln	4		
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	
EVOXAC 30 mg cap	3		
FIRST-MOUTHWASH BLM m/t susp	4		
KEPIVANCE 6.25 mg iv soln	6		PA
<i>lidocaine hcl 4 % m/t soln</i>	1		
<i>lidocaine viscous 2 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NEUTRASAL m/t pckt	4		
NUMOISYN m/t lozg	4		
NUMOISYN m/t liq	4		
ORALONE 0.1 % m/t paste	4		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
SALAGEN 5 mg tab, 7.5 mg tab	4		
SALIVAMAX m/t pckt	4		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	4		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	4		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
ACZONE 7.5 % gel	3		
<i>adapalene 0.1 % lot</i>	1		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
ALDARA 5 % crm	4		
ANALPRAM-HC 2.5-1 % rect lot	4		
AVAR CLEANSER 10-5 % ext emul	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVAR-E EMOLLIENT 10-5 % crm	4		
AVAR-E GREEN 10-5 % crm	4		
AVITA 0.025 % crm, 0.025 % gel	4		PA
AZELEX 20 % crm	4		
BENZACLIN 1-5 % gel	4		
BENZACLIN WITH PUMP 1-5 % gel	4		
BENZAMYCIN 5-3 % gel	4		
benzoyl peroxide 2.5 % gel, 5 % gel, 5.3 % foam, 8 % gel	2		
benzoyl peroxide cleanser 6 % ext liq	1		
benzoyl peroxide wash 10 % ext liq, 5 % ext liq	1		
benzoyl peroxide-erythromycin 5-3 % gel	2	BENZAMYCIN	
bp 10-1 10-1 % ext emul	1		
bp cleansing wash 10-4 % ext emul	1		
bp foam 5.3 % foam	1		
bp wash 2.5 % ext liq	2		
bp wash 7 % ext liq	2		
bpo foaming cloths 6 % ext misc	1		
calcipotriene 0.005 % crm, 0.005 % oint	2	DOVONEX	
calcipotriene 0.005 % ext soln	2	DOVONEX	
calcipotriene-betameth diprop 0.005-0.064 % oint	2	TACLONEX	
CALCITRENE 0.005 % oint	4		
calcitriol 3 mcg/gm oint	2	VECTICAL	
CLINDACIN ETZ 1 % ext kit	4		
CLINDACIN PAC 1 % ext kit	4		
clindamycin phos-benzoyl perox 1.2-2.5 % gel	2		
clindamycin phos-benzoyl perox 1-5 % gel	2	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % gel	2	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	2	ZIANA	
CONDYLOX 0.5 % gel	4		
CORTANE-B 10-10-1 mg/ml lot	4		
COSENTYX 150 mg/ml sc soln pfs	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		PA
<i>dapsone 5 % gel</i>	2	ACZONE	
DOVONEX 0.005 % crm	4		
<i>doxycycline 40 mg cap dr</i>	2		
DRITHO-CREME HP 1 % crm	4		
<i>hydrocortisone ace-pramoxine 1-1 % rect crm, 2.5-1 % rect crm</i>	2		
<i>imiquimod 5 % crm</i>	2	ALDARA	
IODOSORB 0.9 % gel	4		
LEVULAN KERASTICK 20 % ext soln	4		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	2		
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel, 3-0.5 % rect crm</i>	2		
<i>loutrex crm</i>	1		
<i>methoxsalen rapid 10 mg cap</i>	6	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
NEUAC 1.2-5 % gel	4		
NORITATE 1 % crm	4		
OVACE PLUS 10 % crm	4		
OXSORALEN ULTRA 10 mg cap	6		PA
PICATO 0.015 % gel, 0.05 % gel	4		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
PROCORT 1.85-1.15 % rect crm	4		
PROCTOFOAM HC 1-1 % rect foam	4		
PROMISEB crm	4		
PROMISEB COMPLETE ext kit	4		
PROTOPIC 0.03 % oint, 0.1 % oint	4		PA
PRUDOXIN 5 % crm	4		
RECTIV 0.4 % rect oint	4		
REGRANEX 0.01 % gel	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	4		PA
RETIN-A MICRO 0.04 % gel, 0.1 % gel	4		PA
RETIN-A MICRO PUMP 0.04 % gel, 0.06 % gel, 0.08 % gel, 0.1 % gel	4		PA
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	4		
ROSADAN 0.75 % crm, 0.75 % gel	4		
SANTYL 250 unit/gm oint	4		
SCALACORT DK 2 & 2-2 % ext kit	4		
selenium sulfide 2.25 % shampoo	2		
selenium sulfide 2.5 % lot	1	SELSUN	
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	5		PA
sodium sulfacetamide 10 % shampoo	1		
SORIATANE 10 mg cap, 25 mg cap	6		PA
SORILUX 0.005 % foam	4		
sss 10-5 10-5 % crm, 10-5 % foam	1		
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	6		PA
sulfacetamide sodium 10 % (cleans) gel, 10 % ext liq	2		
sulfacetamide sodium-sulfur 10-4 % pad	2		
sulfacetamide sodium-sulfur 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot, 9-4.5 % ext liq	2		
sulfacetamide sodium-sulfur 8-4 % ext susp, 9-4 % ext liq	2		
sulfacetamide sod-sulfur wash 9-4.5 % ext kit	2		
sulfacetamide-sulfur in urea 10-5 % ext emul	2		
SYNALAR TS 0.01 % ext kit	4		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	PA
<i>tazarotene 0.1 % crm</i>	2	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
VECTICAL 3 mcg/gm oint	4		
VELTIN 1.2-0.025 % gel	4		
VEREGEN 15 % oint	4		
<i>virtti-sulf 10-5 % crm</i>	1		
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	4		
ZITHRANOL 1 % shampoo	4		
ZONALON 5 % crm	4		
ZYCLARA 3.75 % crm	4		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	4		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
EUFLEXXA 20 mg/2ml i-artic soln pfs	6		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	6		PA
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	6		PA
ORTHOVISC 30 mg/2ml i-artic soln pfs	6		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	6		PA
SYNVISC 16 mg/2ml i-artic soln pfs	6		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	6		PA
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BUPHENYL 500 mg tab	6		PA
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	3		
CYSTAGON 150 mg cap, 50 mg cap	4		
<i>miglustat 100 mg cap</i>	5	ZAVESCA	PA
PANCREAZE 10500 unit cap dr prt, 16800 unit cap dr prt, 21000 unit cap dr prt, 2600 unit cap dr prt, 4200 unit cap dr prt	4		
PERTZYE 16000 unit cap dr prt, 24000-86250 unit cap dr prt, 4000 unit cap dr prt, 8000 unit cap dr prt	4		
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
VIOKACE 10440 unit tab, 20880 unit tab	4		
ZAVESCA 100 mg cap	6		PA
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, 5000-24000 unit cap dr prt	4		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
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	4		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	2		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	2	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1		
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	ROBINUL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab sub	2		
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	2		
hyoscyamine sulfate er 0.375 mg tab er 12 hr	2		
hyoscyamine sulfate sl 0.125 mg tab sub	2		
hyosyne 0.125 mg/5ml oral elix	1		
hyosyne 0.125 mg/ml soln	2		
methscopolamine bromide 2.5 mg tab, 5 mg tab	2	PAMINE	
NULEV 0.125 mg tab disint	4		
oscimin 0.125 mg tab, 0.125 mg tab disint	1		
oscimin 0.125 mg tab sub	2		
oscimin sr 0.375 mg tab er 12 hr	1		
propantheline bromide 15 mg tab	1	PRO-BANTHINE	
SYMAX DUOTAB 0.375 mg tab er	4		
SYMAX-SR 0.375 mg tab er 12 hr	4		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
ACTIGALL 300 mg cap	4		
amoxicill-clarithro-lansopraz oral misc	2	PREVPAC	QL(336 / 365)
CHENODAL 250 mg tab	4		
cromolyn sodium 100 mg/5ml oral conc	2	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	2	LOMOTIL	
ENTEREG 12 mg cap	4		
GASTROCROM 100 mg/5ml oral conc	4		
LOMOTIL 2.5-0.025 mg tab	4		
metoclopramide hcl 5 mg tab disint	2	METOSOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MOTOFEN 1-0.025 mg tab	4		
MOVANTIK 12.5 mg tab, 25 mg tab	4		PA
<i>paregoric 2 mg/5ml oral tinct</i>	1		
PYLERA 140-125-125 mg cap	4		QL(360 / 365)
REGLAN 10 mg tab, 5 mg tab	4		
RELISTOR 150 mg tab	4		
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	4		
URSO 250 250 mg tab	4		
URSO FORTE 500 mg tab	4		
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	2	AXID	
<i>nizatidine 15 mg/ml soln</i>	2	AXID	
PEPCID 20 mg tab, 40 mg tab	4		
<i>ranitidine hcl 300 mg tab</i>	1	ZANTAC	
<i>ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 75 mg/5ml syr</i>	1	ZANTAC	
<i>ranitidine hcl 150 mg cap, 300 mg cap</i>	2	ZANTAC	
<i>ranitidine hcl 50 mg/2ml inj soln</i>	2	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	3		
LOTRONEX 0.5 mg tab, 1 mg tab	4		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	2	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1		
<i>generlac 10 gm/15ml soln</i>	1		
GOLYTELY 227.1 gm soln	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KRISTALOSE 10 gm pckt, 20 gm pckt	4		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
<i>peg 3350/electrolytes 240 gm soln</i>	1		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm/10ml susp	4		
CYTOTEC 100 mcg tab, 200 mcg tab	4		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	2	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
ACIPHEX 20 mg tab dr	4		ST
DEXILANT 30 mg cap dr, 60 mg cap dr	3		ST
<i>esomeprazole magnesium 40 mg cap dr</i>	2	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	2		
<i>lansoprazole 30 mg cap dr</i>	2	PREVACID	
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg pckt, 40 mg pckt, 5 mg pckt	4		ST
OMEPPi 20-1100 mg cap, 40-1100 mg cap	4		QL(90 / 365), ST
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	4		
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	2	ZEGERID	QL(90 / 365)
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
PROTONIX 40 mg pckt	4		ST
rabeprazole sodium 20 mg tab dr	2	ACIPHEX	ST
ZEGERID 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	4		QL(90 / 365), ST
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	2	ENABLEX	
DITROPAN XL 10 mg tab er 24 hr, 5 mg tab er 24 hr	4		
ENABLEX 7.5 mg tab er 24 hr	3		
flavoxate hcl 100 mg tab	2		
GELNIQUE 10 % td gel	4		
GELNIQUE PUMP 10 % td gel	4		
HYOPHEN 81.6 mg tab	4		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml syr	1	DITROPAN	
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	4		
PHOSPHASAL 81.6 mg tab	4		
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trospium chloride 20 mg tab</i>	2	SANCTURA	
<i>trospium chloride er 60 mg cap er 24 hr</i>	2	SANCTURA XR	
URELLE 81 mg tab	4		
URIMAR-T 120 mg tab	4		
<i>urin ds tab</i>	2		
<i>uro-458 81 mg tab</i>	2		
UROGESIC-BLUE 81.6 mg tab	4		
<i>uro-mp 118 mg cap</i>	2		
URYL 81.6 mg tab	4		
USTELL 120 mg cap	4		
<i>uticap 120 mg cap</i>	1		
UTIRA-C 81.6 mg tab	4		
UTRONA-C 81.6 mg tab	4		
VESICARE 10 mg tab, 5 mg tab	3		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	4		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	2	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
JALYN 0.5-0.4 mg cap	3		
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
UROXATRAL 10 mg tab er 24 hr	4		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
ELMIRON 100 mg cap	4		
ENCARE 100 mg vag supp	4		
LITHOSTAT 250 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OPTIONS CONCEPTROL 4 % vag gel	4		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	4		
PHENAZO 200 mg tab	4		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
PYRIDIUM 100 mg tab	4		
RIMSO-50 50 % i-vesic soln	4		
SHUR-SEAL CONTRACEPTIVE 2 % vag gel	4		
THIOLA 100 mg tab	4		
TODAY SPONGE 1000 mg vag misc	4		
<i>trientine hcl 250 mg cap</i>	5	SYPRINE	PA
URECHOLINE 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	4		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam, 4 % vag gel	4		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	2		
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
FOSRENOL 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	3		
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	4		
<i>sevelamer carbonate 800 mg tab</i>	2	REVELA	
<i>sevelamer hcl 800 mg tab</i>	2		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALA SCALP 2 % lot	4		
ala-cort 1 % crm	1	ALA-CORT	
ala-cort 2.5 % crm	1	HYTONE	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	2	ACLOVATE	
amcinonide 0.1 % crm, 0.1 % oint	1	CYCLOCORT	
amcinonide 0.1 % lot	1	CYCLOCORT	
APEXICON E 0.05 % crm	4		
betamethasone dipropionate 0.05 % crm, 0.05 % oint	2	DIPROSONE	
betamethasone dipropionate 0.05 % lot	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % gel, 0.05 % oint	2	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	2	DIPROLENE	
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	2		
betamethasone valerate 0.1 % crm, 0.1 % oint	2	BETA-VAL	
betamethasone valerate 0.1 % lot	2	BETA-VAL	
betamethasone valerate 0.12 % foam	2	LUXIQ	
CAPEX 0.01 % shampoo	4		
clobetasol prop emollient base 0.05 % crm	2	TEMOVATE-E	
clobetasol propionate 0.05 % crm	2		
clobetasol propionate 0.05 % oint	2	CLOBEX	
clobetasol propionate 0.05 % ext soln	2	CLOBEX	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	2	CLODAN	
clobetasol propionate 0.05 % foam	2	OLUX	
clobetasol propionate 0.05 % gel	2	TEMOVATE	
clobetasol propionate e 0.05 % crm	2	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % foam	2		
clocortolone pivalate 0.1 % crm	1		
clocortolone pivalate pump 0.1 % crm	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CLODAN 0.05 % shampoo	4		
CLODERM 0.1 % crm	4		
CLODERM PUMP 0.1 % crm	4		
CORDRAN 4 mcg/sqcm tape	4		
cortisone acetate 25 mg tab	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	4		
DERMA-SMOOTH/FS BODY 0.01 % ext oil	4		
DERMA-SMOOTH/FS SCALP 0.01 % ext oil	4		
DERMASORB TA 0.1 % ext kit	4		
DESONATE 0.05 % gel	4		
desonide 0.05 % crm, 0.05 % oint	2	DESOWEN	
desonide 0.05 % lot	2	DESOWEN	
DESOWEN 0.05 % crm	4		
desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	2	TOPICORT	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 1.5 mg (51) tab pack	2		
dexamethasone 0.5 mg/5ml soln	2		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1		
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln	2		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
DEXPAK 10 DAY 1.5 mg (35) tab pack	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEXPAK 13 DAY 1.5 mg (51) tab pack	4		
DEXPAK 6 DAY 1.5 mg (21) tab pack	4		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	2	PSORCON	
DIPROLENE 0.05 % oint	4		
DIPROLENE AF 0.05 % crm	4		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	2	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	2	DERMA-SMOOTHIE/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2		
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	2	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	2	LIDEX	
<i>fluocinonide 0.1 % crm</i>	2	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	2	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	2	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	2	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	2	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	2	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	4		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	2	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	2	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	2	LOCOID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	2	WESTCORT	
KENALOG 0.147 mg/gm ext aer soln	4		
KENALOG 10 mg/ml inj susp	4		
LOCOID LIPOCREAM 0.1 % crm	4		
LUXIQ 0.12 % foam	4		
MEDROL 2 mg tab	4		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
MILLIPRED 5 mg tab	4		
MILLIPRED 10 mg/5ml soln	4		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	4		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	4		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
NOLIX 0.05 % lot	4		
NUCORT 2 % lot	4		
OLUX-E 0.05 % foam	4		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	4		
PANDEL 0.1 % crm	4		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	2	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	2	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) 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, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
PREDNISONE INTENSOL 5 mg/ml oral conc	4		
<i>psorcon 0.05 % crm</i>	2	PSORCON	
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	4		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln	4		
SYNALAR 0.01 % ext soln	4		
TEXACORT 2.5 % ext soln	4		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
TRIANEX 0.05 % oint	4		
TRIDERM 0.1 % crm	4		
TRIDESILON 0.05 % crm	4		
ULTRAVATE 0.05 % crm, 0.05 % oint	4		
VANOS 0.1 % crm	4		
VERDESO 0.05 % foam	4		
VERIPRED 20 20 mg/5ml soln	4		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
DDAVP 0.1 mg tab, 0.2 mg tab	4		PA
DDAVP 0.01 % nasal soln	4		PA
DDAVP RHINAL TUBE 0.01 % nasal soln	4		PA
desmopressin ace spray refrig 0.01 % nasal soln	2	MINIRIN	PA
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	PA
desmopressin acetate spray 0.01 % nasal soln	2		PA
STIMATE 1.5 mg/ml nasal soln	4		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDROGEL 40.5 MG/2.5GM (1.62%) td gel	3		PA
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel	2		PA
testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	2	ANDROGEL	PA
testosterone 30 mg/act td soln	2	AXIRON	PA
testosterone 12.5 MG/ACT (1%) td gel	2	VOGELXO	PA
testosterone cypionate 200 mg/ml inj soln	2		PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	3		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
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	4		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	4		
AMETHIA 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
AMETHIA LO 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
AMETHYST 90-20 mcg tab	4		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	4		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	4		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	4		QL(28 / 28)
BEKYREE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
CAZANT 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	4		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	4		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	4		
COVARYX 1.25-2.5 mg tab	4		
COVARYX HS 0.625-1.25 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CYCLAFEM 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	4		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil, 40 mg/ml im oil	4		
DELYLA 0.1-20 mg-mcg tab	4		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2		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)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	4		
DIVIGEL 1 mg/gm td gel	4		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	2	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	2	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	OCELLA 28 DAY	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	4		
ELINEST 0.3-30 mg-mcg tab	4		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	2		
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	2		
<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>	2	CLIMARA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	2	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>	2	VIVELLE-DOT	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	2	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	2	ACTIVELLA	
ESTRING 2 mg vag ring	4		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	2	ZOVIA 1/35E	QL(28 / 28)
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	2	ZOVIA 1/50E	QL(28 / 28)
EVAMIST 1.53 mg/spray td soln	4		
FALMINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	4		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
FEMYNOR 0.25-35 mg-mcg tab	4		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	4		
GIANVI 3-0.02 mg tab	4		QL(28 / 28)
INTROVALE 0.15-0.03 mg tab	4		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	4		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	4		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KARIVA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	2	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1		QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab	2	AMETHIA 91 DAY	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	SEASONALE	QL(91 / 91)
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1		QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg tab	2	AMETHYST 28 DAY	QL(28 / 28)
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	AVIANE	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	4		QL(28 / 28)
LILLOW 0.15-30 mg-mcg tab	4		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	4		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LOW-OGESTREL 0.3-30 mg-mcg tab	4		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	4		QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1		QL(28 / 28)
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	4		
MENOSTAR 14 mcg/24hr tdkw patch	4		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MIMVEY LO 0.5-0.1 mg tab	4		
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	4		
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	4		QL(28 / 28)
MONONESSA 0.25-35 mg-mcg tab	4		QL(28 / 28)
MYZILRA 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	3		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NIKKI 3-0.02 mg tab	4		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab</i>	2	BLISOVI 24 FE 1/20 28 DAY	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew	2	MINASTRIN 24 FE	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg tab	2	LOESTRIN 1/20	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg(24) tab chew	2	MINASTRIN 24 FE	QL(28 / 28)
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	2	FEMHRT 0.5/2.5 28 DAY	
norethindrone-eth estradiol 1-5 mg-mcg tab	2	FYAVOLV	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	2	FEMCOM FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	2	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)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
OGESTREL 0.5-50 mg-mcg tab	4		QL(28 / 28)
ORTHO-NOVUM 1/35 (28) 1-35 mg-mcg tab	4		QL(28 / 28)
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	4		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	4		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	3		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
QUARTETTE 42-21-21-7 days tab	4		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	4		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	4		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	4		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	4		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-NORINYL (28) 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	4		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	4		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	4		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	4		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
YUVAFEM 10 mcg vag tab	3		
ZARAH 3-0.03 mg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	4		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	4		
AYGESTIN 5 mg tab	4		
CAMILA 0.35 mg tab	4		QL(28 / 28)
CRINONE 4 % vag gel	4		PA
DEBLITANE 0.35 mg tab	4		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	4		QL(1 / 90)
DEPO-PROVERA 400 mg/ml im susp	6		PA
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	4		
ECONTRA ONE-STEP 1.5 mg tab	4		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
JENCYCLA 0.35 mg tab	4		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1		
LYZA 0.35 mg tab	4		QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp pfs</i>	2		QL(1 / 90)
<i>medroxyprogesterone acetate 150 mg/ml im susp</i>	2	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	4		PA
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/24hr iud	5		PA
MY CHOICE 1.5 mg tab	4		
MY WAY 1.5 mg tab	4		
NEW DAY 1.5 mg tab	4		
NEXPLANON 68 mg sc implant	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
NORLYROC 0.35 mg tab	4		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	4		
OPTION 2 1.5 mg tab	4		
PLAN B ONE-STEP 1.5 mg tab	4		
PREVENTEZA 1.5 mg tab	4		
<i>progesterone 50 mg/ml im oil</i>	6		PA
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	6	PROMETRIUM	PA
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	4		
REACT 1.5 mg tab	4		
SHAROBEL 0.35 mg tab	4		QL(28 / 28)
TAKE ACTION 1.5 mg tab	4		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 180 mg tab, 240 mg tab, 300 mg tab	4		
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	4		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	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	4		
<i>np thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	2		
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	3		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
<i>thyroid 90 mg tab</i>	4		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	4		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 50 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	4		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	4		
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	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	6		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			
SENSIPAR 30 mg tab, 90 mg tab	3		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
FIRMAGON 120 mg sc soln, 80 mg sc soln	6		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	5		PA
ORILISSA 150 mg tab, 200 mg tab	5		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	2		
TAPAZOLE 5 mg tab	4		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AZASAN 100 mg tab, 75 mg tab	4		PA
<i>azathioprine 50 mg tab</i>	2	IMURAN	PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	5	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	5	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	5	NEORAL	PA
ENBREL 25 mg sc soln	5		PA
ENBREL 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	5		PA
ENBREL MINI 50 mg/ml sc soln cart	5		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA
GENGRAF 100 mg cap, 25 mg cap	6		PA
GENGRAF 100 mg/ml soln	6		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit, 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	5		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	5		PA
IMURAN 50 mg tab	4		PA
<i>methotrexate 2.5 mg tab</i>	2		
<i>methotrexate sodium 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	6		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	6	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	6	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	5	MYFORTIC	PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
RAPAMUNE 0.5 mg tab, 1 mg tab, 2 mg tab	5		PA
RENFLEXIS 100 mg iv soln	5		PA
RINVOQ 15 mg tab er 24 hr	5		PA
SANDIMMUNE 100 mg cap, 25 mg cap	4		PA
SANDIMMUNE 100 mg/ml soln	4		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	5	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
TORISEL 25 mg/ml iv soln	6		PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XELJANZ 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZORTRESS 0.25 mg tab, 0.5 mg tab, 0.75 mg tab	6		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	5		QL(2 / 365)
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	5		QL(2 / 365)
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	5		QL(2 / 365)
RHOPHYLAC 1500 unit/2ml inj soln pfs	5		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	6		QL(2 / 365)
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	6		PA
ARAVA 10 mg tab, 20 mg tab	4		
ARCALYST 220 mg sc soln	6		PA
ILARIS 150 mg/ml sc soln	4		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	6		PA
RIDAURA 3 mg cap	4		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 400 mg cap dr</i>	2		
<i>mesalamine 4 gm rect enema</i>	2		
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine-cleanser 4 gm rect kit</i>	2	ROWASA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PENTASA 250 mg cap er, 500 mg cap er	4		
ROWASA 4 gm rect kit	4		
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 3 mg cap dr prt	2	ENTOCORT	PA
CORTIFOAM 10 % rect foam	4		
ENTOCORT EC 3 mg cap dr prt	4		PA
hydrocortisone 100 mg/60ml rect enema	2	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfasalazine 500 mg tab, 500 mg tab dr	2	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 40 mg tab	2	FOSAMAX	
BINOSTO 70 mg tab eff	4		ST
BONIVA 3 mg/3ml iv soln	6		PA
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	
calcitriol 0.25 mcg cap, 0.5 mcg cap	2	ROCALTROL	
calcitriol 1 mcg/ml soln	2	ROCALTROL	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	2	HECTOROL	
etidronate disodium 200 mg tab, 400 mg tab	1	DIDRONEL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
ibandronate sodium 150 mg tab	2	BONIVA	
ibandronate sodium 3 mg/3ml iv soln	5	BONIVA	PA
pamidronate disodium 30 mg iv soln, 90 mg iv soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	6		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	6		PA
RECLAST 5 mg/100ml iv soln	6		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	ST
ROCALTROL 0.25 mcg cap, 0.5 mcg cap	4		
ROCALTROL 1 mcg/ml soln	4		
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA
ZEMPLAR 1 mcg cap, 2 mcg cap	3		PA
<i>zoledronic acid 4 mg/100ml iv soln</i>	5		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
<i>zoledronic acid 4 mg/5ml iv conc</i>	5	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
ACTICARNITINE SF 1 gm/10ml soln	2		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
BIONECT 0.2 % gel	4		
CAYA vag diaph	4		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE dev	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
FC FEMALE CONDOM misc	4		
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	2		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	4		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	2		
<i>levocarnitine 1 gm/10ml soln</i>	2		
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
LIFESTYLES ASSORTED COLORS misc	4		QL(12 / 30)
LIFESTYLES EXTRA STRENGTH misc	4		QL(12 / 30)
LIFESTYLES FORM FITTING misc	4		QL(12 / 30)
LIFESTYLES LUBRICATED misc	4		QL(12 / 30)
LIFESTYLES RIBBED misc	4		QL(12 / 30)
LIFESTYLES SKYN ORIGINAL misc	4		QL(12 / 30)
LIFESTYLES SPERMICIDAL LUBE misc	4		QL(12 / 30)
LIFESTYLES STUDDERED misc	4		QL(12 / 30)
LIFESTYLES ULTRA SENSITIVE misc	4		QL(12 / 30)
LIFESTYLES VIBRA-RIBBED misc	4		QL(12 / 30)
LIFESTYLES XTRA PLEASURE misc	4		QL(12 / 30)
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
<i>metronidazole benzoate pwdr</i>	1		
MITOSOL 0.2 mg ophth kit	4		
OMNIFLEX DIAPHRAGM vag diaph	4		
PARAGARD INTRAUTERINE COPPER iud	5		PA
<i>premium condoms lubricated misc</i>	1		QL(12 / 30)
REALITY LATEX CONDOMS misc	4		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	4		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
REALITY LATEX/ULTRA THIN dev	4		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	4		QL(12 / 30)
TRUSTEX LUBRICATED misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	4		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	4		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	4		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	4		
<i>atropine sulfate 1 % ophth oint</i>	2		
<i>atropine sulfate 1 % ophth soln</i>	2		
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	2	POLYSPORIN	
CYCLOGYL 0.5 % ophth soln, 2 % ophth soln	4		
<i>cyclopentolate hcl 2 % ophth soln</i>	1		
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln</i>	2		
HOMATROPAIRE 5 % ophth soln	4		
<i>homatropine hbr 5 % ophth soln</i>	1		
MIOCHOL-E 20 mg i-ocul soln	4		
MYDRIACYL 1 % ophth soln	4		
<i>neomycin-bacitracin zn-polymyx 5- 400-10000 ophth oint</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	2	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	2		
<i>phenylephrine hcl 2.5 % ophth soln</i>	2		
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	4		
<i>proparacaine hcl 0.5 % ophth soln</i>	2	ALCAINE	
RESTASIS 0.05 % ophth emul	4		
RESTASIS MULTIDOSE 0.05 % ophth emul	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RESTASIS MULTIDOSE 0.05 % ophth emul	4		
TETCAINE 0.5 % ophth soln	4		
tetracaine hcl 0.5 % ophth soln	2		
TETRAVISC 0.5 % ophth soln	4		
TETRAVISC 0.5 % ophth soln	4		
TETRAVISC FORTE 0.5 % ophth soln	4		
TETRAVISC FORTE 0.5 % ophth soln	4		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	2		
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	4		
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
BEPREVE 1.5 % ophth soln	4		
cromolyn sodium 4 % ophth soln	2	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
ELESTAT 0.05 % ophth soln	4		
EMADINE 0.05 % ophth soln	4		
epinastine hcl 0.05 % ophth soln	2	ELESTAT	
LASTACAFT 0.25 % ophth soln	3		
olopatadine hcl 0.2 % ophth soln	2	PATADAY	
olopatadine hcl 0.1 % ophth soln	2	PATANOL	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
bacitracin 500 unit/gm ophth oint	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
ciprofloxacin hcl 0.3 % ophth soln	2	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	2	ZYMAXID	
GENTAK 0.3 % ophth oint	4		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	2	QUIXIN	
MOXEZA 0.5 % ophth soln	3		
moxifloxacin hcl 0.5 % ophth soln	2	VIGAMOX	
ofloxacin 0.3 % ophth soln	2	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBREX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TOBREX 0.3 % ophth oint	4		
TOBREX 0.3 % ophth soln	4		
ZYMAXID 0.5 % ophth soln	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
apraclonidine hcl 0.5 % ophth soln	2	IOPIDINE	
AZOPT 1 % ophth susp	3		
BETAGAN 0.5 % ophth soln	4		
betaxolol hcl 0.5 % ophth soln	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	2	ALPHAGAN	
carteolol hcl 1 % ophth soln	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
COSOPT PF 2-0.5 % ophth soln	4		
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	2	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	2		
DUREZOL 0.05 % ophth emul	3		
IOPIDINE 1 % ophth soln	4		
IOPIDINE 0.5 % ophth soln	4		
ISOPTO CARPINE 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	4		
ISTALOL 0.5 % ophth soln	4		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	2	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	4		
OZURDEX 0.7 mg Intravitreal Implant	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTOCARPINE	
RETISERT 0.59 mg Intravitreal Implant	4		
<i>timolol maleate 0.5 % (daily) ophth soln</i>	2	ISTALOL	
<i>timolol maleate 0.25 % ophth gfs, 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	2	TIMOPTIC	
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	4		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACULAR 0.5 % ophth soln	4		
ACULAR LS 0.4 % ophth soln	4		
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	4		
ALREX 0.2 % ophth susp	4		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	4		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	4		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1		
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
FLAREX 0.1 % ophth susp	4		
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	4		
FML FORTE 0.25 % ophth susp	4		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	2	ACULAR	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	4		
LOTEMAX SM 0.38 % ophth gel	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>Ioteprednol etabonate 0.5 % ophth susp</i>	2		
MAXIDEX 0.1 % ophth susp	4		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
NEVANAC 0.1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
PRED-G 0.3-1 % ophth susp	4		
PRED-G S.O.P. 0.3-0.6 % ophth oint	4		
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
PROLENSA 0.07 % ophth soln	4		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	4		
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
TRAVATAN Z 0.004 % ophth soln	3		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	2	VOSOL	
CIPRO HC 0.2-1 % otic susp	4		
CIPRODEX 0.3-0.1 % otic susp	3		
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	4		
CORTANE-B 10-10-1 mg/ml otic soln	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CORTANE-B AQUEOUS 10-10-1 mg/ml otic soln	4		
CORTIC-ND 10-10-1 mg/ml otic soln	4		
DERMOTIC 0.01 % otic oil	4		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
OTICIN HC NR 10-10-1 mg/ml otic soln	4		
PRAMOTIC 1-0.1 % otic liq	4		
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	4		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	2		
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	2	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	2	ASTEPRO	QL(30 / 30)
<i>brompheniramine tannate 12 mg tab chew</i>	1		
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
CLARINEX 0.5 mg/ml syr	4		
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	2	PERIACTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	2	CLARINEX	
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	3		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	2	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	2	VISTARIL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	2	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	2	PATANASE	
PATANASE 0.6 % nasal soln	3		
VISTARIL 25 mg cap, 50 mg cap	4		
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
<i>allergy relief 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>allergy spray 24 hour 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>allergy spray 24 hour 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(30 / 30)
BECONASE AQ 42 mcg/spray nasal susp	4		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
CLARISPRAY 50 mcg/act nasal susp	1		QL(16 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>cvs fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs nasal allergy spray 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
<i>eq allergy relief 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>eq nasal allergy 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
<i>eq fluticasone childrens 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>eq fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
FLONASE ALLERGY RELIEF 50 mcg/act nasal susp	1		QL(16 / 30)
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	3		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	3		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp 24 hour nasal allergy 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>gnp fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp fluticasone propionate chl 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>goodsense nasal allergy spray 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
<i>hm allergy relief 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
KLS ALLER-FLO 50 mcg/act nasal susp	1		QL(16 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(34 / 30)
NASACORT ALLERGY 24HR 55 mcg/act nasal aer	2		QL(16.5 / 30)
NASACORT ALLERGY 24HR CHILDREN 55 mcg/act nasal aer	2		QL(16.5 / 30)
<i>nasal allergy 24 hour 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	4		QL(2 / 30)
<i>qc allergy relief 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>qc fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(10.6 / 30)
<i>ra budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>ra nasal allergy 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
RHINOCORT ALLERGY 32 mcg/act nasal susp	2		QL(17.2 / 30)
<i>sm allergy relief 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	2	NASACORT	QL(16.5 / 30)
ZETONNA 37 mcg/act nasal aer soln	4		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
ACCOLATE 10 mg tab, 20 mg tab	4		
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	2	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	2	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	2	ZYFLO CR	
ZYFLO 600 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZYFLO CR 600 mg tab er 12 hr	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 25)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	3		QL(28 / 30)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	3		QL(30 / 30)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	2	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	2	DUONEB	QL(360 / 30)
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	4		QL(30 / 30)
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	2	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	VENTOLIN	QL(300 / 25)
<i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>	2	VOSPIRE ER	
ARCAPTA NEOHALER 75 mcg inh cap	3		QL(30 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BROVANA 15 mcg/2ml inh neb soln	4		QL(60 / 30)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	2	XOPENEX	QL(30 / 15)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	XOPENEX	QL(216 / 15)
levalbuterol tartrate 45 mcg/act inh aer	2	XOPENEX HFA	QL(30 / 30)
metaproterenol sulfate 10 mg tab, 20 mg tab	1	ALUPENT	
metaproterenol sulfate 10 mg/5ml syr	1	ALUPENT	
PERFOROMIST 20 mcg/2ml inh neb soln	4		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	3		QL(17 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	4		QL(56 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
terbutaline sulfate 2.5 mg tab, 5 mg tab	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	4		QL(216 / 15)
XOPENEX CONCENTRATE 1.25 mg/0.5ml inh neb soln	4		QL(30 / 15)
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
CAYSTON 75 mg inh soln	6		PA
KALYDECO 150 mg tab, 25 mg pckt	6		PA
KITABIS PAK 300 mg/5ml inh neb soln	6		PA
PULMOZYME 1 mg/ml inh soln	6		PA
TOBI 300 mg/5ml inh neb soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	4		
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	4		
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	4		
<i>theophylline 80 mg/15ml soln</i>	2		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>ambrisentan 5 mg tab</i>	5		PA
LETAIRIS 10 mg tab	6		PA
OPSUMIT 10 mg tab	5		PA
REVATIO 20 mg tab	6		PA
REVATIO 10 mg/12.5ml iv soln, 10 mg/ml susp	6		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	
ADRENALIN 0.1 % nasal soln	4		
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	3		QL(28 / 30)
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	3		QL(60 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(16 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1		
<i>benzonatate 150 mg cap</i>	2		
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	3		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30)
BROMFED DM 30-2-10 mg/5ml syr	4		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		
<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>	2	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	4		
GILTUSS TR 10-28-388 mg tab	4		
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	2		
<i>hydrocodone-homatropine 5-1.5 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
hydrocodone-homatropine 5-1.5 mg/5ml syr	1		
hydromet 5-1.5 mg/5ml syr	1		
HYPERSAL 3.5 % inh neb soln	4		
NEBUSAL 6 % inh neb soln	4		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	4		
phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr	1		
phenylephrine-guaifenesin 1.5-20 mg/ml liq	1		
promethazine-codeine 6.25-10 mg/5ml soln	1		
promethazine-dm 6.25-15 mg/5ml soln, 6.25-15 mg/5ml syr	1		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	2		
promethazine-phenylephrine 6.25-5 mg/5ml syr	2	PHENERGAN VC	
pseudoeph-chlorphen-hydrocod 60-4-5 mg/5ml soln	2		
PULMOSAL 7 % inh neb soln	4		
ribavirin 6 gm inh soln	5	VIRAZOLE	
SEMPREX-D 8-60 mg cap	4		
sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln	1		
sodium chloride 7 % inh neb soln	2		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	3		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	3		QL(13.8 / 30)
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	6		PA
TUSSICAPS 10-8 mg cap er 12 hr	4		
TUSSIONEX PENNKINETIC ER 10-8 mg/5ml susp er	4		
VIRAZOLE 6 gm inh soln	4		
WIXELA INHUB 100-50 mcg/dose inh aer pwdr br act, 250-50	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act			
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
TUSNEL 60-30-400 mg tab	4		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	4		
BOTOX 100 unit inj soln, 200 unit inj soln	6		PA
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	2	SOMA	
<i>carisoprodol-aspirin 200-325 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	2	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	4		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
FEXMID 7.5 mg tab	4		
LORZONE 375 mg tab, 750 mg tab	4		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	2	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
ROBAXIN 500 mg tab	4		
ROBAXIN 1000 mg/10ml inj soln	4		
ROBAXIN-750 750 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SOMA 250 mg tab, 350 mg tab	4		
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	6		PA
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
EDLUAR 10 mg tab sub, 5 mg tab sub	4		
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	2	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	2	DALMANE	
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	4		
RESTORIL 15 mg cap, 30 mg cap, 7.5 mg cap	4		
temazepam 15 mg cap, 30 mg cap, 7.5 mg cap	2	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub	2	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	2	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	4		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	NUVIGIL	
BUTISOL SODIUM 30 mg tab	4		
modafinil 100 mg tab, 200 mg tab	2	PROVIGIL	
NUVIGIL 150 mg tab, 250 mg tab, 50 mg tab	4		
NUVIGIL 200 mg tab	4		AL
PROVIGIL 100 mg tab, 200 mg tab	4		
ramelteon 8 mg tab	2		
ROZEREM 8 mg tab	4		
SECONAL 100 mg cap	4		
SILENOR 3 mg tab, 6 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XYREM 500 mg/ml soln	6		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	4		AL
<i>animal shapes/iron 18 mg tab chew</i>	1		AL
ATABEX EC 29-1 mg tab dr	4		
BAL-CARE DHA 27-1 & 430 mg oral misc	4		
<i>bite-a-mins/iron 15 mg tab chew</i>	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	4		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	4		
<i>calcium-folic acid plus d 1342-1 mg oral wafer</i>	1		
CARBAGLU 200 mg tab	4		
<i>chewable vite/iron childrens 15 mg tab chew</i>	1		AL
<i>child chewable vitamins/iron tab chew</i>	1		AL
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
<i>childrens vitamins/iron 15 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
CITRANATAL DHA 27-1 & 250 mg oral misc	4		
CITRANATAL RX 27-1 mg tab	4		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 250 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CO-NATAL FA tab	4		
CONCEPT DHA 53.5-38-1 mg cap	4		
CONCEPT OB 130-92.4-1 mg cap	4		
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
<i>dothelle dha 53.5-38-1 mg cap</i>	2		
DUET DHA 400 25-1 & 400 mg oral misc	4		
DUET DHA BALANCED 25-1 & 267 mg oral misc	4		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
<i>effervescent pot chloride 25 meq tab eff</i>	1		
ELITE-OB 50-1.25 mg tab	4		
<i>escavite liq 0.25-6 mg/ml liq</i>	1		AL
FA-8 0.8 mg cap, 800 mcg tab	1		QL(30 / 30), AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	4		AL
FEROSUL 220 (44 Fe) mg/5ml oral elix	4		AL
<i>ferrous sulfate 220 (44 Fe) mg/5ml liq, 220 (44 Fe) mg/5ml oral elix, 300 (60 Fe) mg/5ml syr</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	4		AL
FLINTSTONES PLUS IRON tab chew	1		AL
<i>fluoritab 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1		AL
<i>fluoritab 0.275 (0.125 F) mg/drop soln</i>	1		AL
FLURA-DROPS 0.55 (0.25 F) mg/drop soln	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 130-92.4-1 mg cap	4		
<i>fruity chews/iron tab chew</i>	1		AL
GALZIN 25 mg cap, 50 mg cap	4		
<i>gnp animal shapes plus iron 15 mg tab chew</i>	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>hemenatal ob + dha 28-6-1 & 203 mg oral misc</i>	1		
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	4		AL
INATAL GT tab	4		
IROFOL 100-1000-15 mg-mcg/5ml liq	4		AL
<i>iron supplement 220 (44 Fe) mg/5ml oral elix</i>	4		AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	1		AL
IRON UP 15 mg/0.5ml liq	4		AL
<i>k-effervescent 25 meq tab eff</i>	1		
KLOR-CON 20 meq pckt	3		
KLOR-CON M10 10 meq tab er	3		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON SPRINKLE 8 meq cap er	4		
KLOR-CON/EF 25 meq tab eff	3		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
K-PHOS 500 mg tab	4		
K-PHOS NO 2 305-700 mg tab	4		
K-PHOS-NEUTRAL 155-852-130 mg tab	4		
K-PRIME 25 meq tab eff	4		
K-TAB 8 meq tab er	3		
K-TAB 20 meq tab er	4		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
<i>little animals plus iron 15 mg tab chew</i>	1		AL
MAGNEBIND 400 400-200-1 mg tab	4		
MARNATAL-F 60-1 mg cap	4		
<i>multi-delyn/iron liq</i>	1		AL
<i>multi-vit/iron/fluoride 0.25-10 mg/ml soln</i>	1		AL
<i>multi-vitamin drops/fe soln</i>	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>multivitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multi-vitamin/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	4		
MYNATAL cap, 90-1 mg tab	4		
MYNATAL ADVANCE tab	4		
<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	4		
NATALVIT tab	4		
NATELLE ONE 28-1-250 mg cap	4		
NEEVO DHA 27-1.13 mg cap	4		
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
NEXA PLUS 29-1.25-350 mg cap	4		
NIVA-PLUS 27-1 mg tab	4		
NOVAFERRUM 125 125-100 mg-unt/5ml liq	4		AL
NOVAFERRUM PED MULTI VIT-IRON 10 mg/ml soln	1		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		AL
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE ONE 50-1-476 mg cap	4		
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		
OBSTETRIX DHA 29-1 & 387 mg oral misc	4		
OBSTETRIX EC 29-1 mg tab	4		
O-CAL FA 27-1 mg tab	4		
O-CAL PRENATAL tab	4		
ORACIT 490-640 mg/5ml soln	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	4		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
<i>pnv folic acid + iron 27-1 mg tab</i>	1		
<i>pnv ob+dha 27-1 & 250 mg oral misc</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>	2		
POLY-VI-SOL/IRON soln	1		AL
<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 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	2	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</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	2	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
PR NATAL 400 29-1-200 & 400 mg oral misc	4		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PR NATAL 430 29-1-200 & 430 mg oral misc	4		
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	4		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATA 29-1 mg tab chew	4		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	2		
<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	4		
<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>px folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra childrens chewable vit/iron 15 mg tab chew</i>	1		AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
SELECT-OB 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	2		
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab, 1.1 (0.5 F) mg tab chew</i>	1		AL
<i>sodium fluoride 0.275 (0.125 F) mg/drop soln, 1.1 (0.5 F) mg/ml soln</i>	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TARON-BC 20-1 MG & 2 x 25 mg oral misc	4		
TARON-C DHA 53.5-38-1 mg cap	4		
TARON-CRYSTALS 3300-1002 mg pckt	4		
TARON-PREX 30-1.2-265 mg cap	4		
<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>	2		
<i>tl-fluorivite 0.25-7.5 mg tab chew</i>	1		AL
<i>tl-select 29-1.25-325 mg cap</i>	1		
TRICARE tab	4		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	4		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	4		
<i>tri-tabs dha 32-1 mg oral misc</i>	1		
TRIVEEN-DUO DHA 29-1-200 & 400 mg oral misc	4		
<i>ultimatecare one 27-1 mg cap</i>	1		
<i>vena-bal dha 27-1 & 430 mg oral misc</i>	1		
VINATE DHA RF 27-1.13 mg cap	4		
VINATE II 29-1 mg tab	4		
VINATE M 27-1 mg tab	4		
VINATE ONE 60-1 mg tab	4		
<i>virt-c dha 53.5-38-1 mg cap</i>	2		
<i>virt-nate dha 28-1-200 mg cap</i>	2		
<i>virt-phos 250 neutral 155-852-130 mg tab</i>	2		
<i>virt-pn 27-0.6-0.4 mg tab</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
<i>virt-pn plus 28-0.6-0.4-340 mg cap</i>	1		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VIVA DHA 28-1-200 mg cap	4		
vol-nate 28-1 mg tab	1		
vol-plus 27-1 mg tab	1		
vol-tab rx 29-1 mg tab	1		
vp-heme ob + dha 28-6-1 & 203 mg oral misc	1		
vp-pnv-dha 28-1-215.8 mg cap	1		
wee care 15 mg/1.25ml susp	1		AL
yl folic acid 400 mcg tab	1		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	4		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	4		
zoo friends plus iron 15 mg tab chew	1		AL
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	4		PA
deferasirox 500 mg tab sol	4		PA
EXJADE 125 mg tab sol, 250 mg tab sol	5		PA
FERRIPROX 500 mg tab	5		PA
FERRIPROX 100 mg/ml soln	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	5		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA
sodium polystyrene sulfonate oral pwr	2	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	2	SPS	
SPS 15 gm/60ml susp	4		

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

1	
<i>1st tier unifine pentips</i>	64
<i>1st tier unifine pentips plus</i>	64
A	
<i>abacavir sulfate</i>	58
<i>abacavir sulfate-lamivudine</i>	58
<i>abacavir-lamivudine-zidovudine</i>	59
ABATRON.....	156
<i>abiraterone acetate</i>	43
ABRAXANE	44
ABSTRAL.....	14
<i>acamprosate calcium</i>	18
ACANYA	104
<i>acarbose</i>	62
ACCOLATE.....	148
ACCURETIC	93
<i>acebutolol hcl</i>	91
<i>acetaminophen-codeine</i>	14
<i>acetaminophen-codeine #2</i>	14
<i>acetaminophen-codeine #3</i>	14
<i>acetaminophen-codeine #4</i>	14
<i>acetazolamide</i>	142
<i>acetazolamide er</i>	142
<i>acetic acid</i>	144
<i>acetylcysteine</i>	152
ACIPHEX	112
<i>acitretin</i>	104
ACTICARNITINE SF.....	137
ACTIGALL.....	110
ACTIMMUNE	135
ACTIQ	14
ACULAR	143
ACULAR LS	143
ACUVAIL.....	143
<i>acyclovir</i>	57
ACZONE	104
<i>adapalene</i>	104
<i>adapalene-benzoyl peroxide</i>	104
ADDERALL	100
ADEMPAS	151
ADRENALIN	152
ADRIAMYCIN	44
ADRUCIL	44
<i>adult aspirin ec low strength</i>	6

<i>adult aspirin regimen</i>	6
ADVAIR DISKUS.....	152
ADVAIR HFA.....	152
ADVOCATE INSULIN PEN NEEDLES	64
ADVOCATE INSULIN SYRINGE	64
AFINITOR	48
AFTERA.....	129
AGRYLIN	87
<i>aimsco lubricated</i>	137
AKTEN	140
ALA SCALP	116
<i>ala-cort</i>	116
ALA-QUIN	37
<i>albendazole</i>	50
<i>albuterol sulfate</i>	149
<i>albuterol sulfate er</i>	149
<i>alclometasone dipropionate</i>	116
ALCORTIN A.....	37
ALDACTAZIDE	93
ALDARA.....	104
<i>alendronate sodium</i>	136
ALFERON N.....	57
<i>alfuzosin hcl er</i>	114
ALIMTA	44
ALINIA.....	50
<i>aliskiren fumarate</i>	94
ALKERAN	43
<i>allergy relief</i>	146
<i>allergy spray 24 hour</i>	146
<i>allopurinol</i>	40
<i>almotriptan malate</i>	41
ALOCRIAL	141
ALOMIDE	143
ALORA.....	122
<i>alosetron hcl</i>	111
ALOXI.....	37
ALPHAGAN P	142
<i>alprazolam</i>	60
<i>alprazolam er</i>	61
ALPRAZOLAM INTENSOL	61
<i>alprazolam xr</i>	61
ALREX	143
ALTABAX	22
ALTACAINE	140
ALTAFRIN	140

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

ALTOPREV.....	98	APEXICON E	116
<i>alyacen 1/35</i>	122	APLENZIN.....	33
<i>alyacen 7/7/7</i>	122	APOKYN	52
AMABELZ	122	<i>apraclonidine hcl</i>	142
<i>amantadine hcl</i>	51	<i>aprepitant</i>	37
<i>ambrisentan</i>	151	APTIVUS.....	59
<i>amcinonide</i>	116	AQUORAL.....	104
AMERGE	41	ARANELLE	122
AMETHIA.....	122	ARANESP (ALBUMIN FREE)	87
AMETHIA LO	122	ARAVA.....	135
AMETHYST	122	ARCALYST	135
AMICAR.....	87	ARCAPTA NEOHALER.....	149
<i>amiloride hcl</i>	97	ARICEPT.....	32
<i>amiloride-hydrochlorothiazide</i>	94	<i>aripiprazole</i>	54
<i>aminocaproic acid</i>	87	ARIXTRA.....	86
<i>amiodarone hcl</i>	89, 90	<i>armodafinil</i>	155
AMITIZA.....	111	ARMOUR THYROID	130
<i>amitriptyline hcl</i>	35	ARNUITY ELLIPTA	146
<i>amlodipine besy-benazepril hcl</i>	94	ARRANON	44
<i>amlodipine besylate</i>	92	ARTHROTEC.....	6
<i>amlodipine besylate-valsartan</i>	94	ARZERRA	49
<i>amlodipine-atorvastatin</i>	94	ASCOMP-CODEINE	14
<i>amlodipine-olmesartan</i>	94	<i>aspirin</i>	6
<i>amlodipine-valsartan-hctz</i>	94	<i>aspirin 81</i>	7
<i>amoxapine</i>	35	<i>aspirin adult</i>	7
<i>amoxicill-clarithro-lansopraz</i>	110	<i>aspirin adult low dose</i>	7
<i>amoxicillin</i>	25	<i>aspirin adult low strength</i>	7
<i>amoxicillin-pot clavulanate</i>	25	<i>aspirin childrens</i>	7
<i>amoxicillin-pot clavulanate er</i>	25	<i>aspirin ec</i>	7
<i>amphetamine-dextroamphet er</i>	100	<i>aspirin ec adult low strength</i>	7
<i>amphetamine-dextroamphetamine</i>	100	<i>aspirin ec low dose</i>	7
<i>ampicillin</i>	25	<i>aspirin ec low strength</i>	7
AMRIX	154	<i>aspirin low dose</i>	7
ANACAINE.....	17	<i>aspirin low dose adult</i>	7
ANAFRANIL.....	35	<i>aspirin low strength</i>	7
<i>anagrelide hcl</i>	87	<i>aspirin regimen low dose adult</i>	7
ANALPRAM-HC.....	104	<i>aspirin-dipyridamole er</i>	88
<i>anastrozole</i>	48	ASPIR-LOW	7
ANCOBON.....	37	<i>aspirtab</i>	7
ANDROGEL.....	121	ASSURE ID INSULIN SAFETY SYR.....	64
ANGELIQ.....	122	ASSURE ID SAFETY PEN NEEDLES.....	65
<i>animal shapes/iron</i>	156	ATABEX EC	156
ANTABUSE.....	18	<i>atazanavir sulfate</i>	59
ANTARA	97	<i>atenolol</i>	91
<i>anucort-hc</i>	40	<i>atenolol-chlorthalidone</i>	94
ANZEMET.....	37	ATIVAN	61

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

<i>atomoxetine hcl</i>	101
<i>atorvastatin calcium</i>	98
<i>atovaquone</i>	50
<i>atovaquone-proguanil hcl</i>	50
ATRIPLA.....	58
ATROPEN.....	109
<i>atropine sulfate</i>	140
ATROVENT HFA	149
AUBAGIO.....	103
AUBRA	122
AUGMENTIN	25
AUGMENTIN ES-600	25
<i>aurora pen needles</i>	65
<i>aurora unifine pentips</i>	65
AVAR CLEANSER.....	104
AVAR-E EMOLLIENT	105
AVAR-E GREEN.....	105
AVASTIN.....	44
AVC VAGINAL	27
AVELOX.....	27
<i>avidoxy</i>	27
AVIDOXY DK.....	27
AVITA	105
AVONEX PEN.....	103
AVONEX PREFILLED	103
AYGESTIN.....	129
<i>azacitidine</i>	87
AZASAN.....	133
AZASITE.....	141
<i>azathioprine</i>	133
<i>azelastine hcl</i>	141, 145
AZELEX	105
<i>azithromycin</i>	26
AZOPT	142
AZURETTE.....	122

B

<i>baciim</i>	22
<i>bacitracin</i>	22, 141
<i>bacitracin-polymyxin b</i>	140
<i>bacitra-neomycin-polymyxin-hc</i>	143
<i>baclofen</i>	56
BACTRIM.....	27
BACTROBAN.....	22
BACTROBAN NASAL	22
BAL-CARE DHA	156
BALZIVA	122

BANZEL	31
BAYER ADVANCED ASPIRIN REG ST.....	7
BAYER ASPIRIN.....	7
BAYER ASPIRIN EC LOW DOSE.....	7
BAYER ASPIRIN REGIMEN	7
BAYER LOW DOSE.....	7
BD AUTOSHIELD	65
BD AUTOSHIELD DUO	65
BD INSULIN SYR ULTRAFINE II	65
BD INSULIN SYRINGE	65
BD INSULIN SYRINGE HALF-UNIT	65
BD INSULIN SYRINGE MICROFINE	65
BD INSULIN SYRINGE U/F	65
BD INSULIN SYRINGE U/F 1/2UNIT	65
BD INSULIN SYRINGE ULTRAFINE	65
BD PEN NEEDLE MICRO U/F	66
BD PEN NEEDLE MINI U/F	66
BD PEN NEEDLE NANO 2ND GEN	66
BD PEN NEEDLE NANO U/F	66
BD PEN NEEDLE ORIGINAL U/F	66
BD PEN NEEDLE SHORT U/F	66
BD SAFETYGLIDE INSULIN SYRINGE	66
BD SAFETY-LOK INSULIN SYRINGE.....	66
BD VEO INSULIN SYRINGE U/F.....	66
BECONASE AQ	146
BEKYREE	122
<i>benazepril hcl</i>	89
<i>benazepril-hydrochlorothiazide</i>	94
BENDEKA	44
BENZACLIN	105
BENZACLIN WITH PUMP.....	105
BENZAMYCIN.....	105
<i>benzonatate</i>	152
<i>benzoyl peroxide</i>	105
<i>benzoyl peroxide cleanser</i>	105
<i>benzoyl peroxide wash</i>	105
<i>benzoyl peroxide-erythromycin</i>	105
<i>benztropine mesylate</i>	51
BEPREVE	141
BESIVANCE.....	141
BETADINE OPHTHALMIC PREP	22
BETAGAN	142
<i>betamethasone dipropionate</i>	116
<i>betamethasone dipropionate aug</i>	116
<i>betamethasone sod phos & acet</i>	116
<i>betamethasone valerate</i>	116

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

BETAPACE.....	90	<i>bromocriptine mesylate</i>	51
BETAPACE AF	90	<i>brompheniramine tannate</i>	145
BETASERON.....	103	BROVANA.....	150
<i>betaxolol hcl</i>	91, 142	<i>budesonide</i>	136, 146
<i>bethanechol chloride</i>	114	<i>bumetanide</i>	96
BETIMOL	142	BUPAP	6
BETOPTIC-S	142	BUPHENYL.....	109
<i>bexarotene</i>	49	<i>buprenorphine</i>	12
<i>bicalutamide</i>	43	<i>buprenorphine hcl</i>	18
BICILLIN C-R	25	<i>buprenorphine hcl-naloxone hcl</i>	18
BICILLIN C-R 900/300	25	<i>bupropion hcl</i>	33
BICILLIN L-A.....	25	<i>bupropion hcl er (smoking det)</i>	18
BICNU	44	<i>bupropion hcl er (sr)</i>	33
BIDIL	94	<i>bupropion hcl er (xl)</i>	33
BIKTARVY	58	<i>buspirone hcl</i>	60
BILTRICIDE	50	<i>busulfan</i>	43
<i>bimatoprost</i>	144	BUSULFEX	43
BINOSTO.....	136	<i>butalbital-acetaminophen</i>	6
BIONECT	137	<i>butalbital-apap</i>	6
<i>bio-statin</i>	37	<i>butalbital-apap-caff-cod</i>	14
<i>bisoprolol fumarate</i>	91	<i>butalbital-apap-caffeine</i>	6
<i>bisoprolol-hydrochlorothiazide</i>	94	<i>butalbital-asa-caff-codeine</i>	14
<i>bite-a-mins/iron</i>	156	<i>butalbital-aspirin-caffeine</i>	6
<i>bleomycin sulfate</i>	45	BUTISOL SODIUM.....	155
BLEPH-10.....	27	<i>butorphanol tartrate</i>	15
BLEPHAMIDE.....	143	BUTRANS	12
BLEPHAMIDE S.O.P.	143	BYDUREON.....	62
BLISOVI FE 1.5/30	122	BYDUREON BCISE	62
BLISOVI FE 1/20	122	BYSTOLIC	91
BOCASAL	104	C	
BONIVA	136	<i>cabergoline</i>	132
BOSULIF.....	48	CAFERGOT	40
BOTOX	154	CALCIFOL.....	156
<i>bp 10-1</i>	105	<i>calcipotriene</i>	105
<i>bp cleansing wash</i>	105	<i>calcipotriene-betameth diprop</i>	105
<i>bp foam</i>	105	<i>calcitonin (salmon)</i>	136
<i>bp wash</i>	105	CALCITRENE	105
<i>bpo foaming cloths</i>	105	<i>calcitriol</i>	105, 136
BPROTECTED PEDIA IRON.....	156	<i>calcium acetate (phos binder)</i>	115
BPROTECTED PEDIA POLY-VITE/FE	156	<i>calcium-folic acid plus d</i>	156
BREO ELLIPTA	152	CAMBIA	7
<i>briellyn</i>	122	CAMILA.....	129
BRILINTA.....	88	CAMPATH.....	103
<i>brimonidine tartrate</i>	142	CAMPTOSAR	45
BROMFED DM	152	CAMRESE	122
<i>bromfenac sodium (once-daily)</i>	143	CAMRESE LO.....	122

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

<i>candesartan cilexetil</i>	88	<i>cefixime</i>	24
<i>candesartan cilexetil-hctz</i>	94	<i>cefpodoxime proxetil</i>	24
CAPASTAT SULFATE	42	<i>cefprozil</i>	24
<i>capecitabine</i>	44	<i>ceftriaxone sodium</i>	24
CAPEX	116	<i>cefuroxime axetil</i>	24
CAPHOSOL	104	<i>celecoxib</i>	7
CAPRELSA	48	CELONTIN	29
<i>captopril</i>	89	CENTANY	22
<i>captopril-hydrochlorothiazide</i>	94	CENTANY AT	22
CARAC	44	<i>cephalexin</i>	24
CARAFATE	112	CESAMET	37
CARBAGLU	156	<i>cetirizine hcl</i>	145
<i>carbamazepine</i>	31	CETRAXAL	145
<i>carbamazepine er</i>	31	<i>cevimeline hcl</i>	104
CARBATROL	31	CHANTIX	18
<i>carbidopa</i>	52	CHANTIX CONTINUING MONTH PAK	18
<i>carbidopa-levodopa</i>	52	CHANTIX STARTING MONTH PAK	18
<i>carbidopa-levodopa er</i>	52	CHATEAL	122
<i>carbidopa-levodopa-entacapone</i>	52	CHEMET	163
<i>carbinoxamine maleate</i>	145	CHENODAL	110
<i>carboplatin</i>	43, 45	<i>chewable vite/iron childrens</i>	156
CARDIZEM	92	<i>child chewable vitamins/iron</i>	156
CARDIZEM LA	92	<i>childrens aspirin</i>	7
CARDURA XL	114	<i>childrens aspirin low strength</i>	8
CAREALL ASPIRIN	7	<i>childrens multivitamin/iron</i>	156
CAREFINE PEN NEEDLES	66	<i>childrens vitamins/iron</i>	156
<i>careone insulin syringe</i>	66	<i>chlordiazepoxide hcl</i>	61
<i>careone unifine pentips</i>	66	<i>chlordiazepoxide-amitriptyline</i>	35
<i>careone unifine pentips plus</i>	67	<i>chlordiazepoxide-clidinium</i>	109
CARETOUCH INSULIN SYRINGE	67	<i>chloroquine phosphate</i>	50
CARETOUCH PEN NEEDLES	67	<i>chlorothiazide</i>	97
<i>carisoprodol</i>	154	<i>chlorpromazine hcl</i>	53
<i>carisoprodol-aspirin</i>	154	<i>chlorpropamide</i>	62
<i>carisoprodol-aspirin-codeine</i>	15	<i>chlorthalidone</i>	97
<i>carmustine</i>	45	<i>chlorzoxazone</i>	154
<i>carteolol hcl</i>	142	<i>cholestyramine</i>	98
<i>carvedilol</i>	91	<i>cholestyramine light</i>	98
<i>carvedilol phosphate er</i>	91	<i>choline-mag trisalicylate</i>	8
CAYA	137	CICLODAN	37
CAYSTON	150	CICLODAN SOLUTION	37
CAZANT	122	<i>ciclopirox</i>	37, 38
<i>cefaclor</i>	24	<i>ciclopirox olamine</i>	38
<i>cefaclor er</i>	24	<i>ciclopirox treatment</i>	38
<i>cefadroxil</i>	24	<i>cilostazol</i>	88
<i>cefdinir</i>	24	CILOXAN	141
<i>cefditoren pivoxil</i>	24	<i>cimetidine</i>	111

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

<i>cimetidine hcl</i>	111	CLOLAR.....	45
CIPRO	27	<i>clomipramine hcl</i>	35
CIPRO HC	144	<i>clonazepam</i>	29
CIPRODEX	144	<i>clonidine</i>	88
<i>ciprofloxacin</i>	27	<i>clonidine hcl</i>	88
<i>ciprofloxacin hcl</i>	27, 141, 145	<i>clonidine hcl er</i>	101
<i>ciprofloxacin-ciproflox hcl er</i>	27	<i>clopidogrel bisulfate</i>	88
<i>cisplatin</i>	45	<i>clorazepate dipotassium</i>	61
<i>citalopram hydrobromide</i>	33, 34	<i>clotrimazole</i>	38
CITRANATAL 90 DHA	156	<i>clotrimazole-betamethasone</i>	38
CITRANATAL ASSURE	156	<i>clozapine</i>	56
CITRANATAL B-CALM	156	CLOZARIL.....	56
CITRANATAL DHA	156	<i>c-nate dha</i>	156
CITRANATAL RX.....	156	COARTEM	50
<i>cladribine</i>	45	<i>codeine sulfate</i>	15
CLARINEX	145	COGENTIN	51
CLARINEX-D 12 HOUR.....	152	<i>colchicine</i>	40
CLARISPRAY	146	<i>colchicine-probenecid</i>	40
<i>clarithromycin</i>	26	<i>colesevelam hcl</i>	98
<i>clarithromycin er</i>	26	<i>colestipol hcl</i>	98
<i>clemastine fumarate</i>	145	COLY-MYCIN S	144
CLEOCIN	22	COMBIGAN.....	142
CLEVER CHOICE COMFORT EZ	67	COMBIPATCH	122
<i>clickfine pen needles</i>	67	COMBIVENT RESPIMAT	149
CLICKFINE PEN NEEDLES	67	COMFORT ASSIST INSULIN SYRINGE	67
CLIMARA PRO	122	COMFORT EZ INSULIN SYRINGE	67
CLINDACIN ETZ.....	22, 105	COMFORT EZ MICRO PEN NEEDLES.....	67
CLINDACIN PAC	105	COMFORT EZ PEN NEEDLES	68
CLINDACIN-P	22	COMFORT EZ SHORT PEN NEEDLES	68
CLINDAGEL.....	22	COMPLERA	58
<i>clindamycin hcl</i>	22	<i>complete natal dha</i>	156
<i>clindamycin palmitate hcl</i>	22	<i>completenate</i>	156
<i>clindamycin phos-benzoyl perox</i>	105	COMPRO	53
<i>clindamycin phosphate</i>	23	COMTAN.....	51
<i>clindamycin-tretinoin</i>	105	CO-NATAL FA	157
<i>clobazam</i>	29	CONCEPT DHA	157
<i>clobetasol prop emollient base</i>	116	CONCEPT OB	157
<i>clobetasol propionate</i>	116	<i>condoms</i>	137
<i>clobetasol propionate e</i>	116	CONDYLOX	105
<i>clobetasol propionate emulsion</i>	116	<i>constulose</i>	111
<i>clocortolone pivalate</i>	116	CONZIP.....	12
<i>clocortolone pivalate pump</i>	116	CORDRAN	117
CLODAN	117	CORGARD	91
CLODERM	117	CORTANE-B	105, 144
CLODERM PUMP	117	CORTANE-B AQUEOUS	145
<i>clofarabine</i>	45	CORTIC-ND	145

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

CORTIFOAM	136
<i>cortisone acetate</i>	117
CORTISPORIN	23
CORZIDE	95
COSENTYX	105
COSENTYX (300 MG DOSE)	106
COSENTYX SENSOREADY (300 MG)	106
COSENTYX SENSOREADY PEN	106
COSMEGEN	45
COSOPT PF	142
COVARYX	122
COVARYX HS	122
CREON	109
CRESEMBA.....	38
CRINONE	129
CRIXIVAN	59
<i>cromolyn sodium</i>	110, 141, 151
<i>cvs aspirin</i>	8
<i>cvs aspirin adult low dose</i>	8
<i>cvs aspirin adult low strength</i>	8
<i>cvs aspirin ec</i>	8
<i>cvs aspirin low dose</i>	8
<i>cvs aspirin low strength</i>	8
<i>cvs budesonide</i>	146
<i>cvs fluticasone propionate</i>	146
<i>cvs folic acid</i>	157
<i>cvs nasal allergy spray</i>	147
<i>cvs nicotine</i>	18, 19
<i>cvs nicotine polacrilex</i>	19
CYCLAFEM 1/35	123
CYCLAFEM 7/7/7	123
<i>cyclobenzaprine hcl</i>	154
CYCLOGYL	140
CYCLOMYDRIL	141
<i>cyclopentolate hcl</i>	140
<i>cyclophosphamide</i>	43
<i>cycloserine</i>	42
CYCLOSET.....	62
<i>cyclosporine</i>	133
<i>cyclosporine modified</i>	133
<i>cyproheptadine hcl</i>	145
CYRAMZA	48
CYRED	123
CYSTAGON.....	109
<i>cytarabine</i>	45
<i>cytarabine (pf)</i>	45

CYTOTEC	112
<i>cytra k crystals</i>	157
D	
D.H.E. 45.....	40
<i>dacarbazine</i>	45
DACOGEN	45
<i>dactinomycin</i>	45
<i>dalfampridine er</i>	103
DALIRESP	151
<i>danazol</i>	121
DANTRIUM	56
<i>dantrolene sodium</i>	56
<i>dapsone</i>	42, 106
DARAPRIM	50
<i>darifenacin hydrobromide er</i>	113
DASETTA 1/35.....	123
DASETTA 7/7/7	123
<i>daunorubicin hcl</i>	45
DAYPRO	8
DAYSEE.....	123
DAYTRANA.....	101
DDAVP	121
DDAVP RHINAL TUBE	121
DEBLITANE	129
<i>decitabine</i>	45
<i>deferasirox</i>	163
DELESTROGEN	123
DELYLA	123
DEMADEX	97
<i>demeclocycline hcl</i>	27
DEMEROL	15
DEMSEER	95
DENAVIR	57
DEPAKENE.....	29
DEPO-ESTRADIOL.....	123
DEPO-MEDROL	117
DEPO-PROVERA	129
DEPO-SUBQ PROVERA 104	129
DERMA-SMOOTH/FS BODY	117
DERMA-SMOOTH/FS SCALP	117
DERMASORB TA.....	117
DERMAZENE.....	38
DERMOTIC	145
<i>desipramine hcl</i>	35
<i>desloratadine</i>	146
<i>desmopressin ace spray refig</i>	121

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

<i>desmopressin acetate</i>	121	DILAUDID	15
<i>desmopressin acetate spray</i>	121	<i>diltiazem hcl</i>	92
<i>desogestrel-ethinyl estradiol</i>	123	<i>diltiazem hcl er</i>	92
DESONATE	117	<i>diltiazem hcl er beads</i>	92
<i>desonide</i>	117	<i>diltiazem hcl er coated beads</i>	92
DESOWEN	117	<i>dilt-xr</i>	92
<i>desoximetasone</i>	117	<i>dimenhydrinate</i>	36
DESODYN	100	<i>diphenhydramine hcl</i>	146
<i>desvenlafaxine succinate er</i>	34	<i>diphenoxylate-atropine</i>	110
<i>dexamethasone</i>	117	DIPROLENE	118
DEXAMETHASONE INTENSOL.....	117	DIPROLENE AF.....	118
<i>dexamethasone sod phosphate pf</i>	117	<i>dipyridamole</i>	88
<i>dexamethasone sodium phosphate</i>	117, 142	<i>disopyramide phosphate</i>	90
DEXEDRINE	100	<i>disulfiram</i>	18
DEXILANT	112	DITROPAN XL	113
<i>dexmethylphenidate hcl</i>	101	DIURIL	97
<i>dexmethylphenidate hcl er</i>	101	<i>divalproex sodium</i>	29
DEPAK 10 DAY	117	<i>divalproex sodium er</i>	29
DEPAK 13 DAY	118	DIVIGEL	123
DEPAK 6 DAY	118	<i>docetaxel</i>	45
<i>dexrazoxane hcl</i>	45	<i>dofetilide</i>	90
<i>dextroamphetamine sulfate</i>	100	<i>donepezil hcl</i>	32
<i>dextroamphetamine sulfate er</i>	100	DORAL	61
DIASAT ACUDIAL	29	DORYX	27
<i>diazepam</i>	29, 61	<i>dorzolamide hcl</i>	142
DIAZEPAM INTENSOL.....	61	<i>dorzolamide hcl-timolol mal</i>	142
DIBENZYLINE	88	<i>dorzolamide hcl-timolol mal pf</i>	142
DICLEGIS	36	<i>dothelle dha</i>	157
<i>diclofenac epolamine</i>	8	DOVONEX	106
<i>diclofenac potassium</i>	8	<i>doxazosin mesylate</i>	114
<i>diclofenac sodium</i>	8, 143	<i>doxepin hcl</i>	35
<i>diclofenac sodium er</i>	8	<i>doxercalciferol</i>	136
<i>diclofenac-misoprostol</i>	8	DOXIL	45
<i>dicloxacin sodium</i>	25	<i>doxorubicin hcl</i>	45
<i>dicyclomine hcl</i>	109	<i>doxorubicin hcl liposomal</i>	45
<i>didanosine</i>	59	<i>doxycycline</i>	106
DIFICID	26	<i>doxycycline hyclate</i>	27, 28
DIFIL-G FORTE	151	<i>doxycycline monohydrate</i>	28
<i>diflorasone diacetate</i>	118	DRITHO-CREME HP	106
<i>diflunisal</i>	8	<i>dronabinol</i>	37
DIGITEK.....	95	<i>droperidol</i>	60
<i>digox</i>	95	DROPLET INSULIN SYRINGE	68
<i>digoxin</i>	95	DROPLET PEN NEEDLES	68
<i>dihydroergotamine mesylate</i>	40	<i>dropsafe safety pen needles</i>	68
DILANTIN.....	31	<i>drospiren-eth estrad-levomefol</i>	123
DILATRATE-SR	99	<i>drospirenone-ethinyl estradiol</i>	123

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

DROXIA	44	<i>effervescent pot chloride</i>	157
<i>drug mart unifine pentips</i>	68	EFUDEX.....	44
<i>drug mart unifine pentips plus</i>	68	ELESTAT	141
DUET DHA 400.....	157	ELESTRIN.....	123
DUET DHA BALANCED	157	<i>eletriptan hydrobromide</i>	41
DUEXIS.....	8	ELIGARD	132
<i>duloxetine hcl</i>	34	ELIMITE	50
DURAGESIC-100	12	ELINEST	123
DURAGESIC-12	12	ELIQUIS	86
DURAGESIC-25	12	ELIQUIS STARTER PACK.....	86
DURAGESIC-50	12	ELITE-OB.....	157
DURAGESIC-75	12	<i>elite-thin insulin syringe</i>	70
<i>duraxin</i>	6	ELIXOPHYLLIN.....	151
DUREX EXTRA SENSITIVE.....	137	ELLA	129
DUREX REALFEEL	137	ELLECE	45
DUREZOL.....	142	ELMIRON.....	114
<i>dutasteride</i>	114	EMADINE.....	141
<i>dutasteride-tamsulosin hcl</i>	114	EMCYT.....	44
DUTOPROL	95	EMEND	37
DYMISTA.....	146	EMSAM	33
DYSPORT.....	154	EMTRIVA	59
E		ENABLEX.....	113
E.E.S. 400.....	26	<i>enalapril maleate</i>	89
E.E.S. GRANULES	26	<i>enalapril-hydrochlorothiazide</i>	95
<i>easy comfort insulin syringe</i>	68	ENBREL.....	133
<i>easy comfort pen needles</i>	69	ENBREL MINI	133
<i>easy glide pen needles</i>	69	ENBREL SURECLICK	133
EASY TOUCH FLIPLOCK INSULIN SY	69	ENCARE	114
EASY TOUCH INSULIN SAFETY SYR	69	<i>endocet</i>	15
EASY TOUCH INSULIN SYRINGE	69	ENDOCET.....	15
EASY TOUCH PEN NEEDLES.....	69	<i>enovarx-cyclobenzaprine hcl</i>	154
EASY TOUCH SAFETY PEN NEEDLES.....	69	<i>enoxaparin sodium</i>	86
EASY TOUCH SHEATHLOCK SYRINGE	70	<i>entacapone</i>	51
EC-NAPROSYN.....	8	<i>entecavir</i>	57
<i>econazole nitrate</i>	38	ENTEREG	110
ECONTRA EZ.....	129	ENTOCORT EC	136
ECONTRA ONE-STEP	129	<i>enulose</i>	111
ECOTRIN.....	8	EPIFOAM	40
ECOTRIN LOW STRENGTH	8	<i>epinastine hcl</i>	141
ECPIRIN	8	<i>epirubicin hcl</i>	45
EDECRIN.....	97	<i>eplerenone</i>	97
EDLUAR	155	EPOGEN.....	87
<i>ed-spaz</i>	109	<i>eprosartan mesylate</i>	88
EDURANT.....	58	<i>eq adult aspirin low strength</i>	8
<i>efavirenz</i>	58	<i>eq allergy relief</i>	147
EFFER-K.....	157	<i>eq aspirin</i>	8

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

<i>eq aspirin adult low dose</i>	8	<i>ethacrynic acid</i>	97
<i>eq aspirin low dose</i>	9	<i>ethambutol hcl</i>	42
<i>eq budesonide nasal</i>	147	<i>ethosuximide</i>	29
<i>eq childrens aspirin</i>	9	<i>ethyl chloride</i>	17
<i>eq nasal allergy</i>	147	<i>ethynodiol diac-eth estradiol</i>	124
<i>eq nicotine</i>	19	ETHYOL.....	50
<i>eq nicotine polacrilex</i>	19	<i>etidronate disodium</i>	136
<i>eq nicotine step 3</i>	19	<i>etodolac</i>	9
<i>eql aspirin</i>	9	<i>etodolac er</i>	9
<i>eql aspirin ec</i>	9	ETOPOPHOS	48
<i>eql aspirin low dose</i>	9	<i>etoposide</i>	48
<i>eql fluticasone childrens</i>	147	EUFLEXXA	108
<i>eql fluticasone propionate</i>	147	EURAX.....	50
<i>eql insulin syringe</i>	70	EVAMIST	124
<i>eql nicotine polacrilex</i>	19	EVOXAC	104
EQUETRO	31, 62	EXALGO	12
ERBITUX	49	EXEL COMFORT POINT INSULIN SYR.....	70
<i>ergoloid mesylates</i>	32	EXEL COMFORT POINT PEN NEEDLE	70
ERGOMAR	41	EXELDERM	38
<i>ergotamine-caffeine</i>	41	EXELON.....	32
ERIVEDGE	48	<i>exemestane</i>	48
ERLEADA	43	EXFORGE HCT	95
<i>erlotinib hcl</i>	48	EXJADE	163
ERTACZO.....	38	EXODERM	38
ERWINAZE	47	<i>exotic-hc</i>	145
ery	26	<i>ezetimibe</i>	98
ERYPED 200	26	<i>ezetimibe-simvastatin</i>	99
ERY-TAB	26	F	
ERYTHROCIN STEARATE	26	FA-8	157
<i>erythromycin</i>	26, 141	FALMINA.....	124
<i>erythromycin base</i>	26	<i>famciclovir</i>	58
<i>erythromycin ethylsuccinate</i>	26	<i>famotidine</i>	111
<i>escavite lq</i>	157	FANAPT	54
<i>escitalopram oxalate</i>	34	FANAPT TITRATION PACK	54
<i>esomeprazole magnesium</i>	112	FANTASY LUBRICATED	137
<i>est estrogens-methyltest</i>	123	FANTASY LUBRICATED/SPERMICIDE.....	137
<i>est estrogens-methyltest ds</i>	123	FARXIGA	62
<i>est estrogens-methyltest hs</i>	123	FARYDAK	48
<i>estazolam</i>	61	FASLODEX	45
<i>estradiol</i>	123, 124	FAYOSIM	124
<i>estradiol valerate</i>	124	FAZACLO.....	56
<i>estradiol-norethindrone acet</i>	124	FC FEMALE CONDOM	137
ESTRING	124	FC2 FEMALE CONDOM	137
ESTROGEL	124	<i>febuxostat</i>	40
ESTROSTEP FE.....	124	<i>felbamate</i>	30
<i>eszopiclone</i>	155	FELBATOL.....	30

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

FELDENE	9	<i>flunisolide</i>	147
<i>felodipine er</i>	93	<i>fluocinolone acetonide</i>	118, 145
FEM PH	23	<i>fluocinolone acetonide body</i>	118
FEMCAP	137	<i>fluocinolone acetonide scalp</i>	118
FEMRING	124	<i>fluocinonide</i>	118
FEMYNOR	124	<i>fluocinonide emulsified base</i>	118
<i>fenofibrate</i>	97	<i>fluoritab</i>	157
<i>fenofibrate micronized</i>	97, 98	<i>fluorometholone</i>	143
<i>fenofibric acid</i>	98	FLUOROPLEX	44
<i>fenoprofen calcium</i>	9	<i>fluorouracil</i>	44, 45
FENORTH0	9	<i>fluoxetine hcl</i>	34
<i>fentanyl</i>	12	<i>fluoxetine hcl (pmdd)</i>	34
<i>fentanyl citrate</i>	15	<i>fluphenazine decanoate</i>	53
FENTORA	15	<i>fluphenazine hcl</i>	53
FER-IN-SOL	157	FLURA-DROPS	157
FEROSUL	157	<i>flurandrenolide</i>	118
FERRIPROX	163	<i>flurazepam hcl</i>	155
<i>ferrous sulfate</i>	157	<i>flurbiprofen</i>	9
FEXMID	154	<i>flurbiprofen sodium</i>	143
FIBRICOR	98	<i>flutamide</i>	43
FIFTY50 PEN NEEDLES	70	<i>fluticasone propionate</i>	118, 147
FIFTY50 SUPERIOR COMFORT SYR	70	<i>fluticasone-salmeterol</i>	152
<i>finasteride</i>	114	<i>fluvastatin sodium</i>	98
FIORICET/CODEINE	15	<i>fluvoxamine maleate</i>	34
FIORINAL	6	<i>fluvoxamine maleate er</i>	34
FIORINAL/CODEINE #3	15	FML	143
FIRMAGON	132	FML FORTE	143
FIRST-LANSOPRAZOLE	112	<i>folate</i>	157
FIRST-MOUTHWASH BLM	104	<i>folic acid</i>	157
FIRST-OMEPRAZOLE	112	FOLIVANE-OB	157
FIRST-PROGESTERONE VGS	129	<i>fondaparinux sodium</i>	86
FIRVANQ	23	FORFIVO XL	33
FLAGYL	23	FOSAMAX PLUS D	136
FLAREX	143	<i>fosamprenavir calcium</i>	59
<i>flavoxate hcl</i>	113	<i>fosinopril sodium</i>	89
<i>flecainide acetate</i>	90	<i>fosinopril sodium-hctz</i>	95
FLINTSTONES PLUS IRON	157	<i>fosphenytoin sodium</i>	31
FLONASE ALLERGY RELIEF	147	FOSRENOL	115
FLOVENT DISKUS	147	FRAGMIN	86
FLOVENT HFA	147	<i>freds pharmacy unifine pentip+</i>	70
<i>floxuridine</i>	45	<i>freds pharmacy unifine pentips</i>	71
<i>fluconazole</i>	38	FREESTYLE PRECISION INS SYR	71
<i>flucytosine</i>	38	<i>frovatriptan succinate</i>	41
<i>fludarabine phosphate</i>	47	<i>fruity chews/iron</i>	157
<i>fludrocortisone acetate</i>	118	FULPHILA	87
FLUMADINE	60	<i>fulvestrant</i>	45

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

FURADANTIN	23
furosemide	97
FUSILEV	47
FUZEON	59
FYAVOLV	124

G

<i>gabapentin</i>	29, 30
GABITRIL	30
<i>galantamine hydrobromide</i>	32
<i>galantamine hydrobromide er</i>	32
GALZIN	157
GASTROCROM	110
<i>gatifloxacin</i>	141
GAZYVA	49
GEBAUERS PAIN EASE	17
GEBAUERS SPRAY AND STRETCH	17
GELNIQUE	113
GELNIQUE PUMP	113
<i>gemcitabine hcl</i>	46
<i>gemfibrozil</i>	98
<i>generlac</i>	111
GENGRAF	133
GENTAK	141
<i>gentamicin sulfate</i>	22, 141
GENVISC 850	108
GEODON	54
GIANVI	124
GILENYA	103
GILPHEX TR	152
GILTUSS TR	152
<i>glatiramer acetate</i>	103
GLEOSTINE	43
<i>g-levocarnitine s/f</i>	137
<i>glimepiride</i>	62
<i>glipizide</i>	62
<i>glipizide er</i>	62
<i>glipizide xl</i>	62
<i>glipizide-metformin hcl</i>	62
<i>global ease inject pen needles</i>	71
<i>global easy glide insulin syr</i>	71
<i>global easy glide pen needles</i>	71
<i>global inject ease insulin syr</i>	71
<i>global insulin syringes</i>	71
GLUCAGON EMERGENCY	64
GLUCOPRO INSULIN SYRINGE	71
<i>glyburide</i>	62

<i>glyburide micronized</i>	62
<i>glyburide-metformin</i>	63
<i>glycopyrrolate</i>	109
GLYDO	17
GLYNASE	63
GLYXAMBI	63
<i>gnp 24 hour nasal allergy</i>	147
<i>gnp adult aspirin low strength</i>	9
<i>gnp animal shapes plus iron</i>	157
<i>gnp aspirin</i>	9
<i>gnp aspirin low dose</i>	9
<i>gnp budesonide nasal spray</i>	147
<i>gnp childrens chewables/iron</i>	158
<i>gnp clickfine pen needles</i>	71
<i>gnp fluticasone propionate</i>	147
<i>gnp fluticasone propionate chl</i>	147
<i>gnp folic acid</i>	158
<i>gnp insulin syringe</i>	72
<i>gnp nicotine</i>	19
<i>gnp nicotine mini</i>	19
<i>gnp nicotine polacrilex</i>	19
<i>gnp ultra com insulin syringe</i>	72
GOLYTELY	111
<i>goodsense aspirin</i>	9
<i>goodsense aspirin adult low st</i>	9
<i>goodsense aspirin low dose</i>	9
<i>goodsense clickfine pen needle</i>	72
<i>goodsense nasal allergy spray</i>	147
<i>goodsense nicotine</i>	19
GOODSENSE PEN NEEDLE PENFINE	72
GRALISE	102
GRALISE STARTER	102
<i>granisetron hcl</i>	37
<i>griseofulvin microsize</i>	38
<i>griseofulvin ultramicrosize</i>	38
<i>guanfacine hcl</i>	88
<i>guanfacine hcl er</i>	101
<i>guanidine hcl</i>	42

H

HALAVEN	46
HALCION	61
HALDOL	53
HALDOL DECANOATE	53
<i>halobetasol propionate</i>	118
HALOG	118
<i>haloperidol</i>	53, 54

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

<i>haloperidol decanoate</i>	54
<i>haloperidol lactate</i>	54
<i>healthwise insulin syr/needle</i>	72
<i>healthwise micron pen needles</i>	72
<i>healthwise mini pen needles</i>	72
<i>healthwise pen needles</i>	72
<i>healthwise short pen needles</i>	72
<i>healthwise unifine pentips</i>	72
<i>healthy accents unifine pentip</i>	72
<i>h-e-b aspirin</i>	9
<i>h-e-b incontrol pen needles</i>	73
H-E-B INCONTROL UNIFINE PENTIP	73
<i>hemenatal ob + dha</i>	158
HIPREX.....	23
<i>hm allergy relief</i>	147
<i>hm aspirin</i>	9
<i>hm aspirin ec</i>	9
<i>hm aspirin ec low dose</i>	9
<i>hm folic acid</i>	158
<i>hm nicotine</i>	19, 20
<i>hm nicotine polacrilex</i>	20
HM ULTICARE INSULIN SYRINGE	73
HM ULTICARE SHORT PEN NEEDLES	73
HOMATROPAIRE.....	140
<i>homatropine hbr</i>	140
HORIZANT.....	102
HUMALOG.....	73
HUMALOG JUNIOR KWIKPEN	73
HUMALOG KWIKPEN	73
HUMALOG MIX 50/50	73
HUMALOG MIX 50/50 KWIKPEN	73
HUMALOG MIX 75/25	73
HUMALOG MIX 75/25 KWIKPEN	73
HUMIRA.....	133
HUMIRA PEDIATRIC CROHNS START.....	133
HUMIRA PEN	133
HUMIRA PEN-CD/UC/HS STARTER	134
HUMIRA PEN-PS/UV/ADOL HS START	134
HUMULIN 70/30.....	73
HUMULIN 70/30 KWIKPEN	73
HUMULIN N	73
HUMULIN N KWIKPEN.....	73
HUMULIN R	73
HYALGAN.....	108
HYCAMTIN	48
<i>hydralazine hcl</i>	99

<i>hydrochlorothiazide</i>	97
<i>hydrocod polst-cpm polst er</i>	152
<i>hydrocodone-acetaminophen</i>	15
<i>hydrocodone-homatropine</i>	152, 153
<i>hydrocodone-ibuprofen</i>	15
<i>hydrocortisone</i>	40, 118, 136
<i>hydrocortisone ace-pramoxine</i>	40, 106
<i>hydrocortisone acetate</i>	40
<i>hydrocortisone butyr lipo base</i>	118
<i>hydrocortisone butyrate</i>	118
<i>hydrocortisone valerate</i>	119
<i>hydrocortisone-acetic acid</i>	145
<i>hydrocortisone-iodoquinol</i>	38
<i>hydromet</i>	153
<i>hydromorphone hcl</i>	16
<i>hydromorphone hcl er</i>	13
<i>hydroxychloroquine sulfate</i>	50
<i>hydroxyurea</i>	44
<i>hydroxyzine hcl</i>	60, 146
<i>hydroxyzine pamoate</i>	146
HYOPHEN	113
<i>hyoscyamine sulfate</i>	110
<i>hyoscyamine sulfate er</i>	110
<i>hyoscyamine sulfate sl</i>	110
<i>hyosyne</i>	110
HYPERRHO S/D	135
HYPERSAL	153

I

<i>ibandronate sodium</i>	136
IBRANCE	48
IBU	9
IBUDONE.....	16
<i>ibuprofen</i>	9
ICAR.....	158
IDAMYCIN PFS.....	46
<i>idarubicin hcl</i>	46
IFEX	46
<i>ifosfamide</i>	46
ILARIS.....	135
<i>imatinib mesylate</i>	49
<i>imipramine hcl</i>	36
<i>imipramine pamoate</i>	36
<i>imiquimod</i>	106
IMITREX.....	41
IMITREX STATDOSE REFILL	41
IMITREX STATDOSE SYSTEM.....	41

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

IMURAN.....	134
INATAL GT	158
INCRUSE ELLIPTA	149
<i>indapamide</i>	97
INDERAL LA.....	91
INDERAL XL.....	91
INDOCIN.....	9
<i>indomethacin</i>	9
<i>indomethacin er</i>	10
INLYTA	49
INNOPRAN XL.....	91
INSPIRA.....	97
<i>insulin syringe</i>	73, 74
<i>insulin syringe/needle</i>	74
<i>insulin syringe-needle u-100</i>	74
<i>insupen pen needles</i>	74
INSUPEN SENSITIVE	74
INSUPEN ULTRAFIN	74
INTELENCE.....	58
INTRON A.....	57
INTROVALE.....	124
INVEGA	54
INVEGA SUSTENNA.....	55
INVIRASE	60
INVOKAMET	63
INVOKAMET XR.....	63
INVOKANA	63
<i>iodoquinol-hc-aloe polysacch</i>	38
IODOSORB.....	106
IOPIDINE	142
<i>ipratropium bromide</i>	149
<i>ipratropium-albuterol</i>	149
<i>irbesartan</i>	88
<i>irbesartan-hydrochlorothiazide</i>	95
IRESSA.....	49
<i>irinotecan hcl</i>	46
IROFOL.....	158
<i>iron supplement</i>	158
<i>iron supplement childrens</i>	158
IRON UP	158
ISENTRESS.....	58
ISENTRESS HD	58
ISIBLOOM.....	124
<i>isoniazid</i>	42
ISOPTO CARPINE	142
ISORDIL TITRADOSE	99

<i>isosorbide dinitrate</i>	99
<i>isosorbide dinitrate er</i>	99
<i>isosorbide mononitrate</i>	99
<i>isosorbide mononitrate er</i>	99
<i>isoxsuprine hcl</i>	95
<i>isradipine</i>	93
ISTALOL	142
ISTODAX (OVERFILL).....	46
<i>itraconazole</i>	38
<i>ivermectin</i>	50
IXEMPRA KIT	46

J

JADENU	163
JADENU SPRINKLE	163
JAKAFI	49
JALYN	114
JANTOVEN	86
JANUMET	63
JANUMET XR	63
JANUVIA	63
JARDIANCE	63
JENCYCLA	129
JENTADUETO	63
JENTADUETO XR	63
JEVTANA	46
JOLESSA	124
JULEBER	124
JUNEL 1/20.....	124
JUNEL FE 1.5/30	124
JUNEL FE 1/20	124

K

KADCYLA	46
KADIAN.....	13
KAITLIB FE	124
KALETRA.....	60
KALYDECO.....	150
KAMELEON LUBRICATED.....	137
KANJINTI	46
KAPVAY	101
KARIVA	125
<i>k-effervescent</i>	158
KEFLEX	25
KENALOG	119
KEPIVANCE.....	104
<i>ketoconazole</i>	38

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

<i>ketoprofen er</i>	10	LAMICTAL XR.....	30
<i>ketorolac tromethamine</i>	10, 143	<i>lamivudine</i>	57, 59
KEVZARA	135	<i>lamivudine-zidovudine</i>	59
KEYTRUDA	49	<i>lamotrigine</i>	30
<i>kimono</i>	137	<i>lamotrigine er</i>	30
KIMONO COLORS	137	LAND BEFORE TIME MULTIVITAMIN	158
<i>kimono micro thin</i>	138	LANOXIN	95
<i>kimono micro thin plus</i>	138	<i>lansoprazole</i>	112
<i>kimono plus</i>	138	<i>lanthanum carbonate</i>	115
<i>kimono ps</i>	138	LANTUS	75
<i>kimono ps plus</i>	138	LANTUS SOLOSTAR	75
<i>kimono sensation</i>	138	LARIN 1.5/30	125
<i>kimono sensation plus</i>	138	LARIN 1/20	125
KIMONO SPECIAL	138	LARIN 24 FE	125
<i>kinray insulin syringe</i>	74	LARIN FE 1.5/30	125
KITABIS PAK	150	LARIN FE 1/20	125
KLOFENSAID II	10	LASTACAPT	141
KLOR-CON	158	<i>latanoprost</i>	144
KLOR-CON M10	158	LATUDA	55
KLOR-CON M15	158	LAZANDA	16
KLOR-CON SPRINKLE	158	<i>leader insulin syringe</i>	75
KLOR-CON/EF	158	LEADER UNIFINE PENTIPS	75
KLS ALLER-FLO	147	LEADER UNIFINE PENTIPS PLUS	75
<i>kls aspirin ec</i>	10	LEENA	125
<i>kls aspirin low dose</i>	10	<i>leflunomide</i>	135
KLS QUIT2	20	LETAIRIS	151
KLS QUIT4	20	<i>letrozole</i>	48
<i>kmart valu insulin syringe 29g</i>	74	<i>leucovorin calcium</i>	47
<i>kmart valu insulin syringe 30g</i>	74	LEUKERAN	43
KORLYM	64	<i>leuprolide acetate</i>	132
<i>kp aspirin</i>	10	<i>levalbuterol hcl</i>	150
<i>kp folic acid</i>	158	<i>levalbuterol tartrate</i>	150
K-PHOS	158	<i>levetiracetam</i>	28, 29
K-PHOS NO 2	158	<i>levetiracetam er</i>	29
K-PHOS-NEUTRAL	158	<i>levobunolol hcl</i>	142
K-PRIME	158	<i>levocarnitine</i>	138
KRISTALOSE	112	<i>levocetirizine dihydrochloride</i>	146
<i>kroger insulin syringe</i>	74	<i>levofloxacin</i>	27, 141
<i>kroger pen needles</i>	75	<i>levoleucovorin calcium</i>	47
K-TAB	158	LEVONEST	125
KURVELO	125	<i>levonorgest-eth est & eth est</i>	125
KYPROLIS	46	<i>levonorgest-eth estrad 91-day</i>	125
L		<i>levonorgestrel</i>	129
<i>labetalol hcl</i>	91	<i>levonorgestrel-ethinyl estrad</i>	125
<i>lactulose</i>	112	<i>levonorg-eth estrad triphasic</i>	125
<i>lactulose encephalopathy</i>	112	LEVORA 0.15/30 (28)	125

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

<i>levorphanol tartrate</i>	13	LODOSYN.....	53
LEVO-T	130	LOESTRIN 1.5/30 (21)	125
<i>levothyroxine sodium</i>	130	LOESTRIN 1/20 (21)	125
LEVOXYL.....	130	LOESTRIN FE 1/20.....	125
LEVULAN KERASTICK	106	LOMOTIL	110
LEXIVA	60	<i>longs insulin syringe</i>	75
<i>lidocaine</i>	17	LOPRESSOR HCT.....	95
<i>lidocaine hcl</i>	17, 104	LOPROX	38
<i>lidocaine hcl urethral/mucosal</i>	17	<i>lorazepam</i>	61
<i>lidocaine viscous</i>	104	LORAZEPAM INTENSOL	61
<i>lidocaine viscous hcl</i>	104	LORCET.....	16
<i>lidocaine-hydrocortisone ace</i>	106	LORCET HD	16
<i>lidocaine-prilocaine</i>	17	LORCET PLUS	16
<i>lido-k</i>	17	LORTAB.....	16
<i>lidopin</i>	18	LORZONE.....	154
LIDO-PRILO CAINE PACK	18	<i>losartan potassium</i>	89
LIFESTYLES ASSORTED COLORS	138	<i>losartan potassium-hctz</i>	95
LIFESTYLES EXTRA STRENGTH	138	LOSEASONIQUE.....	125
LIFESTYLES FORM FITTING	138	LOTEMAX	143
LIFESTYLES LUBRICATED	138	LOTEMAX SM.....	143
LIFESTYLES RIBBED	138	LOTENSIN	89
LIFESTYLES SKYN ORIGINAL	138	LOTENSIN HCT	95
LIFESTYLES SPERMICIDAL LUBE	138	<i>loteprednol etabonate</i>	144
LIFESTYLES STUDDER	138	LOTRONEX	111
LIFESTYLES ULTRA SENSITIVE	138	<i>loutrex</i>	106
LIFESTYLES VIBRA-RIBBED	138	<i>lovastatin</i>	98
LIFESTYLES XTRA PLEASURE	138	LOVENOX.....	86
LILLOW	125	LOW-OGESTREL	126
<i>lindane</i>	50	<i>loxapine succinate</i>	54
<i>linezolid</i>	23	LUMIGAN.....	144
<i>liothyronine sodium</i>	131	LUNESTA.....	155
LIPODOX 50	46	LUPRON DEPOT (1-MONTH)	132
LIPOFEN.....	98	LUPRON DEPOT (3-MONTH)	132
<i>lisinopril</i>	89	LUPRON DEPOT (4-MONTH)	132
<i>lisinopril-hydrochlorothiazide</i>	95	LUPRON DEPOT (6-MONTH)	132
LITETOUCH INSULIN SYRINGE	75	LUPRON DEPOT-PED (1-MONTH).....	132
LITETOUCH PEN NEEDLES.....	75	LUPRON DEPOT-PED (3-MONTH).....	132
<i>lithium</i>	62	LUTERA.....	126
<i>lithium carbonate</i>	62	LUXIQ	119
<i>lithium carbonate er</i>	62	LYRICA	102
LITHOBID	62	LYRICA CR	103
LITHOSTAT	114	LYSODREN	132
<i>little animals plus iron</i>	158	LYZA	129
LIVALO	98	M	
LO LOESTRIN FE.....	125	MACROBID.....	23
LOCOID LIPOCREAM	119	MACRODANTIN.....	23

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

<i>mafenide acetate</i>	23	<i>meperidine hcl</i>	16
MAGELLAN INSULIN SAFETY SYR	76	<i>meprobamate</i>	60
MAGNEBIND 400	158	MEPRON	50
MALARONE	50	<i>mercaptopurine</i>	44
<i>malathion</i>	50	<i>mesalamine</i>	135
<i>maprotiline hcl</i>	34	<i>mesalamine-cleanser</i>	135
MARATHON MEDICAL PENTIPS	76	<i>mesna</i>	50
MARINOL	37	MESNEX	50
<i>marlissa</i>	126	METADATE ER	101
MARNATAL-F	158	<i>metaproterenol sulfate</i>	150
MARPLAN	33	<i>metformin hcl</i>	63
MATULANE	43	<i>metformin hcl er</i>	63
MATZIM LA	93	<i>methamphetamine hcl</i>	100
MAVYRET	57	<i>methazolamide</i>	142
MAXALT-MLT	41	<i>methenamine hippurate</i>	23
MAXICOMFORT II PEN NEEDLE	76	<i>methenamine mandelate</i>	23
MAXI-COMFORT INSULIN SYRINGE	76	<i>methimazole</i>	133
MAXI-COMFORT SAFETY PEN NEEDLE ...	76	<i>methocarbamol</i>	154
MAXICOMFORT SYR 27G X 1/2	76	<i>methotrexate</i>	134
MAXIDEX	144	<i>methotrexate sodium</i>	134
<i>maxx</i>	138	<i>methotrexate sodium (pf)</i>	134
<i>maxx plus</i>	138	<i>methoxsalen rapid</i>	106
MAXZIDE	95	<i>methscopolamine bromide</i>	110
MAXZIDE-25	95	<i>methyclothiazide</i>	97
MAYZENT	103	<i>methyldopa</i>	88
MAYZENT STARTER PACK	103	<i>methyldopa-hydrochlorothiazide</i>	95
<i>meclofenamate sodium</i>	10	<i>methylphenidate hcl</i>	101
<i>medic insulin syringe</i>	76	<i>methylphenidate hcl er</i>	101, 102
<i>medicine shoppe pen needles</i>	76	<i>methylphenidate hcl er (cd)</i>	102
MEDIQUE ASPIRIN	10	<i>methylphenidate hcl er (la)</i>	102
MEDROL	119	<i>methylprednisolone</i>	119
<i>medroxyprogesterone acetate</i>	129	<i>methylprednisolone acetate</i>	119
<i>mefenamic acid</i>	10	<i>methylprednisolone sodium succ</i>	119
<i>mefloquine hcl</i>	50	<i>metoclopramide hcl</i>	36, 110
MEGACE ES	129	<i>metolazone</i>	97
<i>megestrol acetate</i>	129	<i>metoprolol succinate er</i>	91
<i>meijer aspirin ec</i>	10	<i>metoprolol tartrate</i>	91
<i>meijer pen needles</i>	76	<i>metoprolol-hydrochlorothiazide</i>	95
MELODETTA 24 FE	126	<i>metronidazole</i>	23, 106
<i>meloxicam</i>	10	<i>metronidazole benzoate</i>	138
<i>melphalan hcl</i>	43	<i>mexiletine hcl</i>	90
<i>memantine hcl</i>	32	<i>mezparox-hc</i>	40
<i>memantine hcl er</i>	32	MIBELAS 24 FE	126
MENEST	126	<i>miconazole 3</i>	39
MENOSTAR	126	MICRHOGAM ULTRA-FILTERED PLUS ...	135
MENTAX	39	MICROGESTIN 1.5/30	126

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

MICROGESTIN 1/20.....	126	<i>morphine sulfate er beads</i>	13
MICROGESTIN FE 1.5/30	126	MOTOFEN	111
MICROGESTIN FE 1/20	126	MOVANTIK	111
<i>midodrine hcl</i>	88	MOXEZA	141
MIGERGOT	41	<i>moxifloxacin hcl</i>	27, 141
<i>miglustat</i>	109	MOZOBIL	87
MIGRANAL	41	MS CONTIN	13
MILLIPRED	119	<i>ms insulin syringe</i>	77
MILLIPRED DP	119	MULTAQ	90
MILLIPRED DP 12-DAY	119	<i>multi-delyn/iron</i>	158
MIMVEY LO	126	<i>multi-vit/iron/fluoride</i>	158
MINIPRESS	88	<i>multi-vitamin drops/fe</i>	158
MINIPRIN LOW DOSE	10	<i>multivitamin/fluoride/iron</i>	159
MINITRAN.....	99	<i>multi-vitamin/fluoride/iron</i>	159
MINIVELLE	126	<i>multivitamins plus iron child</i>	159
<i>minocycline hcl</i>	28	<i>mupirocin</i>	23
<i>minocycline hcl er</i>	28	<i>mupirocin calcium</i>	23
<i>minoxidil</i>	99	M-VIT	159
MIOCHOL-E.....	140	MY CHOICE	129
MIOSTAT	142	MY WAY.....	129
MIRAPEX.....	51	MYAMBUTOL	42
MIRAPEX ER.....	51	MYCOBUTIN.....	42
MIRCETTE.....	126	<i>mycophenolate mofetil</i>	134
MIRENA (52 MG).....	129	<i>mycophenolate sodium</i>	134
<i>mirtazapine</i>	33	MYDRIACYL	140
<i>misoprostol</i>	112	MYLERAN	43
<i>mitomycin</i>	46	MYNATAL	159
MITOSOL.....	138	MYNATAL ADVANCE	159
<i>mitoxantrone hcl</i>	48	<i>mynatal plus</i>	159
<i>mm aspirin</i>	10	<i>mynatal-z</i>	159
<i>mm insulin syringe/needle</i>	76	<i>mynate 90 plus</i>	159
MM PEN NEEDLES.....	76	MYOBLOC	154
<i>modafinil</i>	155	MYRBETRIQ.....	113
MODERIBA (1200 MG PACK)	57	MYSOLINE.....	30
<i>moexipril hcl</i>	89	MYZILRA.....	126
<i>mometasone furoate</i>	119, 148	N	
MONDOXYNE NL.....	28	<i>nabumetone</i>	10
MONOJECT INSULIN SYRINGE.....	76	<i>nadolol</i>	91
MONOJECT ULTRA COMFORT SYRINGE	77	<i>nadolol-bendroflumethiazide</i>	95
MONO-LINYAH.....	126	<i>naftifine hcl</i>	39
MONONESSA.....	126	NAFTIN	39
<i>montelukast sodium</i>	148	NALFON.....	10
MONUROL.....	23	<i>naltrexone hcl</i>	18
MORGIDOX	28	NAMENDA XR TITRATION PACK.....	32
<i>morphine sulfate</i>	16	NAPRELAN.....	10
<i>morphine sulfate er</i>	13	<i>napro</i>	10

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

NAPROSYN.....	10	<i>nicardipine hcl</i>	93
<i>naproxen</i>	10	NICODERM CQ	20
<i>naproxen dr</i>	10	NICORELIEF	20
<i>naproxen sodium</i>	10	NICORETTE	20
<i>naproxen sodium er</i>	10	NICORETTE MINI	20
<i>naratriptan hcl</i>	41	NICORETTE STARTER KIT	20
NARDIL.....	33	<i>nicotine</i>	20
NASACORT ALLERGY 24HR	148	<i>nicotine mini</i>	20
NASACORT ALLERGY 24HR CHILDREN	148	<i>nicotine polacrilex</i>	20
<i>nasal allergy 24 hour</i>	148	<i>nicotine step 1</i>	21
NATACHEW	159	<i>nicotine step 2</i>	21
NATACYN.....	39	<i>nicotine step 3</i>	21
NATALVIT	159	NICOTROL.....	21
NATAZIA.....	126	NICOTROL NS.....	21
<i>nateglinide</i>	63	<i>nifedipine</i>	93
NATELLE ONE	159	<i>nifedipine er</i>	93
NATROBA.....	51	<i>nifedipine er osmotic release</i>	93
NATURE-THROID	131	NIKKI.....	126
NAVELBINE.....	46	NILANDRON	43
NEBUPENT	50	<i>nilutamide</i>	43
NEBUSAL	153	<i>nimodipine</i>	93
NECON 0.5/35 (28).....	126	NIPENT	44
NEEVO DHA.....	159	<i>nisoldipine er</i>	93
<i>nefazodone hcl</i>	34	NITRO-BID	99
<i>neomycin sulfate</i>	22	NITRO-DUR	99
<i>neomycin-bacitracin zn-polymyx</i>	140	<i>nitrofurantoin</i>	23
<i>neomycin-polymyxin-dexameth</i>	144	<i>nitrofurantoin macrocrystal</i>	23
<i>neomycin-polymyxin-gramicidin</i>	140	<i>nitrofurantoin monohyd macro</i>	23
<i>neomycin-polymyxin-hc</i>	144, 145	<i>nitroglycerin</i>	99, 100
NEOTUSS PLUS	153	<i>nitroglycerin er</i>	100
NESTABS	159	NITROMIST	100
NESTABS DHA.....	159	NITRO-TIME	100
NEUAC	106	NIVA-PLUS	159
NEUPRO.....	52	NIVESTYM.....	87
NEUTRASAL	104	<i>nizatidine</i>	111
NEVANAC.....	144	NOLIX	119
<i>nevirapine</i>	58	<i>norethin ace-eth estrad-fe</i>	126, 127
<i>nevirapine er</i>	58	<i>norethindrone</i>	130
NEW DAY	129	<i>norethindrone acetate</i>	130
NEXA PLUS.....	159	<i>norethindrone acet-ethinyl est</i>	127
NEXAVAR.....	49	<i>norethindrone-eth estradiol</i>	127
NEXIUM.....	112	<i>norethin-eth estradiol-fe</i>	127
NEXPLANON.....	129	<i>norgestimate-eth estradiol</i>	127
<i>niacin er (antihyperlipidemic)</i>	99	<i>norgestim-eth estrad triphasic</i>	127
NIACOR.....	99	NORITATE	106
NIASPAN	99	NORLYROC	130

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

NORPACE	90	<i>olmesartan medoxomil-hctz</i>	96
NORPACE CR	90	<i>olmesartan-amlodipine-hctz</i>	96
NORPRAMIN	36	<i>olopatadine hcl</i>	141, 146
NORTREL 7/7/7	127	OLUX-E	119
<i>nortriptyline hcl</i>	36	<i>omega-3-acid ethyl esters</i>	99
NORVIR	60	OMEPPi	112
NORWICH ASPIRIN	10	<i>omeprazole</i>	112
NOVAFERRUM 125	159	OMEPRAZOLE+SYRSPEND SF ALKA.....	113
NOVAFERRUM PED MULTI VIT-IRON.....	159	<i>omeprazole-sodium bicarbonate</i>	113
NOVAFERRUM PEDIATRIC DROPS.....	159	OMNARIS	148
NOVOFINE	77	OMNIFLEX DIAPHRAGM	138
NOVOFINE AUTOCOVER.....	77	ONCASPAR	48
NOVOFINE PLUS.....	77	<i>ondansetron</i>	37
NOVOTWIST	77	<i>ondansetron hcl</i>	37
NOXAFIL.....	39	ONFI.....	30
<i>np thyroid</i>	131	OPANA.....	16
NPLATE	87	OPCICON ONE-STEP	130
NUCORT.....	119	OPSUMIT	151
NUCYNTA.....	16	OPTION 2	130
NUCYNTA ER.....	13	OPTIONS CONCEPTROL	115
NUDEXTA	102	OPTIONS GYNOL II CONTRACEPTIVE ...	115
NULEV	110	ORACIT.....	159
NUMOISYN.....	104	ORALONE.....	104
NUTRIDOX	28	ORAPRED ODT	119
NUVARING	127	ORAVIG	39
NUVIGIL.....	155	ORENCIA.....	134
NYAMYC.....	39	ORENCIA CLICKJECT	134
<i>nystatin</i>	39	ORILISSA.....	132
<i>nystatin-triamcinolone</i>	39	<i>orphenadrine citrate</i>	154
O		<i>orphenadrine citrate er</i>	154
OB COMPLETE	159	ORTHO-NOVUM 1/35 (28)	127
OB COMPLETE ONE	159	ORTHO-NOVUM 7/7/7 (28)	127
OB COMPLETE PETITE.....	159	ORTHOVISC.....	108
OB COMPLETE PREMIER.....	159	<i>oscimin</i>	110
OB COMPLETE/DHA	159	<i>oscimin sr</i>	110
OBSTETRIX DHA	159	<i>oseltamivir phosphate</i>	60
OBSTETRIX EC.....	159	OTEZLA	135
O-CAL FA	159	OTICIN HC NR.....	145
O-CAL PRENATAL	159	OVACE PLUS	106
OCREVUS	103	OVIDE	51
<i>ofloxacin</i>	27, 141, 145	<i>oxaliplatin</i>	46
OGESTREL	127	<i>oxaprozin</i>	10
OKEBO	28	OXAYDO	16
<i>olanzapine</i>	55	<i>oxazepam</i>	61
<i>olanzapine-fluoxetine hcl</i>	34	<i>oxcarbazepine</i>	31
<i>olmesartan medoxomil</i>	89	<i>oxiconazole nitrate</i>	39

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

OXISTAT.....	39
OXSORALEN ULTRA.....	106
oxybutynin chloride.....	113
oxybutynin chloride er.....	113
oxycodone hcl.....	16
oxycodone hcl er.....	13
oxycodone-acetaminophen.....	16
oxycodone-aspirin.....	16
oxycodone-ibuprofen.....	16
OXYCONTIN.....	14
oxymorphone hcl.....	16
oxymorphone hcl er.....	14
OXYTROL.....	113
OZURDEX.....	142

P

PACERONE.....	90
paclitaxel.....	47
paliperidone er.....	55
palonosetron hcl.....	37
PAMELOR.....	36
pamidronate disodium.....	136, 137
PANCREAZE.....	109
PANDEL.....	119
PANRETIN.....	49
pantoprazole sodium.....	113
PARAGARD INTRAUTERINE COPPER	138
paregoric.....	111
paricalcitol.....	137
PARLODEL.....	52
PARNATE.....	33
paromomycin sulfate.....	22
paroxetine hcl.....	34
paroxetine hcl er.....	34
PASER.....	42
PATANASE.....	146
pc unifine pentips.....	77
peg 3350/electrolytes.....	112
peg 3350-kcl-na bicarb-nacl.....	112
peg-3350/electrolytes.....	112
PEGANONE.....	31
pen needles.....	77
pen needles 1/2.....	77
pen needles 3/16.....	77
pen needles 5/16.....	77, 78
penicillin g potassium.....	25
penicillin g procaine.....	25

penicillin g sodium.....	26
penicillin v potassium.....	26
PENLAC.....	39
PENTASA.....	136
pentazocine-naloxone hcl.....	16
PENTIPS.....	78
pentoxifylline er.....	96
PEPCID.....	111
PERCOCET.....	17
PERFOROMIST.....	150
perindopril erbumine.....	89
PERJETA.....	47
permethrin.....	51
perphenazine.....	54
perphenazine-amitriptyline.....	36
PERTZYE.....	109
PEXEVA.....	34
PHENADOZ.....	36
PHENAZO.....	115
phenazopyridine hcl.....	115
phenelzine sulfate.....	33
phenobarbital.....	29, 30
phenoxybenzamine hcl.....	88
phentolamine mesylate.....	88
phenyleph-promethazine-cod.....	153
phenylephrine hcl.....	140
phenylephrine-guaifenesin.....	153
PHENYTEK.....	31
phenytoin.....	31
phenytoin sodium.....	31
phenytoin sodium extended.....	31
PHILITH.....	127
PHOSLYRA.....	115
PHOSPHA 250 NEUTRAL.....	160
PHOSPHASAL.....	113
PHOSPHOLINE IODIDE.....	143
PHOSPHO-TRIN 250 NEUTRAL.....	160
PHOTOFRIN.....	47
PHRENILIN FORTE.....	6
PICATO.....	106
pilocarpine hcl.....	104, 143
pimozide.....	54
PIMTREA.....	127
pindolol.....	91
PIRMELLA 1/35.....	127
PIRMELLA 7/7/7.....	127

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

<i>piroxicam</i>	10	<i>prednisolone acetate</i>	144
PLAN B ONE-STEP	130	<i>prednisolone sodium phosphate</i> .	119, 120, 144
PLEGRIDY	103	<i>prednisone</i>	120
PLEGRIDY STARTER PACK	103	PREDNISON INTENSOL.....	120
<i>pnv folic acid + iron</i>	160	<i>preferred plus insulin syringe</i>	78
<i>pnv ob+dha</i>	160	<i>preferred plus unifine pentips</i>	78
<i>pnv tabs 29-1</i>	160	PREFEST.....	127
<i>pnv-dha</i>	160	<i>pregabalin</i>	103
<i>pnv-dha plus</i>	160	PREMARIN	127
<i>pnv-dha+docusate</i>	160	<i>premium condoms lubricated</i>	138
<i>pnv-omega</i>	160	<i>premium lidocaine</i>	18
<i>pnv-select</i>	160	PREMPHASE.....	127
<i>podofilox</i>	106	PREMPRO	128
POLYCIN	140	<i>prenaisance</i>	161
<i>polymyxin b-trimethoprim</i>	140	<i>prenaisance plus</i>	161
POLYTRIM.....	140	PRENATA	161
POLY-VI-SOL/IRON	160	PRENATABS RX.....	161
<i>pot bicarb-pot chloride</i>	160	<i>prenatal</i>	161
<i>potassium bicarbonate</i>	160	<i>prenatal 19</i>	161
<i>potassium chloride</i>	160	<i>prenatal plus iron</i>	161
<i>potassium chloride crys er</i>	160	<i>prenatal vitamin plus low iron</i>	161
<i>potassium chloride er</i>	160	PRENATAL-U	161
<i>potassium citrate er</i>	160	<i>preplus</i>	161
<i>potassium citrate-citric acid</i>	160	<i>pretab</i>	161
PR NATAL 400	160	PREVALITE	99
PR NATAL 400 EC	160	PREVENT SAFETY PEN NEEDLES	78
PR NATAL 430	161	PREVENTEZA	130
PR NATAL 430 EC	161	PREZISTA.....	60
PRADAXA.....	86	PRIFTIN	42
<i>pramipexole dihydrochloride</i>	52	PRILOSEC	113
<i>pramipexole dihydrochloride er</i>	52	PRILOXX LP	18
PRAMOSONE.....	40	<i>primaquine phosphate</i>	50
PRAMOTIC	145	<i>primidone</i>	30
PRAMOX	18	PRIMLEV	17
PRANDIN.....	63	PRIMSOL	23
<i>prasugrel hcl</i>	88	PRINIVIL	89
<i>pravastatin sodium</i>	98	PRO COMFORT INSULIN SYRINGE	78
<i>prazosin hcl</i>	88	<i>pro comfort pen needles</i>	78
PRECISION SUREDOSE PLUS SYR	78	PROAIR HFA	150
PRECISION SURE-DOSE SYRINGE	78	<i>probenecid</i>	40
PRECOSE	63	PROCENTRA.....	101
PRED MILD	144	<i>prochlorperazine</i>	54
PRED-G	144	<i>prochlorperazine edisylate</i>	54
PRED-G S.O.P.	144	<i>prochlorperazine maleate</i>	54
<i>prednicarbate</i>	119	PROCORT	106
<i>prednisolone</i>	119	PROCTOFOAM HC	106

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

PROCTO-MED HC	40	<i>px shortlength pen needles</i>	79
PROCTO-PAK	40	<i>px stop smoking aid</i>	21
PROCTOSOL HC	40	PYLERA.....	111
PRODIGY INSULIN SYRINGE	78	<i>pyrazinamide</i>	42
<i>progesterone</i>	130	PYRIDIUM.....	115
<i>progesterone micronized</i>	130	<i>pyridostigmine bromide</i>	42
PROGLYCEM.....	64	<i>pyridostigmine bromide er</i>	42
PROLENSA	144	Q	
PROLEUKIN	47	<i>qc allergy relief</i>	148
PROLIA.....	137	<i>qc aspirin</i>	11
<i>promethazine hcl</i>	36	<i>qc aspirin low dose</i>	11
<i>promethazine-codeine</i>	153	<i>qc childrens aspirin</i>	11
<i>promethazine-dm</i>	153	<i>qc childrens vitamins/iron</i>	161
<i>promethazine-phenyleph-codeine</i>	153	<i>qc enteric aspirin</i>	11
<i>promethazine-phenylephrine</i>	153	<i>qc fluticasone propionate</i>	148
PROMETHEGAN	36	<i>qc folic acid</i>	161
PROMISEB	106	<i>qc pen needles</i>	79
PROMISEB COMPLETE	106	<i>qc unifine pentips</i>	79
<i>propafenone hcl</i>	90	QNASL	148
<i>propafenone hcl er</i>	90	QNASL CHILDRENS	148
<i>propantheline bromide</i>	110	QUALAQUIN	50
<i>proparacaine hcl</i>	140	QUARTETTE	128
<i>propranolol hcl</i>	91, 92	<i>quazepam</i>	61
<i>propranolol hcl er</i>	92	<i>quetiapine fumarate</i>	55
<i>propranolol-hctz</i>	96	<i>quetiapine fumarate er</i>	55
<i>propylthiouracil</i>	133	QUILLICHEW ER	102
PROTONIX	113	QUILLIVANT XR	102
PROTOPIC	106	<i>quinapril hcl</i>	89
<i>protriptyline hcl</i>	36	<i>quinapril-hydrochlorothiazide</i>	96
PROVERA	130	<i>quinidine gluconate er</i>	90
PROVIGIL	155	<i>quinidine sulfate</i>	90
PROZAC.....	34	<i>quinine sulfate</i>	50
PRUDOXIN	106	QUINJA	39
<i>pseudoeph-chlorphen-hydrocod</i>	153	QUTENZA	6
<i>psorcon</i>	120	QUTENZA (2 PATCH).....	6
PULMICORT FLEXHALER	148	QVAR REDIHALER.....	148
PULMOSAL	153	R	
PULMOZYME	150	<i>ra aspirin</i>	11
<i>purefe ob plus</i>	161	<i>ra aspirin adult low dose</i>	11
<i>px aspirin</i>	11	<i>ra aspirin adult low strength</i>	11
<i>px enteric aspirin</i>	11	<i>ra aspirin childrens</i>	11
<i>px extra short pen needles</i>	78	<i>ra aspirin ec</i>	11
<i>px folic acid</i>	161	<i>ra aspirin ec adult low st</i>	11
<i>px insulin syringe</i>	79	<i>ra budesonide</i>	148
<i>px mini pen needles</i>	79	<i>ra childrens aspirin</i>	11
<i>px pen needle</i>	79		

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

<i>ra childrens chewable vit/iron</i>	161	RESTASIS MULTIDOSE.....	140, 141
<i>ra folic acid</i>	161	RESTORIL	61, 155
<i>ra insulin syringe</i>	79	RETACRIT	87
<i>ra mini nicotine</i>	21	RETIN-A.....	107
<i>ra nasal allergy</i>	148	RETIN-A MICRO	107
<i>ra nicotine</i>	21	RETIN-A MICRO PUMP.....	107
<i>ra nicotine gum</i>	21	RETISERT	143
<i>ra nicotine polacrilex</i>	21	RETROVIR.....	59
<i>ra pain relief aspirin</i>	11	REVATIO	151
<i>ra pen needles</i>	79	REVLIMID	44
<i>rabeprazole sodium</i>	113	RHINOCORT ALLERGY	148
<i>raloxifene hcl</i>	130	RHOGAM ULTRA-FILTERED PLUS.....	135
<i>ramelteon</i>	155	RHOPHYLAC.....	135
<i>ramipril</i>	89	RIBASPHERE	57
<i>ranitidine hcl</i>	111	RIBASPHERE RIBAPAK (1000 PACK).....	57
<i>ranolazine er</i>	96	RIBASPHERE RIBAPAK (1200 PACK).....	57
RAPAMUNE.....	134	RIBASPHERE RIBAPAK (800 PACK).....	57
<i>rasagiline mesylate</i>	53	<i>ribavirin</i>	57, 153
RAYOS	120	RIDAURA	135
REACT	130	<i>rifabutin</i>	42
<i>reality insulin syringe</i>	79	RIFADIN.....	42
REALITY LATEX CONDOMS	138	RIFAMATE	43
REALITY LATEX/ULTRA TEXTURED.....	138	<i>rifampin</i>	43
REALITY LATEX/ULTRA THIN.....	139	RIFATER	43
RECLAST	137	RILUTEK	102
RECLIPSEN.....	128	<i>riluzole</i>	102
RECTIV	106	<i>rimantadine hcl</i>	60
REGLAN	111	RIMSO-50	115
REGRANEX.....	106	RINVOQ	134
RELAGARD	23	RIOMET	63
RELENZA DISKHALER	60	<i>risedronate sodium</i>	137
RELION INSULIN SYRINGE	79	RISPERDAL.....	55
RELI-ON INSULIN SYRINGE	79	RISPERDAL CONSTA.....	55
RELION MINI PEN NEEDLES	79	<i>risperidone</i>	55
RELION PEN NEEDLES.....	79	RISPERIDONE M-TAB	56
RELION SHORT PEN NEEDLES	80	<i>ritonavir</i>	60
RELISTOR	111	RITUXAN	49
REMERON.....	33	RITUXAN HYCELA	44
REMERON SOLTAB	33	<i>rivastigmine</i>	32
RENFLEXIS	134	<i>rivastigmine tartrate</i>	32
<i>repaglinide</i>	63	RIVELSA	128
<i>repaglinide-metformin hcl</i>	63	<i>rizatriptan benzoate</i>	41
REQUIP	52	ROBAXIN	154
REQUIP XL.....	52	ROBAXIN-750	154
RESCRIPTOR	58	ROCALTROL	137
RESTASIS	140	<i>ropinirole hcl</i>	52

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

<i>ropinirole hcl er</i>	52
ROSADAN	107
<i>rosuvastatin calcium</i>	98
ROWASA	136
ROWEEPRA	29
ROXICODONE	17
ROZEREM	155
ROZLYTREK	49
RYTHMOL SR	90

S

SABRIL	30
SAFESNAP INSULIN SYRINGE	80
<i>safety insulin syringes</i>	80
SALAGEN	104
SALIVAMAX	104
<i>salsalate</i>	11
SANCUSO	37
SANDIMMUNE	134
SANTYL	107
SAPHRIS	56
SARAFEM	34
SAVELLA	103
SAVELLA TITRATION PACK	103
<i>sb aspirin</i>	11
<i>sb aspirin adult low strength</i>	11
<i>sb aspirin ec</i>	11
<i>sb childrens aspirin</i>	11
<i>sb insulin syringe</i>	80
<i>sb low dose asa ec</i>	11
SCALACORT DK	107
<i>scopolamine</i>	36
SEASONIQUE	128
SECONAL	155
SECURESAFE INSULIN SYRINGE	80
SELECT-OB	161
SELECT-OB+DHA	161
<i>selegiline hcl</i>	53
<i>selenium sulfide</i>	107
SELZENTRY	59
SEMPREX-D	153
<i>se-natal 19</i>	161
SENSIPAR	132
SEREVENT DISKUS	150
<i>sertraline hcl</i>	35
SETLAKIN	128
<i>sevelamer carbonate</i>	115

<i>sevelamer hcl</i>	115
SFROWASA	136
SHAROBEL	130
SHOPKO UNIFINE PENTIPS	80
SHOPKO UNIFINE PENTIPS PLUS	80
SHUR-SEAL CONTRACEPTIVE	115
<i>sildenafil citrate</i>	151
SILENOR	155
<i>silver sulfadiazine</i>	23
<i>simvastatin</i>	98
SINEMET	53
SINEMET CR	53
<i>sirolimus</i>	134
SKLICE	51
SKYRIZI (150 MG DOSE)	107
<i>sm allergy relief</i>	148
<i>sm aspirin</i>	11
<i>sm aspirin adult low strength</i>	11
<i>sm aspirin ec</i>	11
<i>sm aspirin ec low strength</i>	11
<i>sm aspirin low dose</i>	11
<i>sm childrens aspirin</i>	11
<i>sm folic acid</i>	161
<i>sm nicotine</i>	21
<i>sm nicotine polacrilex</i>	21
<i>sod citrate-citric acid</i>	161
<i>sodium chloride</i>	153
<i>sodium fluoride</i>	161
<i>sodium phenylbutyrate</i>	109
<i>sodium polystyrene sulfonate</i>	163
<i>sodium sulfacetamide</i>	107
<i>sofosbuvir-velpatasvir</i>	57
SOLODYN	28
SOLTAMOX	44
SOLU-CORTEF	120
SOLU-MEDROL	120
SOMA	155
SORIATANE	107
SORILUX	107
SORINE	90
<i>sotalol hcl</i>	90
<i>sotalol hcl (af)</i>	90
<i>sotalol hydrochloride</i>	90
<i>spinosad</i>	51
SPIRIVA HANDIHALER	149
SPIRIVA RESPIMAT	149

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

<i>spironolactone</i>	97	SUPARTZ FX.....	108
<i>spironolactone-hctz</i>	96	SUPRAX	25
SPORANOX.....	39	SUPREP BOWEL PREP KIT	112
SPORANOX PULSEPAK.....	39	<i>sure comfort insulin syringe</i>	80
SPRINTEC 28.....	128	<i>sure comfort pen needles</i>	81
SPRIX	11	SURE-FINE PEN NEEDLES.....	81
SPRYCEL	49	SURE-JECT INSULIN SYRINGE.....	81
SPS.....	163	SURMONTIL	36
<i>sr nicotine</i>	21	SUTENT	49
SSD	24	SYLATRON.....	57
<i>sss 10-5</i>	107	SYMAX DUOTAB.....	110
ST JOSEPH ASPIRIN.....	12	SYMAX-SR	110
ST JOSEPH LOW DOSE.....	12	SYMBICORT	153
STALEVO 125	53	SYMBYAX.....	35
STALEVO 150	53	SYNAGIS	153
STALEVO 200	53	SYNALAR	120
STALEVO 50	53	SYNALAR TS.....	107
STALEVO 75	53	SYNERA	18
<i>stavudine</i>	59	SYNTHROID	131
STELARA.....	107	SYNVISC	108
STIMATE	121	SYNVISC ONE.....	108
STIVARGA.....	49	T	
STRIBILD.....	58	TABLOID.....	47
STRIVERDI RESPIMAT.....	150	TACLONEX.....	107
SUBOXONE.....	18	<i>tacrolimus</i>	108, 134
SUBSYS	17	<i>tadalafil (pah)</i>	151
<i>sucralfate</i>	112	TAKE ACTION	130
SULAR.....	93	<i>tamoxifen citrate</i>	44
<i>sulfacetamide sodium</i>	27, 107	<i>tamsulosin hcl</i>	114
<i>sulfacetamide sodium (acne)</i>	27	TAPAZOLE	133
<i>sulfacetamide sodium-sulfur</i>	107	TARCEVA	49
<i>sulfacetamide sod-sulfur wash</i>	107	TARGRETIN	49
<i>sulfacetamide-prednisolone</i>	144	TARINA FE 1/20	128
<i>sulfacetamide-sulfur in urea</i>	107	TARON-BC	162
<i>sulfadiazine</i>	27	TARON-C DHA	162
<i>sulfamethoxazole-trimethoprim</i>	27	TARON-CRYSTALS.....	162
SULFAMYLON.....	24	TARON-PREX.....	162
<i>sulfasalazine</i>	136	TASIGNA	49
SULFATRIM PEDIATRIC.....	27	TASMAR	51
<i>sulfurated lime</i>	51	TAXOTERE.....	47
<i>sulindac</i>	12	<i>tazarotene</i>	108
<i>sumatriptan</i>	41	TAZORAC	108
<i>sumatriptan succinate</i>	41	TAZTIA XT	93
<i>sumatriptan succinate refill</i>	41	TECFIDERA.....	103
<i>sumatriptan-naproxen sodium</i>	41	<i>techlite insulin syringe</i>	81
SUMAVEL DOSEPRO	41	TECHLITE PEN NEEDLES.....	81

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

TEGRETOL.....	31	<i>thrivite 19</i>	162
TEGRETOL-XR	31	<i>thrivite rx</i>	162
TEKTURN HCT	96	<i>thyroid</i>	131
<i>telmisartan</i>	89	<i>tiagabine hcl</i>	30
<i>telmisartan-amlodipine</i>	96	TICE BCG	47
<i>telmisartan-hctz</i>	96	TIGAN	37
<i>temazepam</i>	61, 155	TIKOSYN	91
TEMODAR.....	43	TILIA FE	128
<i>temozolomide</i>	43	<i>timolol maleate</i>	92, 143
TENCON.....	6	TIMOPTIC-XE	143
<i>teniposide</i>	47	<i>tinidazole</i>	50
<i>tenofovir disoproxil fumarate</i>	59	TIROSINT	131
TENORETIC 100	96	TIROSINT-SOL	131
TENORETIC 50	96	<i>tizanidine hcl</i>	56
<i>terazosin hcl</i>	114	<i>tl-care dha</i>	162
<i>terbinafine hcl</i>	39	<i>tl-fluorivite</i>	162
<i>terbutaline sulfate</i>	150	<i>tl-select</i>	162
<i>terconazole</i>	39	TOBI.....	150
<i>testosterone</i>	121	<i>tobramycin</i>	141, 151
<i>testosterone cypionate</i>	121	<i>tobramycin-dexamethasone</i>	144
<i>testosterone enanthate</i>	121	TOBREX	142
TETCAINE	141	TODAY SPONGE.....	115
<i>tetrabenazine</i>	102	<i>todays health mini pen needles</i>	81
<i>tetracaine hcl</i>	141	<i>todays health pen needles</i>	81
<i>tetracycline hcl</i>	28	<i>todays health short pen needle</i>	82
TETRAVISC.....	141	TOFRANIL	36
TETRAVISC FORTE.....	141	<i>tolazamide</i>	63
TEXACORT	120	<i>tolbutamide</i>	63
<i>tgt aspirin</i>	12	<i>tolcapone</i>	51
<i>tgt aspirin ec</i>	12	<i>tolmetin sodium</i>	12
<i>tgt aspirin low dose</i>	12	<i>tolterodine tartrate</i>	113
<i>tgt childrens aspirin</i>	12	<i>tolterodine tartrate er</i>	113
<i>tgt nicotine</i>	21	<i>topcare clickfine pen needles</i>	82
<i>tgt nicotine polacrilex</i>	21, 22	<i>topcare ultra comfort ins syr</i>	82
<i>tgt nicotine step one</i>	22	TOPEX TOPICAL ANESTHETIC	104
<i>tgt nicotine step three</i>	22	TOPICORT.....	120
<i>tgt nicotine step two</i>	22	<i>topiramate</i>	30, 31
THALOMID	44	TOPOSAR.....	48
THEO-24.....	151	<i>topotecan hcl</i>	48
<i>theophylline</i>	151	TORISEL	134
<i>theophylline er</i>	151	<i>torseamide</i>	97
THIOLA.....	115	TOSYMRA	41
<i>thioridazine hcl</i>	54	TOTECT	47
<i>thiotepa</i>	43	TOVIAZ	113
<i>thiothixene</i>	54	TRADJENTA.....	64
THRIVE.....	22	<i>tramadol hcl</i>	17

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

<i>tramadol hcl er</i>	14
<i>tramadol hcl er (biphasic)</i>	14
<i>tramadol-acetaminophen</i>	17
<i>trandolapril</i>	89
<i>trandolapril-verapamil hcl er</i>	96
TRANXENE-T	61
<i>tranylcypromine sulfate</i>	33
TRAVATAN Z	144
<i>trazodone hcl</i>	35
TREANDA	47
TRECATOR	43
<i>tretinoin</i>	49, 108
<i>tretinoin microsphere</i>	108
<i>tretinoin microsphere pump</i>	108
TREXALL	134
TRI FEMYNOR	128
<i>triamcinolone acetonide</i>	104, 120, 148
<i>triamterene</i>	97
<i>triamterene-hctz</i>	96
TRIANEX	120
<i>triazolam</i>	61
TRICARE	162
TRICARE PRENATAL DHA ONE	162
<i>tricitrates</i>	162
TRIDERM	120
TRIDESILON	120
<i>trientine hcl</i>	115
TRIESENCE	144
TRI-ESTARYLLA	128
<i>trifluoperazine hcl</i>	54
<i>trifluridine</i>	58
TRIGLIDE	98
<i>trihexyphenidyl hcl</i>	51
TRI-LEGEST FE	128
TRI-LINYAH	128
TRI-LO-MARZIA	128
TRI-LO-SPRINTEC	128
<i>trimethobenzamide hcl</i>	37
<i>trimethoprim</i>	24
<i>trimipramine maleate</i>	36
<i>trinatal rx 1</i>	162
TRINATE	162
TRI-NORINYL (28)	128
TRISENOX	47
<i>tri-tabs dha</i>	162
TRIVEEN-DUO DHA	162

<i>tropicamide</i>	141
<i>tropium chloride</i>	114
<i>tropium chloride er</i>	114
<i>true comfort insulin syringe</i>	82
<i>true comfort pen needles</i>	82
TRUEPLUS INSULIN SYRINGE	82
TRUEPLUS PEN NEEDLES	82
TRULICITY	64
TRUSTEX COLOR CONDOMS + LUBE	139
TRUSTEX LUB/RIBBED/STUDDED	139
TRUSTEX LUB/SPERMICIDE EX ST	139
TRUSTEX LUB/SPERMICIDE XL	139
TRUSTEX LUBRICATED	139
TRUSTEX LUBRICATED EX LARGE	139
TRUSTEX LUBRICATED EXTRA ST	139
TRUSTEX LUBRICATED/SPERMICIDE	139
TRUSTEX NATURAL CONDOMS + LUBE	139
TRUSTEX NON-LUBRICATED	139
TRUSTEX RIA LUB/SPERMICIDE	139
TRUSTEX RIA LUBRICATED	139
TRUSTEX RIA NON-LUBRICATED	139
TRUSTEX-NONOXYNOL-9/RIB/STUD	139
TRUVADA	59
TUDORZA PRESSAIR	149
TUSNEL	154
TUSSICAPS	153
TUSSIONEX PENNKINETIC ER	153
TYKERB	49
TYLENOL WITH CODEINE #3	17
TYLENOL WITH CODEINE #4	17
TYMLOS	137
TYSABRI	103

U

UDENYCA	87
ULESFIA	51
ULORIC	40
ULTICARE INSULIN SAFETY SYR	82
ULTICARE INSULIN SYRINGE	82
ULTICARE MICRO PEN NEEDLES	83
ULTICARE MINI PEN NEEDLES	83
ULTICARE PEN NEEDLES	83
ULTICARE SHORT PEN NEEDLES	83
<i>ultiguard safepack pen needle</i>	83
ULTILET INSULIN SYRINGE	83
ULTILET INSULIN SYRINGE SHORT	83
ULTILET PEN NEEDLE	83

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

<i>ultimatecare one</i>	162
<i>ultra comfort insulin syringe</i>	84
ULTRA THIN PEN NEEDLES.....	84
<i>ultracare insulin syringe</i>	84
<i>ultracare pen needles</i>	84
<i>ultra-comfort insulin syringe</i>	84
ULTRA-THIN II INS SYR SHORT	84
ULTRA-THIN II INSULIN SYRINGE	84
ULTRA-THIN II MINI PEN NEEDLE	84
ULTRA-THIN II PEN NEEDLE SHORT	84
ULTRA-THIN II PEN NEEDLES.....	85
ULTRAVATE.....	120
UNIFINE PENTIPS	85
UNIFINE PENTIPS PLUS.....	85
URECHOLINE	115
URELLE	114
URIMAR-T	114
<i>urin ds</i>	114
<i>uro-458</i>	114
UROGESIC-BLUE	114
<i>uro-mp</i>	114
UROXATRAL.....	114
URSO 250.....	111
URSO FORTE	111
<i>ursodiol</i>	111
URYL	114
USTELL	114
<i>uticap</i>	114
UTIRA-C	114
UTRONA-C	114

V

<i>valacyclovir hcl</i>	58
<i>valganciclovir hcl</i>	56
VALIUM.....	61
<i>valproic acid</i>	30
<i>valsartan</i>	89
<i>valsartan-hydrochlorothiazide</i>	96
VALSTAR.....	48
<i>value health insulin syringe</i>	85
<i>valumark pen needles</i>	85
VANATOL LQ	6
VANATOL S.....	6
VANCOCIN	24
VANCOCIN HCL.....	24
<i>vancomycin hcl</i>	24
VANISHPOINT INSULIN SYRINGE	85

VANOS.....	120
VASERETIC.....	96
VCF VAGINAL CONTRACEPTIVE	115
VECTIBIX.....	49
VECTICAL.....	108
VELCADE	47
VELIVET	128
VELTIN.....	108
<i>vena-bal dha</i>	162
<i>venlafaxine hcl</i>	35
<i>venlafaxine hcl er</i>	35
VENTAVIS	151
VENTOLIN HFA	150
<i>verapamil hcl</i>	93
<i>verapamil hcl er</i>	93
VERDESO.....	120
VEREGEN.....	108
VERIPRED 20.....	120
VESICARE	114
VFEND	39
VIBRAMYCIN.....	28
VICODIN HP	17
VICTOZA.....	64
VIDA MIA UNIFINE PENTIPS.....	85
VIDAZA	87
VIDEX	59
VIENVA	128
<i>vigabatrin</i>	30
VIIBRYD.....	35
VILAMIT MB.....	114
VILEVEV MB.....	114
VIMOVO.....	12
VIMPAT	32
VINATE DHA RF	162
VINATE II	162
VINATE M	162
VINATE ONE	162
<i>vinblastine sulfate</i>	47
VINCASAR PFS.....	47
<i>vincristine sulfate</i>	47
<i>vinorelbine tartrate</i>	47
VIOKACE	109
<i>viorele</i>	128
VIRACEPT	60
VIRAMUNE	58
VIRAMUNE XR	58

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

VIRAZOLE	153
VIREAD.....	59
VIROPTIC.....	58
<i>virt-c dha</i>	162
<i>virt-sulf</i>	108
<i>virt-nate dha</i>	162
<i>virt-phos 250 neutral</i>	162
<i>virt-pn</i>	162
<i>virt-pn dha</i>	162
<i>virt-pn plus</i>	162
VISTARIL.....	146
VITAFOL-OB.....	162
VITAFOL-OB+DHA	162
VITAFOL-ONE.....	162
VITAMEDMD ONE RX/QUATREFOLIC	162
VIVA DHA	163
VIVITROL.....	18
VOGELXO	121
VOGELXO PUMP	121
<i>vol-nate</i>	163
<i>vol-plus</i>	163
<i>vol-tab rx</i>	163
<i>voriconazole</i>	39
VOTRIENT.....	49
<i>vp insulin syringe</i>	85
<i>vp-heme ob + dha</i>	163
<i>vp-pnv-dha</i>	163
VUSION	39
VYFEMLA	128
VYVANSE.....	101

W

<i>warfarin sodium</i>	86
<i>wee care</i>	163
<i>wegmans unifine pentips plus</i>	85
WELCHOL	99
WERA	128
WESTHROID	131
WIDE-SEAL DIAPHRAGM 60.....	139
WIDE-SEAL DIAPHRAGM 65.....	139
WIDE-SEAL DIAPHRAGM 70.....	139
WIDE-SEAL DIAPHRAGM 75.....	139
WIDE-SEAL DIAPHRAGM 80.....	139
WIDE-SEAL DIAPHRAGM 85.....	139
WIDE-SEAL DIAPHRAGM 90.....	139
WIDE-SEAL DIAPHRAGM 95.....	140
WINRHO SDF	135

WIXELA INHUB	153
WP THYROID	131
WYMZYA FE.....	128

X

XALKORI.....	49
XARELTO	86
XARELTO STARTER PACK	86
XELJANZ	134
XELJANZ XR	134
XENAZINE	102
XEOMIN.....	155
XERESE.....	58
XGEVA.....	137
XIFAXAN.....	24
XIGDUO XR	64
XIMINO	28
XOFLUZA.....	60
XOLEGEL	39
XOLEGEL DUO/HEAD & SHOULDERS	39
XOLEGEL DUO/XOLEX.....	39
XOPENEX.....	150
XOPENEX CONCENTRATE.....	150
XULANE.....	128
XYREM	156

Y

<i>yl folic acid</i>	163
YUVAFEM.....	128

Z

<i>zaclir cleansing</i>	108
<i>zafirlukast</i>	148
<i>zaleplon</i>	155
ZANAFLEX.....	56
ZANOSAR.....	43
ZARAH.....	128
ZARXIO.....	87
ZATEAN-PN DHA	163
ZATEAN-PN PLUS.....	163
ZAVESCA	109
ZEBUTAL	6
ZEGERID	113
ZELAPAR.....	53
ZELBORAF	49
ZEMPLAR	137
ZENPEP.....	109
ZEPATIER.....	57

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

ZESTORETIC	96	ZOMIG	42
ZESTRIL	89	ZOMIG ZMT	42
ZETONNA.....	148	ZONALON	108
ZEVALIN Y-90	47	ZONEGRAN.....	29
ZIAGEN.....	59	<i>zonisamide</i>	29
ZIANA	108	<i>zoo friends plus iron</i>	163
<i>zidovudine</i>	59	ZORTRESS.....	135
<i>zileuton er</i>	148	ZOVIRAX	58
ZINECARD.....	47	ZUPLENZ.....	37
<i>ziprasidone hcl</i>	56	ZYBAN	22
ZIPSOR.....	12	ZYCLARA.....	108
ZIRGAN	57	ZYCLARA PUMP	108
ZITHRANOL.....	108	ZYDELIG	48, 49
ZITHROMAX.....	26	ZYFLO.....	148
ZOLADEX	132	ZYFLO CR	149
<i>zoledronic acid</i>	137	ZYKADIA.....	49
ZOLINZA.....	48	ZYLET	144
<i>zolmitriptan</i>	42	ZYLOPRIM.....	40
<i>zolpidem tartrate</i>	155	ZYMAXID	142
<i>zolpidem tartrate er</i>	155	ZYPREXA RELPREVV	56
ZOLPIMIST	155		

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

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